

**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: 11			
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 4/30/2021 Keth					
	Receipt #		Amount			
	Date Processed					
Date Imaged						
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST RUSSEL	MI			
	NICKNAME	LAST CHENET	SUFFIX			
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 3714 KELSEY CT		APT / SUITE #; 630ADENHUE	CITY; TX 76051		
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER 817-975-6101	EXTENSION			
8 REPORT TYPE	<input type="checkbox"/> January 15 <input 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 checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attk C/OH-FR)					
9 PERIOD COVERED	Month	Day	Year	Month	Day	Year
04/01/2021		THROUGH		04/21/2021		
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**  
2 of 11

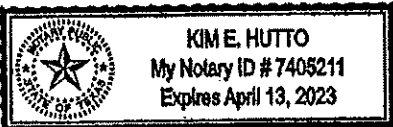
13 C / OH NAME Clark, Stetson	14 Filer ID
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15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> 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

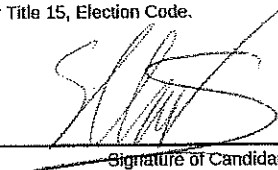
16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,475.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,388.71
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

17 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.

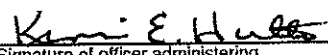


**KIM E. HUTTO**  
My Notary ID # 7405211  
Expires April 13, 2023

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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Stetson Clark, this the 26th day of April, 2021, to certify which, witness my hand and seal of office.

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

Kim E. Hutto  
 \_\_\_\_\_  
 Printed name of officer administering

Board Clerk  
 \_\_\_\_\_  
 Title of officer administering oath

**SUBTOTALS - C/OH****FORM C/OH**  
**COVER SHEET PG 3**  
3 of 11

<b>18 FILER NAME</b> Clark, Stetson		<b>19 Filer ID</b>
<b>20 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		<b>SUBTOTAL AMOUNT</b>
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,475.00
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	\$ 3,388.71
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><b>The Instruction Guide explains how to complete this form.</b></p>		<p><b>1</b> Total pages Schedule A1: Sch: 1/3 Rpt: 4/11</p>
<p><b>2</b> FILER NAME Clark, Stetson</p>		<p><b>3</b> Filer ID</p>
<p><b>4</b> Date 04/15/2021</p>	<p><b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Amy</p> <hr/> <p><b>6</b> Contributor address; City; State; Zip Code 511 Arbor Oak Drive  Grapevine, TX 76051</p>	<p><b>7</b> Amount of Contribution (\$)  \$50.00</p>
<p><b>8</b> Principal occupation / Job title (See Instructions)</p>		<p><b>9</b> Employer (See Instructions)</p>
<p>Date 04/01/2021</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Michael</p> <hr/> <p>Contributor address; City; State; Zip Code 2706 Twin Creek Cove  Grapevine, TX 76051</p>	<p>Amount of Contribution (\$)  \$350.00</p>
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>
<p>Date 04/05/2021</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Drennan, Clarence A</p> <hr/> <p>Contributor address; City; State; Zip Code 2144 Branchwood Drive  Grapevine, TX 76051</p>	<p>Amount of Contribution (\$)  \$200.00</p>
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>
<p>Date 04/09/2021</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keyes, Nick</p> <hr/> <p>Contributor address; City; State; Zip Code 6906 Longwood Dr  Colleyville, TX 76034</p>	<p>Amount of Contribution (\$)  \$100.00</p>
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>
<p>Date 04/04/2021</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lansford, Wes</p> <hr/> <p>Contributor address; City; State; Zip Code 4915 Shadowood Trl  Colleyville, TX 76034</p>	<p>Amount of Contribution (\$)  \$25.00</p>
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 2/3 Rpt: 5/11
2 FILER NAME Clark, Stetson		3 Filer ID
4 Date 04/10/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lehrman, Larry	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code 204 W Mill Dr Colleyville, TX 76034		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/11/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maykus, Kosse	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code 421 Smith Grapevine, TX 76051		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/01/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCarty, Fred	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code 1972 Casa Loma Court Grapevine, TX 76051		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/07/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Osborne, Ben	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code 6901 Meade Dr 6901 Meade Dr Colleyville, TX 76034		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/19/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Putnam, Christopher	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code 6230 Pool Rd Colleyville, TX 76034		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 3/3 Rpt: 6/11
2 FILER NAME Clark, Stetson		3 Filer ID
4 Date 04/02/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sisco, Tammy	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code 2808 Springhill Dr  Grapevine, TX 76051		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/06/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spitzer, Hayley	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 6908 Glenview Lane  Colleyville, TX 76034		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/21/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tout, Dale	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code 1501 Briarcrest Dr  Grapevine, TX 76051		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 0(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.

<b>1</b> Total pages Schedule F1: Sch: 1/5 Rpt: 7/11		<b>2</b> FILER NAME Clark, Stetson		<b>3</b> Filer ID	
<b>4</b> Date 04/20/2021		<b>5</b> Payee name Anedot.com			
<b>6</b> Amount (\$) \$47.70		<b>7</b> Payee address; City; State; Zip Code			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees		<b>(b)</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	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 04/20/2021		Payee name DRI*PRINTPLACE CHK CARD PUR 877-405-3949 CA 011262			
Amount (\$) \$393.12		Payee address; City; State; Zip Code			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense		<b>(b)</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 <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 04/06/2021		Payee name DRI*PRINTPLACE CHK CARD PUR 877-405-3949 CA 011262			
Amount (\$) \$109.08		Payee address; City; State; Zip Code			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense		<b>(b)</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 <u>ONLY</u> 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 B(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.

<b>1</b> Total pages Schedule F1: Sch: 2/5 Rpt: 8/11		<b>2</b> FILER NAME Clark, Stetson		<b>3</b> Filer ID	
<b>4</b> Date 04/21/2021		<b>5</b> Payee name FACEBK GJBWE23UW2 CHK CARD PUR 650-5434800 CA 010774			
<b>6</b> Amount (\$) \$175.00		<b>7</b> Payee address; City; State; Zip Code			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense		<b>(b)</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	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 04/13/2021		Payee name FACEBK GJBWE23UW2 CHK CARD PUR 650-5434800 CA 010774			
Amount (\$) \$80.46		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense		<b>(b)</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 04/12/2021		Payee name FACEBK GJBWE23UW2 CHK CARD PUR 650-5434800 CA 010774			
Amount (\$) \$125.00		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense		<b>(b)</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	



**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.

<b>1</b> Total pages Schedule F1: Sch: 3/5 Rpt: 9/11		<b>2</b> FILER NAME Clark, Stetson		<b>3</b> Filer ID
<b>4</b> Date 04/02/2021		<b>5</b> Payee name FACEBK GJBWE23UW2 CHK CARD PUR 650-5434800 CA 010774		
<b>6</b> Amount (\$) \$75.00		<b>7</b> Payee address; City; State; Zip Code		
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a) Category</b> (See Categories listed at the top of this schedule) Advertising Expense		<b>(b) Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Ads	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH				
Candidate/Officeholder name		Office sought		Office held
Date 04/12/2021		Payee name FACEBK GJBWE23UW2 CHK CARD PUR 650-5434800 CA 010774		
Amount (\$) \$50.00		Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	<b>(a) Category</b> (See Categories listed at the top of this schedule) Advertising Expense		<b>(b) Description</b> <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 04/21/2021		Payee name Louis Thomas		
Amount (\$) \$292.00		Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	<b>(a) Category</b> (See Categories listed at the top of this schedule) Printing Expense		<b>(b) Description</b> <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.

<b>1</b> Total pages Schedule F1: Sch: 4/5 Rpt: 10/11	<b>2</b> FILER NAME Clark, Stetson	<b>3</b> Filer ID
<b>4</b> Date 04/16/2021	<b>5</b> Payee name SIGNARAMA GRAPEVINE GRAPEVINE TX	
<b>6</b> Amount (\$) \$374.75	<b>7</b> Payee address; City; State; Zip Code	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</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
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/07/2021	Payee name TOM THUMB #3854 GRAPEVINE TX	
Amount (\$) \$67.22	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</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 04/15/2021	Payee name USPS.COM EVERY DOOR	
Amount (\$) \$594.82	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</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: 5/5 Rpt: 11/11	2 FILER NAME Clark, Stetson	3 Filer ID
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4 Date 04/16/2021	5 Payee name VISTAGO PRINT LLC CHK CARD PUR 888-2555541 TX 008819
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6 Amount (\$) \$186.19	7 Payee address; City; State; Zip Code
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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 Signs
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 04/01/2021	Payee name VISTAGO PRINT LLC CHK CARD PUR 888-2555541 TX 008819
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Amount (\$) \$818.37	Payee address; City; State; Zip Code
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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
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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