## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to complet	e this form.	1 Filer ID (Ethics Commi 00088199		2 Total pages filed: 12			
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE I	USE ONLY		
OFFICEHOLDER NAME	Mr.	Cody J.			Date Received			
					ELECTRONIC	ALLY FILED		
	NICKALANE			CLIEFIX	01/14/2024			
		LAST Clark		SUFFIX	01/14/2024			
		Ciaik						
4 CANDIDATE /	ADDRESS / PO BOX; APT /	SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered o	or Date Postmarked		
OFFICEHOLDER MAILING	102 Post Oak Dr.					_		
ADDRESS					Receipt #	Amount		
Change of Address	Krugerville, TX 76227				Data Bassasad			
					Date Processed			
					Date Imaged			
					Date illiaged			
5 CAMPAIGN	MS / MRS / MR	FIRST		MI				
TREASURER		Shelly D.		1411				
NAME	IVII 5.	Silelly D.						
	NIOCALANE							
		_AST		SUFFIX				
		Clark						
				_,_,_				
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO B	BOX PLEASE);	AP.	T / SUITE #; CITY	; STA	ATE; ZIP CODE		
ADDRESS	102 Post Oak Dr.							
(Residence or Business)								
	Krugerville, TX 76227							
7 CAMPAIGN	AREA CODE PHONE	NUMBER E	VTENCION					
7 CAMPAIGN TREASURER		NUMBER E	EXTENSION					
PHONE	(214) 205-7070							
8 REPORT								
TYPE	X January 15	30th day before	election $\square$	Runoff	15th day after ca	mpaign treasurer		
		oon day before		L	appointment (offi			
	July 15	8th day before 6	election	Exceeded modified reporting limit	Final Report (Atta	ach C/OH-FR)		
				reporting iiriit				
9 PERIOD	Month Day Year			Month Day	Year			
COVERED	11/28/2023	TH	IROUGH	12/31/202	23			
10 ELECTION	ELECTION DATE			ELECTION TYPE				
	Month Day Year	X PI	rimary	Runoff	Other			
	03/05/2024	l ∏g	eneral	Special				
				ш.				
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGH	C (if known)			
III OFFICE	Of FICE FIELD (II ally)			State Senator D				
				State Seriator B	1311101 30			
		GO T	O PAGE 2					
I								

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

2 of 12

13 C / OH NAME	Clark, Cody J. (Mr.)		<b>14</b> Filer ID 00088199	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political e These expenditures may have been made officeholders are required to report this in	without the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
⊔	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER	NAME	
		COMMITTEE CAMPAIGN TREASURER	ADDRESS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTH ES OF LOANS, OR CONTRIBUTIONS MA		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES O	F LOANS)	\$ 0.00
EXPENDITURE TOTALS	\$ 0.00			
	4. TOTAL POLITIC	AL EXPENDITURES		<b>\$</b> 4,603.53
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS C RIOD	F THE LAST DAY OF THE	\$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LO TING PERIOD	ANS AS OF THE LAST DAY	\$ 0.00
<b>17</b> AFFIDAVIT			er penalty of perjury, that the ac Icludes all information required t In Code.	
			Mr. Cody J. Clark	
		Sig	nature of Candidate or Officeho	lder
AFFIX NO	TARY STAMP / SEAL ABO	DVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
		ertify which, witness my hand and seal of o		
Signature of office	cer administering	Printed name of officer administering	Title of office	r administering oath

### FORM C/OH **SUBTOTALS - C/OH COVER SHEET PG 3** 3 of 12 19 Filer ID 18 FILER NAME (Ethics Commission Filers) 00088199 Clark, Cody J. (Mr.) **20 SCHEDULE SUBTOTALS** SUBTOTAL AMOUNT NAME OF SCHEDULE SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ SCHEDULE B: PLEDGED CONTRIBUTIONS 5,000.00 |X| \$ 3. SCHEDULE E: LOANS \$ 5. SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 6. \$ 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 8. \$ SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS \$ 4,603.53 SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 10. \$ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 11. \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 12. \$ TO FILER

PLEDO	GED CONTRIBUTIONS				SCHEDULE B
The	Instruction Guide explains how to comple	te this form.	1	Total pages Scher Sch: 1/1 Rpt: 4/	
2 FILER NAM Clark, Cody		3	Filer ID (Eth 00088199	ics Commission Filers)	
4	F UNITEMIZED PLEDGES			\$	0.00
5 Date 11/28/2023	6 Full name of pledgorout-of-state PAC (ID#:_Clark, Cody (Mr.)  7 Pledgor Address; City; State; Zip Code	)	8	Amount of pledge (\$) \$5,000.00	9 In-kind description (If applicable)
	Krugerville, TX 76227		 	Check if travel outs	I I ide of Texas. Complete Schedule T.
	Cupation / Job title (See Instructions) Director of Operations	11 Employer (See Instru Avid Quality Care		ons)	

### SCHEDULE **G**

### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			mmittee	Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Ove Polling Ex Printing E Salaries/V	xpense Vages/Contract Labor		Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
	oroak oara'r aymone			The Instruction Guide explains h	now to co	omplete this form.				
1	Total pages Schedule G:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 1/8 Rpt: 5/12	Clark, Cody J. (Mr.)						00088199		
4	Date	5	Payee name							
12/20/2023 Armadillo Grill										
6	6 Amount (\$) 7 Payee address; City; State; Zip Code									
	\$34.19		2606 FM 17	4						
	Reimbursement from political contributions intended		Bowie, TX 76230							
8	PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description					Ch	neck if travel outside of Texas. Complete Schedule	 Т.		
	OF	( )		age Expense	,		Ch	neck if Austin, TX, officeholder living expense		
	EXPENDITURE			g		Food before cam	- npai	gn event.		
9	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Officeh	older name		Office sought		Office held		
	C/O11									
	Date		Payee name							
	12/01/2023		Circle K							
	Amount (\$)		Payee addres	ss; City; State;	Zip Co	ode				
\$100.00 7500 S US Hwy 377										
	Reimbursement from political contributions									
	X political contributions intended		Crossroads,	TX 76227						
	PURPOSE		Category (Se	e Categories listed at the top of this sche	dule)	Description	Ch	neck if travel outside of Texas. Complete Schedule	; T.	
	OF EXPENDITURE		Transportati	on Equipment & Related Ex	kpense		Ch	neck if Austin, TX, officeholder living expense		
						Fuel.				
	Complete <u>ONLY</u> if direct expenditure to benefit	Car	ndidate/Officeh	older name		Office sought		Office held		
	C/OH									
	Data									
	Date 12/18/2023		Payee name Circle K							
		L								
	Amount (\$)		Payee addres		Zip Co	ode				
	\$100.00		7500 S US I	Hwy 377						
	Reimbursement from political contributions intended		Crossroads,	TX 76227						
	PURPOSE		Category (Se	e Categories listed at the top of this sche	dule)	Description	Ch	neck if travel outside of Texas. Complete Schedule	: Т.	
	OF EXPENDITURE		Transportati	on Equipment & Related Ex	kpense		Ch	neck if Austin, TX, officeholder living expense		
	_/					Fuel.				
	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Officeh	older name		Office sought		Office held		

### SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimbu

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Gift/Awards/Memori Legal Services The Instruction	•		xpense Vages/Contract Labor omplete this form.		Travel Out OTHER (e		ry not listed above)	
_		Ι_						1_		<b>/=</b>	<u> </u>	
1	Total pages Schedule G: Sch: 2/8 Rpt: 6/12	2	FILER NAME Clark, Cody	J. (Mr.)				3	Filer ID 000881	`	Commission Fi	lers)
4	Date	5	Payee name									
	12/13/2023		Mac's Shirts	and More								
6	Amount (\$) \$933.12	7	Payee addres	s; City;	State;	Zip Co	ode					
	,		ZIS Lamai									
	X Reimbursement from political contributions intended		Sherman, T	X 75090								
8	PURPOSE	(a)	Category (Se	e Categories listed a	at the top of this sch	edule)	(b) Description	С	heck if trave	I outside of Te	exas. Complete Sch	nedule T.
	OF EXPENDITURE		Printing Exp	ense				С	heck if Austi	n, TX, officeho	older living expense	
	EXPENDITORE						Yard signs for ca	amp	aign.			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate/Officeh	older name			Office sought			Office h	neld	
	Date	Г	Payee name									
	12/23/2023		Meta Platfor	ms, Inc.								
	Amount (\$)	T	Payee addres	s; City;	State;	Zip Co	ode					
	\$250.00		1601 Willow	Road								
	Reimbursement from											
	X political contributions intended		Menlo Park,	CA 94025								
	PURPOSE		Category (Se	e Categories listed a	at the top of this sch	edule)	Description	С	heck if trave	I outside of Te	exas. Complete Sch	nedule T.
	OF EXPENDITURE		Advertising	Expense				С	heck if Austi	n, TX, officeho	older living expense	
	LAI LIIDII OKL						Meta social med	lia a	dvertisir	ng.		
	2	Ĺ		<u></u>								
	Complete ONLY if direct expenditure to benefit	Car	ndidate/Officeh	older name			Office sought			Office h	neld	
	C/OH											
	Data		D									
	Date 12/29/2023		Payee name	me Ino								
		┡	Meta Platfor									
	Amount (\$)		Payee addres	-	State;	Zip Co	ode					
	\$250.00		1601 Willow	Road								
	Reimbursement from political contributions intended		Menlo Park,	CA 94025								
	PURPOSE	T	Category (Se	e Categories listed a	at the top of this sch	edule)	Description	С	heck if trave	I outside of Te	exas. Complete Sch	nedule T.
	OF		Advertising	Expense				$\Box$ c	heck if Austi	n, TX, officeho	older living expense	
	EXPENDITURE		J	·			Meta Platforms	soci	al media	a campaig	gn advertising	J.
											_	
	Complete ONLY if direct	Car	ndidate/Officeh	older name			Office sought			Office h	neld	
	expenditure to benefit						3					
	C/OH											

### SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Gift/Awards/Memorial Legal Services	•		Vages/Contract Labor			t of District enter a catego	ory not listed above	<del>)</del> )
				The instruction C	buide explains	now to co	omplete this form.					
1	Total pages Schedule G: Sch: 3/8 Rpt: 7/12	2	FILER NAME Clark, Cody	J. (Mr.)				3	Filer ID 000881	`	Commission F	Filers)
4	Date	5	Payee name									
•	12/31/2023	ľ	Meta Platfor	ms Inc								
_		<del>                                     </del>			04-4-	7: 0-						
6	Amount (\$)	7	Payee addres		State;	Zip Co	ode					
	\$47.84		1601 Willow	Roau								
	Reimbursement from political contributions intended		Menlo Park,	CA 94025								
8	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sch	edule)	(b) Description	CI	neck if trave	l outside of T	exas. Complete S	chedule T.
	OF EXPENDITURE		Advertising I	Expense				CI	heck if Austi	in, TX, officeh	nolder living expens	se
	EXI ENDITORE						Meta Platforms	soci	al media	a campai	gn advertisir	ng.
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate/Officeh	older name			Office sought			Office	held	
	Date		Payee name									
	12/04/2023		Office Depot									
	Amount (\$)	H	Payee addres	s; City;	State;	Zip Co	ode					
	\$243.70		2300 San Ja	cinto BLVD								
	Reimbursement from											
	political contributions intended		Denton, TX	76205								
	PURPOSE		Category (Se	e Categories listed at	the top of this sch	edule)	Description	_			exas. Complete S	
	OF EXPENDITURE		Printing Exp	ense			<u> </u>	_			nolder living expens	se
							Office Depot/Off organizational su			nting and	candidate	
		Car	ndidate/Officeh	older name			Office sought			Office	held	
	expenditure to benefit C/OH											
	C/OH											
	Date		Payee name									
	12/08/2023		Quick Trip									
	Amount (\$)	T	Payee addres	s; City;	State;	Zip Co	ode					
	\$105.26		3300 E. Univ	ersity Dr.								
	Reimbursement from											
	X political contributions intended		Denton, TX	76208								
	PURPOSE		Category (Se	e Categories listed at	the top of this sch	edule)	Description	=			exas. Complete S	
	OF EXPENDITURE		Transportati	on Equipment	& Related E	xpense		CI	neck if Austi	in, TX, officeh	nolder living expens	se
							Fuel.					
	Complete <u>ONLY</u> if direct expenditure to benefit	Car	ndidate/Officeh	older name			Office sought			Office	held	
	C/OH											

### SCHEDULE G

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Mange/Control Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	al Co	mmittee Legal Services Salaries/N The Instruction Guide explains how to co		Contract Labor te this form.		OTHER (enter a category r	not listed above)
1	Total pages Schedule G:	2	FILER NAME			3	Filer ID (Ethics Co	mmission Filers)
	Sch: 4/8 Rpt: 8/12		Clark, Cody J. (Mr.)				00088199	
4	Date	5	Payee name					
	12/20/2023		Quick Trip					
6	Amount (\$)	7	Payee address; City; State; Zip Co	ode				
	\$109.76		3300 E. University Dr.					
	Reimbursement from							
	X political contributions intended		Denton, TX 76208					
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description		heck if travel outside of Texa	·
	EXPENDITURE		Transportation Equipment & Related Expense	1		ПС	heck if Austin, TX, officeholde	er living expense
				Fue	l.			
9	Complete ONLY if direct	<u>L</u> Car	ndidate/Officeholder name		Office sought		Office hel	ld
	expenditure to benefit				_			
	C/OH							
	Date		Payee name					
	12/29/2023		Quick Trip					
	Amount (\$)		Payee address; City; State; Zip Co	ode				
	\$105.31		3300 E. University Dr.					
	Reimbursement from							
	X political contributions intended		Denton, TX 76208					
	PURPOSE		Category (See Categories listed at the top of this schedule)		Description	С	neck if travel outside of Texa	s. Complete Schedule T.
	OF EXPENDITURE		Transportation Equipment & Related Expense			С	heck if Austin, TX, officeholde	er living expense
	EXI ENDITORE			Fue	l.			
		Car	ndidate/Officeholder name	C	Office sought		Office hel	d
	expenditure to benefit C/OH							
	Date		Davis asses					
	11/28/2023		Payee name Republican Party of Texas					
_		L	· · · · · · · · · · · · · · · · · · ·	- d -				
	Amount (\$)		Payee address; City; State; Zip Co	oae				
	\$1,250.00		807 Brazos St. #701					
	Reimbursement from political contributions intended		Austin, TX 78701					
	PURPOSE	Г	Category (See Categories listed at the top of this schedule)		Description	С	neck if travel outside of Texa	s. Complete Schedule T.
	OF EXPENDITURE		Fees			С	neck if Austin, TX, officeholde	er living expense
	LAI LINDITORE			Can	didate Appl	icatio	on - Filing fee.	
		Car	ndidate/Officeholder name	C	Office sought		Office hel	d
	expenditure to benefit C/OH							
$\vdash$	-							

### SCHEDULE G

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politics Credit Card Payment		e Legal Service	Memorials Expense		xpense Wages/Contract Labor	Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G:	2 FILE	ER NAME				3 Filer ID (Ethics Commission Filers)
	Sch: 5/8 Rpt: 9/12	Cla	rk, Cody J. (Mr.)				00088199
4	Date	5 Pay	ee name				
	12/10/2023	Rep	oublican Women	of Greater North T	exas		
6	Amount (\$)	<b>7</b> Pay	ee address; Cit	y; State;	; Zip Co	ode	
	\$35.00	PO	Box 2353				
	Reimbursement from political contributions intended	Fris	sco, TX 75034				
8	PURPOSE	(a) Cate	egory (See Categories	listed at the top of this sch	nedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Eve	ent Expense				Check if Austin, TX, officeholder living expense
						Republican Wom	nen of Greater North Texas event fee.
9	Complete ONLY if direct expenditure to benefit C/OH	Candida	te/Officeholder nan	ne		Office sought	Office held
	Date	Pay	ee name				
	12/29/2023	Shu	ıtterstock, Inc.				
	Amount (\$)	Pay	ee address; Cit	y; State;	; Zip Co	ode	
	\$53.04	350	Fifth Avenue, 21	st Floor			
	Reimbursement from						
	X political contributions intended	Nev	w York, NY 10118	3			
	PURPOSE	Cate	egory (See Categories	listed at the top of this sch	nedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Adv	ertising Expense				Check if Austin, TX, officeholder living expense
						Images purchase	ed for campaign advertising/marketing.
	Complete ONLY if direct expenditure to benefit C/OH	Candida	te/Officeholder nan	ne		Office sought	Office held
	Date	1 1	ee name				
	12/16/2023	Squ	ıarespace Inc.				
	Amount (\$)	1 1	ee address; Cit		; Zip Co	ode	
	\$50.77	225	Varick St. 12th F	loor			
	Reimbursement from political contributions intended	Nev	w York, NY 10014	ı			
	PURPOSE	Cate	egory (See Categories	listed at the top of this sch	nedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Adv	ertising Expense				Check if Austin, TX, officeholder living expense
						Campaign websi	te.
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candida	te/Officeholder nan	ne		Office sought	Office held

### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 6/8 Rpt: 10/12 Clark, Cody J. (Mr.) 00088199 Date Payee name 12/18/2023 **Tracks** Payee address; Amount (\$) City; State; Zip Code 109 N. Woods St. \$24.20 Reimbursement from political contributions Х intended Sherman, TX 75092 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if Austin, TX, officeholder living expense Food/Beverage Expense **EXPENDITURE** Food before campaign stop. Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/17/2023 Twitter Inc. Amount (\$) Payee address; City; State; Zip Code \$110.47 1355 Market Street, Suite 900 Reimbursement from political contributions Χ San Francisco, CA 94103 intended **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Advertising Expense **EXPENDITURE** Twitter/X social media campaign advertising. Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/28/2023 **UPS** Payee address; City; State; Zip Code Amount (\$) \$41.01 1501 S. Loop 288 #104 Reimbursement from Χ political contributions intended Denton, TX 76205

**PURPOSE** 

OF

**EXPENDITURE** 

Complete ONLY if direct

expenditure to benefit

C/OH

Description

Office sought

UPS, cost to mail candidate application.

Category (See Categories listed at the top of this schedule)

Cost to mail candidate application

Candidate/Officeholder name

Check if travel outside of Texas. Complete Schedule T.

Check if Austin, TX, officeholder living expense

Office held

### SCHEDULE G

## **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Event Expense Fees Food/Beverage Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Expense Printing I Legal Services Salaries/ The Instruction Guide explains how to c	Expense Wages/Contract Labor		Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G:	2	FILER NAME		3	Filer ID (Ethics Commission Filers)
	Sch: 7/8 Rpt: 11/12		Clark, Cody J. (Mr.)		00088199	
4	Date	5	Payee name			
	12/27/2023		UPS			
6	Amount (\$)	7	Payee address; City; State; Zip C	ode	_	
	\$22.09		11450 US Hwy 380 #130			
	Reimbursement from political contributions intended		Crossroads, TX 76227			
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b) Description	С	heck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Mail campaign magnet.		С	heck if Austin, TX, officeholder living expense
				Mail campaign m	ıag	net via UPS.
9	Complete ONLY if direct expenditure to benefit C/OH	Ca	ndidate/Officeholder name	Office sought		Office held
	Date		Payee name			
	12/04/2023		Vistaprint			
	Amount (\$)	t	Payee address; City; State; Zip C	ode		
	\$237.78		275 Wyman St.			
	Reimbursement from		,			
	x political contributions intended		Waltham, MA 02451			
	PURPOSE		Category (See Categories listed at the top of this schedule)	Description	C	heck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Printing Expense		С	heck if Austin, TX, officeholder living expense
				Printed campaigr	n m	aterials.
	Complete ONLY if direct expenditure to benefit C/OH	Ca	ndidate/Officeholder name	Office sought		Office held
	Date		Payee name			
	12/11/2023		Vistaprint			
	Amount (\$)	H	Payee address; City; State; Zip C	ode	_	
	\$290.31		275 Wyman St.			
	Reimbursement from					
	X political contributions intended		Waltham, MA 02451			
	PURPOSE	Τ	Category (See Categories listed at the top of this schedule)	Description	С	heck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Printing Expense		]c	heck if Austin, TX, officeholder living expense
	EXI ENDITORE			Printed campaigr	n m	naterials.
	Complete ONLY if direct	Car	ndidate/Officeholder name	Office sought		Office held
	expenditure to benefit C/OH	Cal	radate/Oniconduct Haine	Onice sought		Onice Held
	<del>-</del>				_	

### POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 8/8 Rpt: 12/12 Clark, Cody J. (Mr.) 00088199 Date Payee name 12/18/2023 Vistaprint 6 Amount (\$) Payee address; City; State; Zip Code \$209.68 275 Wyman St. Reimbursement from political contributions intended Х Waltham, MA 02451 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. 8 OF Check if Austin, TX, officeholder living expense **Printing Expense EXPENDITURE** Printed campaign materials. Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH