### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to compl	ete this form.	1 Filer ID (Ethics Commi 00067818		2 Total pages file	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI		ISE ONLY
OFFICEHOLDER	The Honorable	Travis P.				
NAME		Travis F .			Date Received	
					ELECTRONICA	LLY FILED
	NICKNAME	LAST		SUFFIX	02/05/2024	
		Clardy				
		-				
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	ΓY;	ZIP CODE	Date Hand-delivered or	Date Postmarked
OFFICEHOLDER MAILING	209 E. Main St.					
ADDRESS					Receipt #	Amount
Change of Address	Nacogdoches, TX 75961					
	Nacoguoches, TX 75901				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	-	
TREASURER	Mr.	James D.				
NAME						
	NICKNAME	LAST		SUFFIX		
	Jimmy	Mize				
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE);	AP <sup>.</sup>	T / SUITE #; CITY;	STA	TE; ZIP CODE
TREASURER	820 Texas Street					
ADDRESS						
(Residence or Business)						
	Nacogdoches, TX 75961					
7 CAMPAIGN	AREA CODE PHON	NE NUMBER	EXTENSION			
TREASURER			EXTENSION			
PHONE	(936) 645-1220					
8 REPORT		_	_	_	-	
TYPE	January 15	✓ 30th day before	e election	Runoff X	15th day after car appointment (offic	
	July 15	8th day before		Exceeded modified	Final Report (Atta	
		bill day before		reporting limit		
9 PERIOD COVERED	Month Day Year			Month Day	Year	
COVERED	01/01/2024	11	HROUGH	01/25/2024	4	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	XF	Primary	Runoff	Other	
	03/05/2024		General	Special		
			Jeneral	Special		
				-i		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT		
	State Representative Dist	rict 11		State Representa	ative District 11	
	1			1		
		GO .	TO PAGE 2			
Forms provided by Te	exas Ethics Commission	www.e	thics.state.tx.u	S	Versi	on V3.5.1.9000c471

### CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

#### FORM C/OH COVER SHEET PG 2 2 of 14

13 C / OH NAME	Clardy, Travis P. (The	e Honorable)	14 Filer ID (E 00067818	Ethics Commission Filers)			
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without t I officeholders are required to report this information	the candidate's or officel	nolder's knowledge or			
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME					
	GENERAL						
		COMMITTEE ADDRESS					
	SPECIFIC SPECIFIC						
		COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRES	6S				
16 CONTRIBUTION TOTALS		L ZED POLITICAL CONTRIBUTIONS (OTHER THAI ES OF LOANS, OR CONTRIBUTIONS MADE ELEC		<b>\$</b> 0.00			
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	3)	<b>\$</b> 40,156.82			
EXPENDITURE TOTALS	3. TOTAL UNITEM		<b>\$</b> 1,718.25				
	4. TOTAL POLITIC	TOTAL POLITICAL EXPENDITURES					
CONTRIBUTION BALANCE		5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD					
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	<b>\$</b> 0.00			
17 AFFIDAVIT				-			
		I swear, or affirm, under penalty true and correct and includes al under Title 15, Election Code.					
			rable Travis P. Clardy				
		Signature of	Candidate or Officehold	er			
AFFIX NO	TARY STAMP / SEAL AB	DVE					
Sworn to and subs	cribed before me, by the s	aid	, this the	day			
of	, 20, to ce	ertify which, witness my hand and seal of office.					
Signature of offi	cer administering	Printed name of officer administering	Title of officer	administering oath			
Forms provided by Te	exas Ethics Commission	www.ethics.state.tx.us	,	version V3.5.1.9000c47f			

SUBTOTALS - C/OH	C	FORM C/OH OVER SHEET PG 3 3 of 14
18 FILER NAME Clardy, Travis P. (The Honorable)	<b>19</b> Filer ID 00067818	(Ethics Commission Filers)
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE	·	SUBTOTAL AMOUNT
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 40,156.82
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS	\$	
5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBU	<b>\$</b> 62,788.54	
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTR	\$	
8. X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	<b>\$</b> 2,053.15	
9. SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	
10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSI	NESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTR	RIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 1/3 Rpt: 4/14 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Clardy, Travis P. (The Honorable) 00067818 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 01/05/2024 Allen Boone Humphries Robinson LLP \$1,000.00 6 Contributor address; City; State; Zip Code Houston, TX 77027 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 01/05/2024 \$10,000.00 **Charles Butt Public Education PAC** Contributor address; City; State; Zip Code San Antonio, TX 78209 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) Date 01/05/2024 Eye-PAC of The Texas Ophthamological Association \$500.00 Contributor address; City; State; Zip Code Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 01/05/2024 HILLCO PAC \$20,000.00 Contributor address; City; State; Zip Code Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: \$5,000.00 01/11/2024 Haney, Ronald Contributor address; City; State; Zip Code Boerne, TX 78006 Principal occupation / Job title (See Instructions) Employer (See Instructions) Health Care Cascade Health Services LLC

### MONETARY POLITICAL CONTRIBUTIONS

#### SCHEDULE A1

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 2/3 Rpt: 5/14	
2 FILER NAME			3 Filer ID (Ethics Commission	n Filers)
	is P. (The Honorable)		00067818	Ji i iioio,
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
01/17/2024	Johnson, Lou Ann			\$52.06
	6 Contributor address; City; State; Zip Code			
	Nacardoobac, TX 75065			
9 Drincipal occu	Nacogdoches, TX 75965 pation / Job title (See Instructions)	9 Employer (See Instructions		
	pation / Job title (See instructions)		>/	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
01/05/2024	Longbow Consulting Partners LLC			\$500.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78701			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	3)	
Date	Full name of contributor 🔲 out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
01/24/2024	Moore, Matthew			\$104.10
	Contributor address; City; State; Zip Code			
	Necessary TV 75001			
Dringingloss	Nacogdoches, TX 75961	Freedouer (Coo hostmustions		
Philopai occu	pation / Job title (See Instructions)	Employer (See Instructions	>)	
Date	Full name of contributor X out-of-state PAC (ID#: (	C00513549 )	Amount of Contribution (\$)	
01/05/2024	Phillips 66 PAC			\$1,000.66
	Contributor address; City; State; Zip Code			
	Bartlesville, TX 74003			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
01/12/2024	Stanfield, Stephen			\$1,000.00
	Contributor address; City; State; Zip Code			
	Henderson, TX 75654			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)	

# MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 **1** Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 3/3 Rpt: 6/14 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Clardy, Travis P. (The Honorable) 00067818 4 Date 5 Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 7 01/05/2024 \$1,000.00 **Texas Building Branch AGC PAC** 6 Contributor address; City; State; Zip Code Austin, TX 78701-0000 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)

							2)/ 0/-)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event E Fees Food/B Gift/Aw nmittee Legal S	PENDITURE CATE Expense everage Expense ards/Memorials Expense ervices Instruction Guide expl	Loan Rep Office Ov Polling E Printing E Salaries/	oayme verhea xpense Expens Wages	nt/Reimbursement d/Rental Expense e se s/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense	
1	Total pages Schedule F1:	2						2	Filer ID	(Ethics Commission Filers	)
	Sch: 1/5 Rpt: 7/14		Clardy, Travis P.	(The Honorable)					00067818		<i>,</i>
4	Date	5	Payee name								
	01/03/2024		Arena Mail & Dig	ital							
6	Amount (\$)	7	Payee address;	City; S	State; Zip C	ode					
	\$16,765.00		1260 Stringham	Ave							
			Suite 350								
			Salt Lake City, U	T 9/106							
			Sall Lake City, U	1 04100							
8	PURPOSE	(a)		pories listed at the top of th	is schedule)	(b)	Description				
	OF EXPENDITURE		Advertising Expe	nse						plete Schedule T.	
									officeholder living		
							Campaign Ad	lve	rusing Expe	nse	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officehold	ler name	Office sou	ught			Office he	eld	
	Date		Payee name								
	01/05/2024		Castro, Dylan								
	Amount (\$)	-	Payee address;	City; S	State; Zip C	aho					_
	.,		2			oue					
	\$1,000.00		408 Rivercrest R	u							
			Lufkin, TX 75901								
	PURPOSE	(a)	Category (See Cate	pories listed at the top of th	iis schedule)	(b)	Description				
	OF EXPENDITURE		Salaries/Wages/				Check if travel	outsi	de of Texas. Com	plete Schedule T.	
									officeholder living		
							Campaign Co	ontr	ract Labor E	xpense	
	Complete ONLY if direct		Candidate/Officehold	ler name	Office sou	ught			Office he	eld	
	expenditure to benefit C/Oł	Н									
	Date		Payee name								
	01/24/2024		Clardy, Travis (M	r.)							
	Amount (\$)		Payee address;		State; Zip C	ode					
	\$5,370.61		209 E. Main Stre	et							
			Nacogdoches, T	X 75961							
	PURPOSE	(a)	Category (See Cate	pories listed at the top of th	is schedule)	(b)	Description				
				/Reimbursement			Check if travel	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE						Check if Austin	ı, ТХ,	officeholder living	j expense	
							Campaign Re	eim	bursement I	Expense	
	Complete ONLY if direct	. (	Candidate/Officehold	ler name	Office sou	ught			Office he	eld	
	expenditure to benefit C/OI					2					

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Cor	- Gift/Awards/Memorials Expense Polling Expense Travel in District - Gift/Awards/Memorials Expense Printing Expense Travel Out of District			quipment & Related Expense				
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 2/5 Rpt: 8/14		Clardy, Travi	s P. (The Hond	orable)				00067818	
4	Date	5	Payee name							
	01/03/2024		Griffin Comm	unication						
6	Amount (\$)	7	Payee address	; City;	State	; Zip Co	le			
-	\$2,000.00		200 S 1st Str			, ,				
			Point, TX 754	172						
8	PURPOSE	(a)					(b) Description			
ľ	OF	(4)	Consulting E	Categories listed at t	he top of this sch	iedule)		outsi	ide of Texas. Com	plete Schedule T.
	EXPENDITURE			Apende			Check if Austin	, TX	, officeholder living	expense
							Campaign Co	ons	ulting Exper	ise
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Office	eholder name	C	Office sou	Jht		Office he	eld
	Date		Payee name							
	01/22/2024		Griffin Comm	unication						
	Amount (\$)		Payee address	; City;	State	; Zip Co	le			
	\$2,000.00		200 S 1st Str	eet						
			Point, TX 754	472						
	PURPOSE OF EXPENDITURE	(a)	Category <sub>(See</sub> Consulting E	Categories listed at t XPENSE	he top of this sch	edule)		, TX,	ide of Texas. Com , officeholder living sulting Exper	expense
	Complete ONLY if direct		Candidate/Office	eholder name	(	Office soug	ıht		Office he	eld
	expenditure to benefit C/OI	Н								
	Date		Payee name							
	01/16/2024		2	vertising Agend	CV					
-	Amount (\$)		Payee address	; City;	State	; Zip Co	le			
	\$10,825.00		243 Old Tyle			,				
			,							
			Nacogdoche							
	PURPOSE OF	(a)		Categories listed at t	he top of this sch	iedule)	(b) Description	outo	ide of Texas. Com	nlete Schedule T
	EXPENDITURE		Advertising E	xpense					, officeholder living	•
							Campaign Ad			
-	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Office	eholder name	(	Office sou	Jht		Office he	eld
	Superioration to benefit 0/01									

			EXPENDITURE	CATEGOR	RIES FOR	BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials E Innittee Legal Services	es Office Overhead/Rental Expense office Overhead/Rental Expense volting Expense volting Expense volting Expense office Overhead/Rental Expense overhead/Rental Expense overhead/Rental Ex			Transportation Eq Travel in District Travel Out of Distr	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)	
	Sch: 3/5 Rpt: 9/14		Clardy, Travis P. (The Hono	rable)				00067818		
4	Date 01/24/2024		Payee name Intuit Quickbooks Online							
6	Amount (\$)	7	Payee address; City;	State:	Zip Co	e				
-	\$92.74		2632 Marine Way Mountain View, CA 94043							
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the Fees	e top of this sch	edule)	Check if Austin	n, TX	ide of Texas. Compl , officeholder living e vare Expense	expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Dffice sou	ht		Office hel	d	
	Date		Payee name							
	01/08/2024		Kline's							
	Amount (\$) \$1,129.68		Payee address; City; 628 N University Dr	State;	; Zip Coo	le				
			Nacogdoches, TX 75961							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the Event Expense	e top of this sch	edule)	Check if Austin	n, TX,	ide of Texas. Compl , officeholder living e t/Printing Exp	expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Dffice soug	ht		Office hel	d	
	Date		Payee name							
	01/18/2024		Moore Information Group LL	C						
	Amount (\$) \$23,300.00		Payee address; City; 921 SW Washington Street Suite 810 Portland , OR 97205	State;	; Zip Coo	le				
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the Polling Expense	e top of this sch	edule)		n, TX	ide of Texas. Compl , officeholder living e ng Expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		candidate/Officeholder name	C	Office sou	ht		Office hel	d	

			EXPENDITURE C	ATEGORIE	SFOR	3OX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expe	Lo Of Po ense Pri Sa	oan Repayi ffice Overh olling Expe rinting Expe alaries/Wa	nent/Reimbursement ead/Rental Expense nse ense ges/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)	
	Sch: 4/5 Rpt: 10/14		Clardy, Travis P. (The Honorab	ole)				00067818	
4	Date		Payee name						
	01/08/2024		Shelby County Republican Wo	men					
6	Amount (\$)	7	Payee address; City;	State; Z	Zip Code	9			
	\$100.00		1112 Spring Branch						
			Center, TX 75935						
8	PURPOSE	(a)	Category (See Categories listed at the top	o of this schedule	le) (I	) Description			
	OF EXPENDITURE		Fees					ide of Texas. Complete Schedule T.	
								, officeholder living expense	
	Campaign Dues/Subscription Expense								
_			andidate (Office helder reces	0#					_
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	От	ce sough			Office held	
	Date		Payee name						
	01/24/2024	'	WinRed						
	Amount (\$)		Payee address; City;	State; Z	Zip Code	9			
	\$0.41		PO BOX 9891						
			Arlington, VA 22219						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top Fees	o of this schedule	le) (I	Check if Austin	, TX,	ide of Texas. Complete Schedule T. , officeholder living expense it Card Expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		andidate/Officeholder name	Offic	ce sough	nt		Office held	_
	Date		Payee name						-
	01/17/2024		WinRed						
-	Amount (\$)		Payee address; City;	State; Z	zip Cod	2			_
	\$2.03		PO BOX 9891						
			Arlington, VA 22219						
	PURPOSE OF		Category (See Categories listed at the top	o of this schedule	le) (I	Description		ide of Taura - Ormalate Orbertule T	
	EXPENDITURE		Fees			Check if Austin	I, TX	ide of Texas. Complete Schedule T. , officeholder living expense it Card Expense	
	Complete ONLY if direct	c	andidate/Officeholder name	Offic	ce sough	nt		Office held	$\neg$
	expenditure to benefit C/OI				5				
-									$\neg$

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	2 FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)					
	Sch: 5/5 Rpt: 11/14	Clardy, Travis P. (The Honorable)	00067818					
4	Date	Payee name						
	01/11/2024	WinRed						
6	Amount (\$) \$197.00	7 Payee address; City; State; Zip Code PO BOX 9891 Arlington, VA 22219						
8	PURPOSE OF EXPENDITURE	Check if Austin,	utside of Texas. Complete Schedule T. TX, officeholder living expense edit Card Expense					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	01/24/2024	WinRed						
	Amount (\$) \$1.97	Payee address; City; State; Zip Code PO BOX 9891 Arlington, VA 22219						
	PURPOSE OF EXPENDITURE	Check if Austin,	utside of Texas. Complete Schedule T. TX, officeholder living expense edit Card Expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	01/24/2024	WinRed						
	Amount (\$) \$4.10	Payee address; City; State; Zip Code PO BOX 9891						
		Arlington, VA 22219						
	PURPOSE OF EXPENDITURE	Check if Austin,	utside of Texas. Complete Schedule T. TX, officeholder living expense edit Card Expense					
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

EXPENDITURE CATEGORIES FOR BOX 10(a)     Advertising Expense   Event Expense   Loan Repayment/Reimbursement   Solicitation/Fundraising Expense     Consulting Expense   Consulting Expense   Cond/Beverage Expense   Domaines Made By -   Solicitation/Fundraising Expense     Consulting/Expense   Cond/Beverage Expense   Cond/Beverage Expense   Domaines Made By -   Solicitation/Fundraising Expense     Consulting Expense   Cond/Beverage Expense   Food/Beverage Expense   Printing Expense   Travel in District     Candidate/Officeholder/Political Committee   Committee   Citt/Awards/Memorials Expense   Printing Expense   Travel in District     1   Total pages Schedule F4:   2   FILER NAME   3   Filer ID (Ethics Commission Filers     Sch: 1/3 Rpt:   12/14   Clardy, Travis P. (The Honorable)   00067818     4   CREDIT CARD   Name of financial institution   5   TOTAL OF UNITEMIZED   \$     ISSUER   (a) Amount Charged   (b) Date of Charge   (c) Date(s) Credit Card Issuer Paid   1,718.25	rs)						
Accounting/Bainking Consulting Expense Consulting Expense Consulting Expense Consultioutions/ Donations Made By- Candidate/Officeholder/Political Committee   Fees Food/Beverage Expense Food/Beverage Expense Citt/Awards/Memorials Expense Legal Services   Office Overhead/Rental Expense Polling Expense Salaries/Wages/Contract Labor   Transportation Equipment & Related Expense Travel in District     1   Total pages Schedule F4: Sch: 1/3 Rpt: 12/14   2   FILER NAME Clardy, Travis P. (The Honorable)   3   Filer ID (Ethics Commission Filers 00067818     4   CREDIT CARD ISSUER   Name of financial institution Chase   5   TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD   \$   1,718.25     6   PAYMENT   (a) Amount Charged   (b) Date of Charge   (c) Date(s) Credit Card Issuer Paid	ırs)						
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)     1   Total pages Schedule F4: Sch: 1/3 Rpt: 12/14   2   FILER NAME Clardy, Travis P. (The Honorable)   3   Filer ID (Ethics Commission Filers 00067818     4   CREDIT CARD ISSUER   Name of financial institution Chase   5   TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD   \$   1,718.25     6   PAYMENT   (a) Amount Charged   (b) Date of Charge   (c) Date(s) Credit Card Issuer Paid	rs)						
The Instruction Guide explains how to complete this form.     1   Total pages Schedule F4: Sch: 1/3 Rpt: 12/14   2   FILER NAME Clardy, Travis P. (The Honorable)   3   Filer ID (Ethics Commission Filers 00067818     4   CREDIT CARD ISSUER   Name of financial institution Chase   5   TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT   \$   1,718.25     6   PAYMENT   (a) Amount Charged   (b) Date of Charge   (c) Date(s) Credit Card Issuer Paid	irs)						
1   Total pages Schedule F4: Sch: 1/3 Rpt: 12/14   2   FILER NAME Clardy, Travis P. (The Honorable)   3   Filer ID (Ethics Commission Filers 00067818     4   CREDIT CARD ISSUER   Name of financial institution Chase   5   TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD   \$   1,718.25     6   PAYMENT   (a) Amount Charged   (b) Date of Charge   (c) Date(s) Credit Card Issuer Paid	ers)						
Sch: 1/3 Rpt: 12/14   Clardy, Travis P. (The Honorable)   00067818     4 CREDIT CARD ISSUER   Name of financial institution Chase   5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD   \$ 1,718.25     6 PAYMENT   (a) Amount Charged   (b) Date of Charge   (c) Date(s) Credit Card Issuer Paid							
4 CREDIT CARD ISSUER   Name of financial institution Chase   5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT   \$ 1,718.25     6 PAYMENT   (a) Amount Charged   (b) Date of Charge   (c) Date(s) Credit Card Issuer Paid							
ISSUER Chase EXPENDITURES CHARGED TO A CREDIT CARD \$ 1,718.25   6 PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid							
Chase CHARGED TO A CREDIT   G PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid							
\$52.96 01/12/2024							
7 PAYEE (a) Payee name (b) Payee address; City, State, Zip Co	)ode						
7008 North St	,ouc						
Harry's Building Material							
Nacogdoches, TX 75965							
8 PURPOSE OF (a) Category (b) Description							
EXPENDITURE     (See Categories listed at the top of this schedule)     Campaign Supplies Expense							
X Political							
Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held							
expenditure to benefit C/OH							
PAYMENT     (a) Amount Charged     (b) Date of Charge     (c) Date(s) Credit Card Issuer Paid							
\$23.44 01/18/2024							
PAYEE (a) Payee name (b) Payee address; City, State, Zip Co	Code						
2111 North Street							
Chipotle							
Nacogdoches, TX 75965							
PURPOSE OF (a) Category (b) Description							
EXPENDITURE     (See Categories listed at the top of this schedule)     Campaign Food/Beverage Expense       Food/Beverage Expense     Food/Beverage Expense     Campaign Food/Beverage Expense	Campaign Food/Beverage Expense						
X Political							
Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
Complete ONLY if direct     Candidate/Officeholder name     Office sought     Office held							
expenditure to benefit C/OH							
PAYMENT     (a) Amount Charged     (b) Date of Charge     (c) Date(s) Credit Card Issuer Paid							
\$12.52 01/18/2024							
PAYEE(a) Payee name(b) Payee address;City,State,Zip Co	code						
McDonalds 408 E Marshall Ave							
Longview, TX 75601							
PURPOSE OF EXPENDITURE (a) Category (b) Description   (See Categories listed at the top of this schedule) Campaign Food/Beverage Expense							
Non-Political   (c)   Check if travel outside of Texas. Complete Schedule T.   Check if Austin, TX, officeholder living expense     Complete ONLY if direct   Candidate/Officeholder name   Office sought   Office held							

### EXPENDITURES MADE BY CREDIT CARD

Advertising Expense Accounting/Banking Consulting Expense	Event Exp Fees	ENDITURE CATEGOR ense erage Expense	Loan Repayment/Rein Office Overhead/Renta Polling Expense	nbursement Sol al Expense Tra	licitation/Fundraising E ansportation Equipmen avel in District		Expense		
Contributions/ Donations Made B Candidate/Officeholder/Politica	/ - Gift/Award	s/Memorials Expense	Printing Expense Salaries/Wages/Contra		avel Out of District HER (enter a category	not listed at	oove)		
	The Inst	ruction Guide explains h	now to complete thi	is form.					
<b>1</b> Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	ion Filers)		
Sch: 2/3 Rpt: 13/14	Clardy, Travis P. (T	he Honorable)			00067818				
4 CREDIT CARD	Name of fina	ncial institution			<u>_</u>	1 710 0			
ISSUER		revious	EXPENDI CHARGE CARD	D TO A CREDIT	\$	1,718.2	.5		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	Paid				
	\$26.01	01/14/2024							
7 PAYEE	(a) Payee name		(b) Payee ac	ldress;	City,	State,	Zip Code		
	Brookshire Bros		425 Main S	St					
			Rusk, TX 7						
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	on Office Expense					
X Political	Office Overhead/Ren	tal Expense	Campaign	Office Expense					
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule		Check if Austin, TX,	officeholder living expe	ense			
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder	name O	ffice sought		Office held				
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	Paid				
	\$31.94	01/20/2024							
PAYEE	(a) Payee name		(b) Payee ac		City,	State,	Zip Code		
	Maklemores Ale-Ho	ouse	2304 North	2304 North St.					
			Nacardack	DOG TY 75065					
PURPOSE OF	(a) Category		Nacogdoches, TX 75965 (b) Description						
EXPENDITURE	(See Categories listed at the top	,	Campaign Food/Beverage Expense						
X Political	Food/Beverage Expe	nse							
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	т. Г	Check if Austin, TX,	officeholder living expe	ense			
Complete <u>ONLY</u> if direct	Candidate/Officeholder	name O	ffice sought		Office held				
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	Paid				
	\$33.00	01/18/2024							
PAYEE	(a) Payee name	•	(b) Payee ac	ldress;	City,	State,	Zip Code		
	QT		1484 S Be	lt Line Rd					
	(a) Catagony		Coppell, T						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	on Travel Expense	د				
X Political	Travel In District		Campaign						
Non-Political		of Texas. Complete Schedule		Chock if Austin TV	officoboldor living over	200			
Complete <u>ONLY</u> if direct	(c) Check if travel outside Candidate/Officeholder	•	ffice sought		officeholder living expe	5115E			
expenditure to benefit C/OH					5				

**EXPENDITURES MADE BY CREDIT CARD** 

Advertising Expense Accounting/Banking	EXPE Event Expo Fees		S FOR BOX 1 an Repayment/Re fice Overhead/Rer	imbursement So	licitation/Fundraising I ansportation Equipme		Evnonso	
Consulting Expense Contributions/ Donations Made By -	Food/Beve	erage Expense Po	olling Expense inting Expense	Tra	avel in District avel Out of District	it a Relateu i	Lypense	
Candidate/Officeholder/Political	Committee Legal Serv		llaries/Wages/Con		THER (enter a categor	y not listed al	oove)	
	The Inst	ruction Guide explains how	to complete t	his form.				
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	cs Commiss	sion Filers)	
Sch: 3/3 Rpt: 14/14	Clardy, Travis P. (T	he Honorable)			00067818			
4 CREDIT CARD	Name of final	ncial institution		OF UNITEMIZED	•	4 740 6		
ISSUER	see p	revious		DITURES ED TO A CREDIT	\$	1,718.2	25	
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	r Paid			
	\$91.59	01/03/2024						
7 PAYEE	(a) Payee name	•	(b) Payee a	address;	City,	State,	Zip Code	
	Domoo Itolion Kitob		124 E Ma	in St				
	Romas Italian Kitch	len						
			-	ches, TX 75961				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip		<b>-</b>			
	Food/Beverage Expe	,	Campaigr	n Food/Beverage	e Expense			
X Political								
Non-Political		of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder	name Offic	e sought		Office held			
expenditure to benefit C/OH					<u> </u>			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid			
	\$40.00	01/21/2024						
PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code	
	Brookshire Bros		425 Main St					
	BIOOKSIIIC BIOS							
			Rusk, TX					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description					
X Political	Office Overhead/Ren	,	Campaign Office Expense					
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held			
expenditure to benefit C/OH			_					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	r Paid			
	\$23.44	01/11/2024						
PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code	
	Chipotle		2111 Nort	th Street				
	Chipolie							
			-	ches, TX 75965				
	(-) Osta							
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip		Evponco			
	(a) Category (See Categories listed at the top Food/Beverage Expe			n Food/Beverage	e Expense			
EXPENDITURE	(See Categories listed at the top				e Expense			
	(See Categories listed at the top Food/Beverage Expe	nse of Texas. Complete Schedule T.		n Food/Beverage	officeholder living exp	ense		

**EXPENDITURES MADE BY CREDIT CARD**