

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 (Ethics Commission Filers) 00088844	2 Total pages filed: 20					
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Ms.	FIRST Tiffany M.	MI	OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/14/2025				
	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				
	P.O. Box 1451			Receipt # Amount				
	DeSoto, TX 75123-1451			Date Processed				
				Date Imaged				
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Frederick D.	MI					
	NICKNAME	LAST Haynes	SUFFIX III					
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;	CITY;	STATE;	ZIP CODE		
	2020 W. Wheatland Rd							
		Dallas, TX 75232						
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION					
	(972)	228-5200						
8 REPORT TYPE	<input checked="" 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 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	THROUGH		Month	Day	Year
		07/01/2024				12/31/2024		
10 ELECTION	ELECTION DATE			ELECTION TYPE				
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other		
			11/05/2024	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special			
11 OFFICE	OFFICE HELD (if any)				12 OFFICE SOUGHT (if known)			
	State Board Of Education District 13 Dallas							

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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13 C / OH NAME Clark, Tiffany M. (Ms.)	14 Filer ID (Ethics Commission Filers) 00088844
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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 <hr/> COMMITTEE ADDRESS <hr/> COMMITTEE CAMPAIGN TREASURER NAME <hr/> COMMITTEE CAMPAIGN TREASURER ADDRESS <hr/>

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)	\$ 3,015.08
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,286.10
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,850.71
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.

Ms. Tiffany M. Clark

 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering Printed name of officer administering Title of officer administering oath

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

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18 FILER NAME Clark, Tiffany M. (Ms.)		19 Filer ID (Ethics Commission Filers) 00088844
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,015.08
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	\$ 617.28
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 checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 668.82
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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/14 Rpt: 4/20
2 FILER NAME Clark, Tiffany M. (Ms.)		3 Filer ID (Ethics Commission Filers) 00088844
4 Date 08/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alejandro, Amy <hr/> 6 Contributor address; City; State; Zip Code Garland, TX 75043	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Director of Secondary RLA		9 Employer (See Instructions) Richardson ISD
Date 08/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, S.C. <hr/> Contributor address; City; State; Zip Code DESOTO, TX 75115	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) HNIC		Employer (See Instructions) MeMyselfandI
Date 08/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Shaunte <hr/> Contributor address; City; State; Zip Code Glenn Heights, TX 75154	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) Education
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anidiobi, Nicole <hr/> Contributor address; City; State; Zip Code Houston, TX 77047	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Harris Health
Date 08/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Christie <hr/> Contributor address; City; State; Zip Code Lancaster, TX 75134	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Behavioral Consultant		Employer (See Instructions) Elevance Health

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/14 Rpt: 5/20
2 FILER NAME Clark, Tiffany M. (Ms.)		3 Filer ID (Ethics Commission Filers) 00088844
4 Date 08/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Shelia <hr/> 6 Contributor address; City; State; Zip Code Mansfield, TX 76063	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Levturer		9 Employer (See Instructions) University of North Texas
Date 10/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bynes, Crystal <hr/> Contributor address; City; State; Zip Code Dallas, TX 75231	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Student		Employer (See Instructions) None
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell, Ryann <hr/> Contributor address; City; State; Zip Code Lancaster, TX 75134	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) School counselor		Employer (See Instructions) CHISD
Date 08/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carroll Jr., Michael <hr/> Contributor address; City; State; Zip Code Hickory Creek, TX 75065	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) SLP Operations, LLC
Date 12/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chatman, Barbara <hr/> Contributor address; City; State; Zip Code Cedar Hill, TX 75104	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/14 Rpt: 6/20
2 FILER NAME Clark, Tiffany M. (Ms.)		3 Filer ID (Ethics Commission Filers) 00088844
4 Date 08/24/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christopher, Melvin <hr/> 6 Contributor address; City; State; Zip Code Garland, TX 75045	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Sales		9 Employer (See Instructions) Self
Date 07/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Charles <hr/> Contributor address; City; State; Zip Code Desoto, TX 75115	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Michelle Clark <hr/> Contributor address; City; State; Zip Code Garland, TX 75044	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Manager -Projects Management		Employer (See Instructions) Cencora
Date 12/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Costa, Joseph <hr/> Contributor address; City; State; Zip Code DeSoto, TX 75115	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Police Chief		Employer (See Instructions) City of DeSoto
Date 08/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crawford, Quinetha <hr/> Contributor address; City; State; Zip Code Duncanville, TX 75116	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) N/a		Employer (See Instructions) N/a

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/14 Rpt: 7/20
2 FILER NAME Clark, Tiffany M. (Ms.)		3 Filer ID (Ethics Commission Filers) 00088844
4 Date 08/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Diaz, Danielle <hr/> 6 Contributor address; City; State; Zip Code Desoto, TX 75115	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Judge		9 Employer (See Instructions) Dallas County
Date 08/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dillon, Ashley <hr/> Contributor address; City; State; Zip Code Columbia, MS 39429	Amount of Contribution (\$) \$64.00
Principal occupation / Job title (See Instructions) Speech-Language Pathologist		Employer (See Instructions) Marion County School District
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dixon, Erik <hr/> Contributor address; City; State; Zip Code Pearland, TX 77584	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) D&S Financial Services
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Durham, James <hr/> Contributor address; City; State; Zip Code Desoto, TX 75115	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Sr Project Manager		Employer (See Instructions) Citybof Dallas
Date 08/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Giddings, Trey <hr/> Contributor address; City; State; Zip Code Plano, TX 75074	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/14 Rpt: 8/20
2 FILER NAME Clark, Tiffany M. (Ms.)		3 Filer ID (Ethics Commission Filers) 00088844
4 Date 08/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gill, Joe <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75235	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Director of School Supports		9 Employer (See Instructions) Character Strong
Date 07/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goodwin, Elma <hr/> Contributor address; City; State; Zip Code Desoto, TX 75115	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gordon, Robert <hr/> Contributor address; City; State; Zip Code Desoto, TX 75115	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Govan, Kenneth <hr/> Contributor address; City; State; Zip Code Duncanville, TX 75137	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Customer Service		Employer (See Instructions) Oncor
Date 10/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hickman, Tayauana <hr/> Contributor address; City; State; Zip Code Desoto, TX 75115	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Dallas isd

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/14 Rpt: 9/20
2 FILER NAME Clark, Tiffany M. (Ms.)		3 Filer ID (Ethics Commission Filers) 00088844
4 Date 09/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Benjamin	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code dallas, TX 75241		
8 Principal occupation / Job title (See Instructions) Risk Management		9 Employer (See Instructions) Santander
Date 08/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, LaMonica	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Red Oak, TX 75154		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) DeSoto ISD
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacobs-Butlet, Angela	Amount of Contribution (\$) \$24.00
Contributor address; City; State; Zip Code Desoto, TX 75115		
Principal occupation / Job title (See Instructions) School Counselor		Employer (See Instructions) Dallas ISD
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jenkins, Zalayna	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Jefferson, LA 70121		
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) USACE
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Trent	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Houston, TX 77051		
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Accenture

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/14 Rpt: 10/20
2 FILER NAME Clark, Tiffany M. (Ms.)		3 Filer ID (Ethics Commission Filers) 00088844
4 Date 08/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Cameron <hr/> 6 Contributor address; City; State; Zip Code Desoto, TX 75115	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Operations		9 Employer (See Instructions) Marriott
Date 08/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Shequitta <hr/> Contributor address; City; State; Zip Code DESOTO, TX 75115	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) Dallas county
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ledbetter, Patricia <hr/> Contributor address; City; State; Zip Code DeSoto, TX 75115	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Occidental Chemical Manager		Employer (See Instructions)
Date 08/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lofton, Gail <hr/> Contributor address; City; State; Zip Code DeSoto, TX 75115	Amount of Contribution (\$) \$24.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 10/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marshall, Tino <hr/> Contributor address; City; State; Zip Code Dallas, TX 75201	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) It		Employer (See Instructions) Ig

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/14 Rpt: 11/20
2 FILER NAME Clark, Tiffany M. (Ms.)		3 Filer ID (Ethics Commission Filers) 00088844
4 Date 08/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Ashla <hr/> 6 Contributor address; City; State; Zip Code Grand Prairie, TX 75054	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions) Kids@Heart Pediatric Dentistry
Date 08/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mathis, Lori <hr/> Contributor address; City; State; Zip Code DeSoto, TX 75115	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Assistant Principal		Employer (See Instructions) DeSoto ISD
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Gloria <hr/> Contributor address; City; State; Zip Code Austin, TX 78744	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Model		Employer (See Instructions) Plus Size Mods of America
Date 08/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morgan, Carma <hr/> Contributor address; City; State; Zip Code Cedar Hill, TX 75105	Amount of Contribution (\$) \$24.00
Principal occupation / Job title (See Instructions) Education		Employer (See Instructions) Desoto ISD
Date 08/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morris, Tony <hr/> Contributor address; City; State; Zip Code Desoto, TX 75115-7178	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) FSA		Employer (See Instructions) American Airlines

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/14 Rpt: 12/20
2 FILER NAME Clark, Tiffany M. (Ms.)		3 Filer ID (Ethics Commission Filers) 00088844
4 Date 12/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Needom, Christine <hr/> 6 Contributor address; City; State; Zip Code Lancaster, TX 75146	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Healthcare		9 Employer (See Instructions) Lantern
Date 08/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Noble, Shelia <hr/> Contributor address; City; State; Zip Code Glenn Heights, TX 75154	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Healthcare Executive		Employer (See Instructions) MDS time LLC
Date 08/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Posey, Loester <hr/> Contributor address; City; State; Zip Code Mansfield, TX 76063	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) NA		Employer (See Instructions) NA
Date 08/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rhodes, Jasmine <hr/> Contributor address; City; State; Zip Code Glenn Heights, TX 75154	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Duncanville ISD
Date 08/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Helena <hr/> Contributor address; City; State; Zip Code Desoto, TX 75115	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) HR Specialist		Employer (See Instructions) GSA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/14 Rpt: 13/20
2 FILER NAME Clark, Tiffany M. (Ms.)		3 Filer ID (Ethics Commission Filers) 00088844
4 Date 08/24/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Zabrina <hr/> 6 Contributor address; City; State; Zip Code Desoto, TX 75115	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Quality Analyst		9 Employer (See Instructions) Aetna
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodgers, Ayesha <hr/> Contributor address; City; State; Zip Code rowlett, TX 75089	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Education		Employer (See Instructions) Dallas College
Date 08/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sandles, Clint <hr/> Contributor address; City; State; Zip Code Waxahachie, TX 75165	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) DeSoto ISD
Date 08/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Searles, Greg <hr/> Contributor address; City; State; Zip Code Dallas, TX 75208	Amount of Contribution (\$) \$13.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheaks, Robert <hr/> Contributor address; City; State; Zip Code Irving, TX 75060	Amount of Contribution (\$) \$13.00
Principal occupation / Job title (See Instructions) Lab tech		Employer (See Instructions) Electro Plate Circuitry

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/14 Rpt: 14/20
2 FILER NAME Clark, Tiffany M. (Ms.)		3 Filer ID (Ethics Commission Filers) 00088844
4 Date 08/24/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Aubria	7 Amount of Contribution (\$) \$24.00
6 Contributor address; City; State; Zip Code DeSoto, TX 75115		
8 Principal occupation / Job title (See Instructions) Educator		9 Employer (See Instructions) Dallas ISD
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Sonja	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Oak Leaf, TX 75154		
Principal occupation / Job title (See Instructions) NA		Employer (See Instructions) NA
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Sonja	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Oak Leaf, TX 75154		
Principal occupation / Job title (See Instructions) NA		Employer (See Instructions) NA
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Sonja	Amount of Contribution (\$) \$19.08
Contributor address; City; State; Zip Code Oak Leaf, TX 75154		
Principal occupation / Job title (See Instructions) NA		Employer (See Instructions) NA
Date 08/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith-Lockhart, Vicki	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Waxahachie, TX 75165		
Principal occupation / Job title (See Instructions) Mental Health Counselor		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/14 Rpt: 15/20
2 FILER NAME Clark, Tiffany M. (Ms.)		3 Filer ID (Ethics Commission Filers) 00088844
4 Date 11/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Audrey <hr/> 6 Contributor address; City; State; Zip Code Mansfield, TX 76063	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) Self-employed
Date 09/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas American Federation of Teachers <hr/> Contributor address; City; State; Zip Code Austin, TX 78741	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) 		Employer (See Instructions)
Date 08/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Portia <hr/> Contributor address; City; State; Zip Code DeSoto, TX 75115	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) The Turner Event Center
Date 09/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ward, John <hr/> Contributor address; City; State; Zip Code Dallas, TX 75241	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Na		Employer (See Instructions) Na
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wesson, Rickyl <hr/> Contributor address; City; State; Zip Code DeSoto, TX 75115	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Education		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/14 Rpt: 16/20
2 FILER NAME Clark, Tiffany M. (Ms.)		3 Filer ID (Ethics Commission Filers) 00088844
4 Date 12/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilkerson, Denise	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Dallas, TX 75229		
8 Principal occupation / Job title (See Instructions) Not applicable		9 Employer (See Instructions) Not applicable
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilkerson II, Terrance	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Grand Prairie, TX 75054		
Principal occupation / Job title (See Instructions) Market Account Director		Employer (See Instructions) Centersquare
Date 10/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Gregory	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Desoto, TX 75115		
Principal occupation / Job title (See Instructions) IT		Employer (See Instructions) N/A
Date 10/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Taylor	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Forney, TX 75126		
Principal occupation / Job title (See Instructions) Caregiver		Employer (See Instructions) Griswold
Date 10/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woods, Ko'Reshia	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Desoto, TX 75115		
Principal occupation / Job title (See Instructions) Clinical social worker		Employer (See Instructions) N/a

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/14 Rpt: 17/20
2 FILER NAME Clark, Tiffany M. (Ms.)		3 Filer ID (Ethics Commission Filers) 00088844
4 Date 10/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) jr, Marlon <hr/> 6 Contributor address; City; State; Zip Code Cedar Hill, TX 75104	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Barber		9 Employer (See Instructions) Self employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) patrick, kay <hr/> Contributor address; City; State; Zip Code DeSoto, TX 75115	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Business Manager		Employer (See Instructions) City of Grand Prairie

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: 1/2 Rpt: 18/20	2 FILER NAME Clark, Tiffany M. (Ms.)	3 Filer ID (Ethics Commission Filers) 00088844
4 Date 11/17/2024	5 Payee name Ranch 616	
6 Amount (\$) \$79.02	7 Payee address; City; State; Zip Code 616 Nueces St. Austin, TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Was in Austin to go to board meeting on 11/18
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/16/2024	Payee name Southwest Printing	
Amount (\$) \$188.36	Payee address; City; State; Zip Code 4547 S Westmoreland Rd Dallas, TX 75237	
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 Cards
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/23/2024	Payee name Southwest Printing	
Amount (\$) \$104.19	Payee address; City; State; Zip Code 4547 S Westmoreland Rd Dallas, TX 75237	
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 5x5 Campaign Card
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 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: 2/2 Rpt: 19/20	2 FILER NAME Clark, Tiffany M. (Ms.)	3 Filer ID (Ethics Commission Filers) 00088844
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4 Date 10/01/2024	5 Payee name Southwest Printing
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6 Amount (\$) \$104.19	7 Payee address; City; State; Zip Code 4547 S Westmoreland Rd Dallas, TX 75237
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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 cards
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/06/2024	Payee name Southwest Printing
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Amount (\$) \$141.52	Payee address; City; State; Zip Code 4547 S Westmoreland Rd Dallas, TX 75237
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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 Literature
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 G: Sch: 1/1 Rpt: 20/20	2 FILER NAME Clark, Tiffany M. (Ms.)	3 Filer ID (Ethics Commission Filers) 00088844
4 Date 08/08/2024	5 Payee name Cafe Brazil Bishop Arts	
6 Amount (\$) \$400.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 611 N Bishopp Ave Dallas, TX 75208	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Meet and Greet Event
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/25/2024	Payee name Southwest Printing	
Amount (\$) \$144.74 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 4547 S Westmoreland Rd Dallas, TX 75237	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Literature
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/15/2024	Payee name Southwest Printing	
Amount (\$) \$124.08 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 4547 S. Westmoreland Rd. Dallas, TX 75237	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Literature
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held