

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: 9	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable	FIRST Tiffany M.	MI	OFFICE USE ONLY Date Received ELECTRONICALLY FILED 07/15/2025
	NICKNAME	LAST Clark	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE P.O. Box 1451 DeSoto, TX 75123-1451			Date Hand-delivered or Date Postmarked
	Receipt #			Amount
	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 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 checked="" 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 01/01/2025 06/30/2025			
10 ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE	
	<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any) State Board Of Education District 13 Dallas		12 OFFICE SOUGHT (if known)	

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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. (The Honorable)	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	COMMITTEE NAME
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,830.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 330.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 3,171.67
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.

The Honorable 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. (The Honorable)		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	\$	2,830.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$	
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	330.00
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	1,191.53

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/4 Rpt: 4/9
2 FILER NAME Clark, Tiffany M. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00088844
4 Date 01/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Eric <hr/> 6 Contributor address; City; State; Zip Code Red Oak, TX 75154	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Owner		9 Employer (See Instructions) Kingsmen Coffee
Date 06/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cantella, Chad <hr/> Contributor address; City; State; Zip Code Austin, TX 78733	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) TSA
Date 04/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ford, Shaquala <hr/> Contributor address; City; State; Zip Code Dallas, TX 75212	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Education
Date 05/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Benjamin <hr/> Contributor address; City; State; Zip Code Dallas, TX 75208	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Risk Management		Employer (See Instructions) Santander
Date 04/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Nicole <hr/> Contributor address; City; State; Zip Code Oak Leaf, TX 75154	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Health texas physicians

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/4 Rpt: 5/9
2 FILER NAME Clark, Tiffany M. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00088844
4 Date 06/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ledbetter, Patricia <hr/> 6 Contributor address; City; State; Zip Code DeSoto, TX 75115	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Occidental Chemical Manager		9 Employer (See Instructions)
Date 04/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rand, Myra <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) None
Date 06/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rand, Myra <hr/> Contributor address; City; State; Zip Code DeSoto, TX 75115	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) None
Date 04/07/2025	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 (\$) \$25.00
Principal occupation / Job title (See Instructions) Education		Employer (See Instructions) Dallas College
Date 06/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Russell, Matthew <hr/> Contributor address; City; State; Zip Code Austin, TX 78741	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) TSA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/4 Rpt: 6/9
2 FILER NAME Clark, Tiffany M. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00088844
4 Date 01/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Ruthina <hr/> 6 Contributor address; City; State; Zip Code DALLAS, TX 75241	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Notary		9 Employer (See Instructions) Self
Date 04/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valentine, Wayne & Denise <hr/> Contributor address; City; State; Zip Code DeSoto, TX 75125	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None
Date 04/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilkerson, Denise <hr/> Contributor address; City; State; Zip Code Dallas, TX 75229	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Not applicable		Employer (See Instructions) Not applicable
Date 01/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Tanequa <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 02/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Tanequa <hr/> Contributor address; City; State; Zip Code Dallas, LA 75241	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Na		Employer (See Instructions) Na

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/4 Rpt: 7/9
2 FILER NAME Clark, Tiffany M. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00088844
4 Date 03/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Tanequa 6 Contributor address; City; State; Zip Code Dallas, TX 75241	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Na		9 Employer (See Instructions) Na
Date 04/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Tanequa 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 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Tanequa 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 06/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Tanequa 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

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: 1/1 Rpt: 8/9	2 FILER NAME Clark, Tiffany M. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00088844
4 Date 01/09/2025	5 Payee name Nationbulder	
6 Amount (\$) \$330.00	7 Payee address; City; State; Zip Code 6515 W Sunset Blvd Ste 400 Los Angeles, CA 90028	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense This is my monthly website and newsletter database
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:
Sch: 1/1 Rpt: 9/9

2 FILER NAME

Clark, Tiffany M. (The Honorable)

3 Filer ID (Ethics Commission Filers)
00088844

4 Date

06/23/2025

5 Name of person from whom amount is received

Texas Education Agency

8 Amount (\$)

\$671.50

6 Address of person from whom amount is received; City; State; Zip Code

Austin, TX 78701

7 Purpose for which amount is received

Reimbursement For Board Meeting

☐ Check if political contribution returned to filer

Date

05/08/2025

Name of person from whom amount is received

Texas Education Agency

Amount (\$)

\$520.03

Address of person from whom amount is received; City; State; Zip Code

Austin, TX 78701

Purpose for which amount is received

Reimbursement

☐ Check if political contribution returned to filer