

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

Clyde D. Loll

15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 511.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 1750.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 1528.03

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

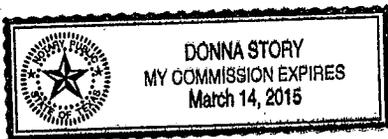
\$ 1582.88

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 1358.60

18 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.

Clyde D. Loll
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Clyde D. Loll, this the 31st day of October, 20 11, to certify which, witness my hand and seal of office.

Donna Story
Signature of officer administering oath

Donna Story
Printed name of officer administering oath

Notary Public
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **2**

2 FILER NAME
Clyde D. Loll

3 ACCOUNT # (Ethics Commission Filers)

4 Date
9-30-11

5 Full name of contributor out-of-state PAC (ID#: _____)
Wayne and Andrea Scott

7 Amount of contribution (\$)
\$ 100⁰⁰

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
**600 Elkins Lake
Huntsville, Tx. 77340**

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)^{3a}

10 Employer (See Instructions)

Date
10-7-11

Full name of contributor out-of-state PAC (ID#: _____)
Mr. and Mrs. Dan S. Davis

Amount of contribution (\$)
\$ 100⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
**3771 Spring Dr.
Huntsville, Tx 77340-8641**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10-7-11

Full name of contributor out-of-state PAC (ID#: _____)
Donna M. Koska

Amount of contribution (\$)
\$ 75⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
**1234 Elkins Lake
Huntsville, Tx. 77340**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10-13-11

Full name of contributor out-of-state PAC (ID#: _____)
Dr. Scott A. Logan and Janet Logan

Amount of contribution (\$)
\$ 100⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
**346 Elkins Lake
Huntsville, Tx. 77340**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10-13-11

Full name of contributor out-of-state PAC (ID#: _____)
Dalton D. Heath, MD and Suzette D. Heath

Amount of contribution (\$)
\$ 250⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
**167 FM 1791
Huntsville, Tx. 77340**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2

2 FILER NAME

Clyde D. Loll

3 ACCOUNT # (Ethics Commission Filers)

4 Date

10-18-11

5 Full name of contributor out-of-state PAC (ID#: _____)
Sally I. Nelson

6 Contributor address; City; State; Zip Code
1114 Elkins Lake
Huntsville, Tx. 77340

7 Amount of contribution (\$)

500⁰⁰

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10-20-11

Full name of contributor out-of-state PAC (ID#: _____)
Joe B. Sandel and Winnie F. Sandel

Contributor address; City; State; Zip Code
16 Elkins Lake
Huntsville, Tx. 77340

Amount of contribution (\$)

75⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-20-11

Full name of contributor out-of-state PAC (ID#: _____)
Ed Griffiths and Patricia Helen-Griffiths

Contributor address; City; State; Zip Code
930 Elkins Lake
Huntsville, Tx. 77340

Amount of contribution (\$)

100⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-20-11

Full name of contributor out-of-state PAC (ID#: _____)
Billy F. Mitcham, Jr. and Debra K. Mitcham

Contributor address; City; State; Zip Code
563 Elkins Lake
Huntsville, Tx. 77340

Amount of contribution (\$)

350⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-20-11

Full name of contributor out-of-state PAC (ID#: _____)
Keith Wall or Patricia Missy Wall

Contributor address; City; State; Zip Code
449 Elkins Lake
Huntsville, Tx. 77340

Amount of contribution (\$)

100⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 1		2 FILER NAME Clyde D. Loll		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10-17-11		5 Payee name Altom Consulting and Marketing			
6 Amount (\$) 991.01		7 Payee address; City; State; Zip Code PO Box 690 Huntsville, Tx. 77342-0690			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Advertising Expense		(b) Description (If travel outside of Texas, complete Schedule T) Printing and Mailing Cards	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10-5-11		Payee name The Huntsville Item			
Amount (\$) 130.00		Payee address; City; State; Zip Code 1409 10th Street Huntsville, Texas 77320			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising		Description (If travel outside of Texas, complete Schedule T) Newspaper Ad	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10-5-11		Payee name Affordable Signs			
Amount (\$) 407.02		Payee address; City; State; Zip Code PO Box 8088 Huntsville, Tx. 77340			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

1

2 FILER NAME

Clyde D. Loll

3 ACCOUNT # (Ethics Commission Filers)

4 Date

10-5-11

5 Name of person from whom amount is received

Office Depot

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

133 IH 45 N.
Huntsville, Tx. 77320

8 Amount (\$)

214.90

7 Purpose for which amount is received

Return of unused envelopes

Date

Name of person from whom amount is received

Amount (\$)

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

Purpose for which amount is received

Date

Name of person from whom amount is received

Amount (\$)

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

Purpose for which amount is received

Date

Name of person from whom amount is received

Amount (\$)

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

Purpose for which amount is received

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED