

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)	2 Total pages filed: <div style="text-align: right; font-size: 24px; font-weight: bold;">6</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="radio"/> FIRST LAST MI SUFFIX Clyde Loll D	OFFICE USE ONLY Date Received 10/10/16 Date Hand-delivered or Date Postmarked 10/10/16 Receipt # Amount \$ Date Processed 10/10/16 Date Mailed 10/10/16	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1137 Elkins Lake, Huntsville TX 77340		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (936) 294-0067		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="radio"/> FIRST LAST MI SUFFIX Waylon Dale Story		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 95 Elkins Lake, Huntsville TX 77340		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (936) 294-0165		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 07 / 25 / 2016 09 / 29 / 2016		
11 ELECTION	ELECTION DATE Month Day Year 11 / 08 / 2016	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) City Council At-large Pos 3	

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Clyde D Loll 15 Filer ID (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.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 275.
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1600.
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ N/A
	4. TOTAL POLITICAL EXPENDITURES	\$ 1075.89
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 799.11
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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 3rd day of October, 2016, to certify which, witness my hand and seal of office.

Donna L. Story
Signature of officer administering oath

Donna L. Story
Printed name of officer administering oath

Notary - State of Texas
Title of officer administering oath

SUBTOTALS - C/OH

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

19 FILER NAME <i>Clyde D. Lott</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1875. ⁰⁰
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1075.89
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: *2*

pg 1 of 2

3 Filer ID (Ethics Commission Filers)

2 FILER NAME

Clyde D Lott

4 Date

08/30/16

5 Full name of contributor

out-of-state PAC (ID#: _____)

W. Dale Story

6 Contributor address;

City; State; Zip Code

95 Elkins Lake, Huntsville TX 77340

7 Amount of contribution (\$)

\$500

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

09/06/16

Full name of contributor

out-of-state PAC (ID#: _____)

Donnie Calvin

Contributor address;

City; State; Zip Code

925 Elkins Lake Huntsville TX 77340

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/12/16

Full name of contributor

out-of-state PAC (ID#: _____)

Debbie Mitcham

Contributor address;

City; State; Zip Code

523 Elkins Lake, Huntsville TX 77340

Amount of contribution (\$)

\$500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/12/16

Full name of contributor

out-of-state PAC (ID#: _____)

Sam Bryan

Contributor address;

City; State; Zip Code

3203 Robinson Creek Pkwy, Huntsville TX 77340

Amount of contribution (\$)

\$200

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

Pg 2 of 2 2

3 Filer ID (Ethics Commission Filers)

2 FILER NAME

Clyde D Loll

4 Date

09/12/16

5 Full name of contributor

out-of-state PAC (ID#: _____)

John McManners

7 Amount of contribution (\$)

\$100

6 Contributor address;

City; State; Zip Code

649 Elkins Lake Huntsville TX 77340

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

09/14/16

Full name of contributor

out-of-state PAC (ID#: _____)

George Miles

Amount of contribution (\$)

\$100.

Contributor address;

City; State; Zip Code

673 Elkins Lake, Huntsville TX 77340

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/30/16

Full name of contributor

out-of-state PAC (ID#: _____)

Jack Olsta

Amount of contribution (\$)

\$100.

Contributor address;

City; State; Zip Code

P O Box 8068, Huntsville TX 77340

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

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 EXPENDITURES MADE 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: <p style="text-align:center">1</p>	2 FILER NAME <p style="text-align:center">Clyde D Holl</p>	3 Filer ID (Ethics Commission Filers)
4 Date <p style="text-align:center">09-08-16</p>	5 Payee name <p style="text-align:center">Harland Clarke (check order)</p>	
6 Amount (\$) <p style="text-align:center">\$25.86</p>	7 Payee address; City; State; Zip Code <p style="text-align:center">c/o FNB P O Box 659 Huntsville TX 77340</p>	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <p style="text-align:center">Accounting / Banking</p>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <p style="text-align:center">09-15-16</p>	Payee name <p style="text-align:center">Affordable Signs</p>	
Amount (\$) <p style="text-align:center">\$1050.03</p>	Payee address; City; State; Zip Code <p style="text-align:center">3645 Violet St, Huntsville TX 77340</p>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <p style="text-align:center">Advertising</p>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 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