

APR 15 2004
At 4:47 p.m.

Texas Ethics Commission

P.O. Box 12070

Austin, Texas 78711-2070

(512)463-5800

1-800-325-8506

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="checkbox"/>	FIRST RICKIE	MI
	NICKNAME	LAST CLARK	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX:	APT / SUITE #:	CITY: STATE: ZIP CODE
	9012 Mill Valley Circle, #293 Fort Worth, TEXAS 76120		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
(817) 460-5877			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="checkbox"/>	FIRST ROY	MI
	NICKNAME	LAST PALEY	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE):	APT / SUITE #:	CITY: STATE: ZIP CODE
	1701 Pacific Place, Fort Worth, TX 76112		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
(817) 454-1848			
9 REPORT TYPE	<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit
10 PERIOD COVERED	Month Day Year	THROUGH	Month Day Year
	3 / 15 / 04		
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month Day Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff
12 OFFICE		13 OFFICE SOUGHT (if known)	
OFFICE HELD (if any)		City Council District 5 Seat	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **		
	Name		
	Address / PO Box; Apt. / Suite #; City; State; Zip Code		

OFFICIAL RECORD
CITY SECRETARY
FT. WORTH, TEX

Date Received

Receipt # Amount

Date Processed

Date Imaged

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Rickie Clark 16 ACCOUNT # (Ethics Commission file)

17 NOTICE FROM POLITICAL COMMITTEE(S)

additional pages

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

** This box is for notice of political expenditures 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. **

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 943.05
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,448.00 1,448.00 (K)
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,743.83
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 647.22
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

19 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.

AFFIX NOTARY STAMP / SEAL ABOVE

Rickie Clark
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Rickie Clark, this the 15th day of April, 2004, to certify which, witness my hand and seal of office.

Ronald P. Gonzales
Signature of officer administering oath

Rickie Clark
Printed name of officer administering oath

Notary
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 this Schedule A: <u>4</u>	
2 FILER NAME <u>RICKIE CLARK</u>		3 ACCOUNT # (Ethics Commission files)	
4 Date <u>3-16-04</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Claudia Davis</u>	7 Amount of contribution (\$) <u>50.⁰⁰</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>P. O. Box 653, Ft. Worth, TX 76101</u>			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions)	
Date <u>4-1-04</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Claudia Davis</u>	Amount of contribution (\$) <u>20.⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>P. O. Box 653, Ft. Worth, TX 76101</u>			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date <u>3-16-04</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Yoki Echols</u>	Amount of contribution (\$) <u>14.⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>5020 MORRIS AVENUE, Ft. Worth, TX 76103</u>			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date <u>4-1-04</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Yoki Echols</u>	Amount of contribution (\$) <u>50.⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>5020 MORRIS AVENUE, Ft. Worth TX</u>			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date <u>3-16-04</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Jacquitta Duncan</u>	Amount of contribution (\$) <u>95.⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>P. O. Box 161805, Ft. Worth, TX 76161</u>			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM 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 this Schedule A:	
2 FILER NAME <i>RICKIE CLARK</i>				3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>4-1-04</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jacquitta Durcail</i>	7 Amount of contribution (\$) <i>50.⁰⁰ =</i>	8 In-kind contribution description (if applicable)		
6 Contributor address; City; State; Zip Code <i>P.O. Box 161805, Ft. Worth, TX 76161</i>		9 Principal occupation \ Job title (See Instructions)			
10 Employer (See Instructions)					
Date <i>3-16-04</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>ANDRE M^E EWING</i>	Amount of contribution (\$) <i>64.⁰⁰ =</i>	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code <i>6024 Lantana Drive, Ft. Worth, TX 76112</i>		9 Principal occupation \ Job title (See Instructions)			
10 Employer (See Instructions)					
Date <i>3-30-04</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>ANDRE M^E EWING</i>	Amount of contribution (\$) <i>\$25.⁰⁰ =</i>	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code <i>6024 Lantana Drive, Ft. Worth, TX 76112</i>		9 Principal occupation \ Job title (See Instructions)			
10 Employer (See Instructions)					
Date <i>3-2-04</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Michael Campbell</i>	Amount of contribution (\$) <i>10.⁰⁰ =</i>	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code <i>P.O. Box 15249 FORD WORTH, TX 76119</i>		9 Principal occupation \ Job title (See Instructions)			
10 Employer (See Instructions)					
Date <i>3-30-04</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Michael Campbell</i>	Amount of contribution (\$) <i>50.⁰⁰ =</i>	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code <i>P.O. Box 15249 FORD WORTH, TX 76119</i>		9 Principal occupation \ Job title (See Instructions)			
10 Employer (See Instructions)					

ATTACH ADDITIONAL COPIES OF THIS FORM 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 this Schedule A:	
2 FILER NAME <i>RICKIE CLARK</i>		3 ACCOUNT # (Ethics Commission files)	
4 Date <i>3-2-04</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Rev. Roosevelt Sutton, Jr.</i>	7 Amount of contribution (\$) <i>\$150.⁰⁰ =</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>2813 Farrell Lane Ford Worth, TX 76119</i>			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>4-13-04</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Glenn Lewis</i>	Amount of contribution (\$) <i>\$500.⁰⁰ =</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>6328 Banbury Ford Worth, TX 76119</i>			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date <i>4-13-04</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Dr. Elizabeth Branch</i>	Amount of contribution (\$) <i>\$100.⁰⁰ =</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2367 Faett Court Ford Worth, TX 76119</i>			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date <i>3-7-04</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Roy Paley</i>	Amount of contribution (\$) <i>20.⁰⁰ =</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1701 Pacific Place Ford Worth, TX 76112</i>			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date <i>4-1-04</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Roy Paley</i>	Amount of contribution (\$) <i>50.⁰⁰ =</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1701 Pacific Place Ford Worth, TX 76112</i>			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM 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 this Schedule A:	
2 FILER NAME Rickie Clark		3 ACCOUNT # (Ethics Commission files)	
4 Date 3-30-04	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kokoyi Ojorl Baruti (Eric Carlisle)	7 Amount of contribution (\$) \$100. ⁰⁰ / ₁₀₀	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code P.O. Box 727501 Dallas, TX 75222			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions)	
Date 4-7-04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Audrey Hendricks	Amount of contribution (\$) \$100. ⁰⁰ / ₁₀₀	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1914 Sabine Pass Lane Arlington, TX 76004			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 4-13-04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) REVEREND MILTON S. SHURLEY PACK	Amount of contribution (\$) 100. ⁰⁰ / ₁₀₀	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2200 Oak Hill Road FORD WORTH, TX 76112			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

PLEGGED CONTRIBUTIONS

SCHEDULE B

The **INSTRUCTION GUIDE** explains how to complete this form.

1 Total pages this Schedule B: 1

2 FILER NAME

RICKIE CLARK

3 ACCOUNT # (Ethics Commission files)

4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	8 Amount of pledge (\$)	9 In-kind description (if applicable)
	7 Pledgor address; City; State; Zip Code		
	<u>NONE</u>		

10 Principal occupation \ Job title (See Instructions)	11 Employer (See Instructions)
--	--------------------------------

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		

Principal occupation \ Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		

Principal occupation \ Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		

Principal occupation \ Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		

Principal occupation \ Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS	SCHEDULE E
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The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule E:
2 FILER NAME <i>RICKIE CLARK</i>	3 ACCOUNT # (Ethics Commission files)

4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒	\$
--	----

5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial institution? Y N	8 Lender address; City; State; Zip Code <i>NONE</i>	10 Interest rate
		11 Maturity date

12 Description of Collateral <input type="checkbox"/> none

13 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	14 Name of guarantor 15 Guarantor address; City; State; Zip Code	16 Amount Guaranteed (\$)
---	--	---------------------------

17 Principal Occupation	18 Employer
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Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date

Description of Collateral <input type="checkbox"/> none
--

GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
--	--	------------------------

Principal Occupation	Employer
----------------------	----------

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 3
2 FILER NAME Rickie Clark		3 ACCOUNT # (Ethics Commission filers)
4 Date 3-15-04	5 Payee name U.S. Postal Service 6 Payee address; City; State; Zip Code Ft. Worth, TX	7 Amount (\$) \$170.⁰⁰ =
8 Purpose of payment (See instructions regarding type of information required.) P.O. Box		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 3-15-04	Payee name City of Fort Worth Payee address; City; State; Zip Code 1000 Throckmorton, Fort Worth, TX	Amount (\$) \$100.⁰⁰ =
Purpose of payment (See instructions regarding type of information required.) FILING FEE		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 4-1-04	Payee name Fox & Hound Payee address; City; State; Zip Code 604 Main St Fort Worth, TX 76102	Amount (\$) \$540.49
Purpose of payment (See instructions regarding type of information required.) Fund Raiser Event		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 4-1-04	Payee name office Depot Payee address; City; State; Zip Code 1600 Eastchase Fort Worth, TX 76120	Amount (\$) \$202.40
Purpose of payment (See instructions regarding type of information required.) office/campaign supplies		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: _____
2 FILER NAME <i>RICKIE CLARK</i>		3 ACCOUNT # (Ethics Commission files) _____
4 Date <i>4-13-04</i>	5 Payee name <i>Office Depot</i>	7 Amount (\$) <i>\$ 125.59</i>
6 Payee address; City; State; Zip Code <i>1600 Eastchase Fort Worth, TX 76120</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>Campaign Supplies</i>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <i>4-13-04</i>	Payee name <i>Interdominational Minister's Alliance</i>	Amount (\$) <i>\$ 50.⁰⁰ =</i>
Payee address; City; State; Zip Code <i>3900 Vaughn Blvd, Ft. Worth, TX 76119</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Advertisement</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <i>3-27-04</i>	Payee name <i>Ernest Mc Ghee</i>	Amount (\$) <i>\$ 100.⁰⁰ =</i>
Payee address; City; State; Zip Code <i>4629 Reed Street Fort Worth, TX 76112</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Stage Renta for Park Railg</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <i>4-13-04</i>	Payee name <i>Ms. H: H Catering</i>	Amount (\$) <i>\$ 500.⁰⁰ =</i>
Payee address; City; State; Zip Code <i>1521 Mims Street Fort Worth, TX 76112</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Catering for Fund Raiser Bgt.</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: _____

2 FILER NAME

RICKIE CLARK

3 ACCOUNT # (Ethics Commission files) _____

4 Date

3-16-04

5 Payee name

~~John Carter's Restaurant~~

6 Payee address; City; State; Zip Code

~~5309 E. Lancaster Avenue
Ft. Worth, TX 76112~~

7 Amount (\$)

\$55.35

8 Purpose of payment (See instructions regarding type of information required.)

9 **** Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name Office sought Office held

Date

3-27-04

Payee name

Sam's

Payee address; City; State; Zip Code

8351 Anderson Blvd.
Eastchase Parkway, Ft. Worth 76120

Amount (\$)

55.35

Purpose of payment (See instructions regarding type of information required.)

**** Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name Office sought Office held

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of payment (See instructions regarding type of information required.)

**** Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name Office sought Office held

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of payment (See instructions regarding type of information required.)

**** Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule G: <u>1</u>
2 FILER NAME <u>RICKIE CLARK</u>	3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	8 Amount (\$)
	6 Payee address; City; State; Zip Code	
	<u>NONE</u>	
	7 Purpose of expenditure (See instructions regarding type of information required.)	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	<input type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule H: 1

2 FILER NAME

RICKIE CLARK

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Business name

7 Amount (\$)

6 Business address; City; State; Zip Code

NONE

8 Purpose of payment (See instructions regarding type of information required.)

9 **** Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount (\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

**** Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount (\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

**** Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount (\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

**** Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.	1 Total pages Schedule I: <u>1</u>
2 FILER NAME <u>RICKIE CLARK</u>	3 ACCOUNT # (Ethics Commission files)

4 Date	5 Payee name	8 Amount (\$)
	6 Payee address; City; State; Zip Code <u>NONE</u>	
	7 Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CREDITS (optional)

SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule K: 1

2 FILER NAME

Rickie Clark

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payor name	8 Amount (\$)
	6 Payor address; City; State; Zip Code	
	7 Reason for credit	

NONE

Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

-- Complete only if "Report Type" on page 1 is marked "Final Report" --

1 C/OH NAME

RICKIE CLARK

2 ACCOUNT # (Ethics Commission filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

-- Complete A & B below *only* if you are not an officeholder. --

A. CAMPAIGN FUNDS

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.


Signature of Candidate

5 OFFICEHOLDER

-- Complete this section *only* if you are an officeholder --

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, at the time I cease holding office, I retain assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder