

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

Rickie Clark

16 ACCOUNT # (Ethics Commission files)

17 NOTICE FROM POLITICAL COMMITTEE(S)

** 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. **

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

18 CONTRIBUTION TOTALS

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

\$ 293.⁰⁰ =

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

\$ 4135.⁰⁰ =

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 3,551.⁰⁰ =

CONTRIBUTION BALANCE

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

\$ 877.⁰⁰ =

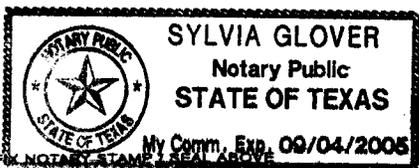
OUTSTANDING LOAN TOTALS

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.



Rickie Clark
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said *Rickie Clark* this the 7th day of May, 2004, to certify which, witness my hand and seal of office.

Sylvia Glover
Signature of officer administering oath

Sylvia Glover
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>4-16-04</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>ANDRE M^{rs} EWING</u>	7 Amount of contribution (\$) <u>\$1,000.⁰⁰ ✓</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>6024 Lantana Drive, Ft. Worth, TX</u>			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions)	
Date <u>4-16-04</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Donna Wright M^{rs} Miller</u>	Amount of contribution (\$) <u>\$ 50.⁰⁰ ✓</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>15409 Dobson Avenue Dalton, IL 60419</u>			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date <u>4-16-04</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Roy Paley II</u>	Amount of contribution (\$) <u>\$ 100.⁰⁰ ✓</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>1701 Pacific Place Ft Worth, TX 76112</u>			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date <u>4-16-04</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Robert & Patricia Hamilton Madison</u>	Amount of contribution (\$) <u>\$100.⁰⁰ ✓</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>1311 Mt. Gilead Road ROCKWELL, TEXAS 76262-7352</u>			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date <u>4-16-04</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Gayland W. Taylor</u>	Amount of contribution (\$) <u>\$50.⁰⁰ ✓</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>6111 N. Beach Street, #1534 FORT WORTH, TX 76137</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.

(30)

**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 4-19-04	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LINEBARGER GOGGAN Blair Sampson 6 Contributor address; City; State; Zip Code P.O. Box 17428 Austin, TX 78740	7 Amount of contribution (\$) 1,000.⁰⁰ =	8 In-kind contribution description (if applicable)
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions)	
Date 4-23-04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacquitta Duncan Contributor address; City; State; Zip Code P.O. Box 161805 Ford Worth, TX 76161	Amount of contribution (\$) 4500.⁰⁰ =	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 4-24-04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hicawatha Williams Contributor address; City; State; Zip Code 1141 Waterview Lane Desoto, TX 75115-4139	Amount of contribution (\$) 4500.⁰⁰ =	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 4-28-04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAMES N. Austin Contributor address; City; State; Zip Code 2017 Teakwood Track Ford Worth, TX 76112	Amount of contribution (\$) 4100.⁰⁰ =	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 4-16-04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) YOKI Echols Contributor address; City; State; Zip Code 5020 Morris Avenue Ford Worth, TX 76103	Amount of contribution (\$) 450.⁰⁰ =	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	

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**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>4-14-04</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>REGINA F. DUNCAN</i>	6 Contributor address; City; State; Zip Code <i>5158 Velma Street FORD WORTH, TX 76105</i>		7 Amount of contribution (\$) <i>\$50.⁰⁰ ✓</i>	8 In-kind contribution description (if applicable)	
9 Principal occupation \ Job title (See Instructions)				10 Employer (See Instructions)		
Date <i>4-16-04</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>SONJI DENISE ALEXANDER</i>	Contributor address; City; State; Zip Code <i>406 Red River Trail Irving, TX 75063</i>		Amount of contribution (\$) <i>\$50.⁰⁰ ✓</i>	In-kind contribution description (if applicable)	
Principal occupation \ Job title (See Instructions)				Employer (See Instructions)		
Date <i>4-16-04</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Audrey M. Thomas</i>	Contributor address; City; State; Zip Code <i>2113 Carverly Drive FORD WORTH, TX 76112</i>		Amount of contribution (\$) <i>100.⁰⁰ ✓</i>	In-kind contribution description (if applicable)	
Principal occupation \ Job title (See Instructions)				Employer (See Instructions)		
Date <i>4-16-04</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>REGINA F. DUNCAN</i>	Contributor address; City; State; Zip Code <i>5158 Velma Street FORD WORTH, TX 76105</i>		Amount of contribution (\$) <i>\$235.⁰⁰ ✓</i>	In-kind contribution description (if applicable)	
Principal occupation \ Job title (See Instructions)				Employer (See Instructions)		
Date <i>4-16-04</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Randle & Isolma Howard</i>	Contributor address; City; State; Zip Code <i>3863 S. Freeway, #102 FORD WORTH, TX 76110</i>		Amount of contribution (\$) <i>\$100.⁰⁰ ✓</i>	In-kind contribution description (if applicable)	
Principal occupation \ Job title (See Instructions)				Employer (See Instructions)		

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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>4-16-04</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ruby McLiving</i>	7 Amount of contribution (\$) <i>\$ 50.⁰⁰ =</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>4-16-04</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Alfred & Peggy Coburn</i>	Amount of contribution (\$) <i>\$ 50.⁰⁰ =</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date <i>4-16-04</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Eileen Smith</i>	Amount of contribution (\$) <i>\$ 50.⁰⁰ =</i>	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)	
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)	

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: <u>2</u>
2 FILER NAME <u>RICKIE CLARK</u>		3 ACCOUNT # (Ethics Commission files)
4 Date <u>4-20-04</u>	5 Payee name <u>Ford Worth Black News</u> 6 Payee address; City; State; Zip Code <u>4005 E. Lancaster Avenue Ford Worth, TX 76103</u>	7 Amount (\$) <u>\$240.⁰⁰</u>
8 Purpose of payment (See instructions regarding type of information required.) <u>Advertisement</u>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <u>4-27-04</u>	Payee name <u>Premium Impressions</u> Payee address; City; State; Zip Code <u>901 Avenue T, Suite 104 Grand Prairie, TX 75050</u>	Amount (\$) <u>\$1,570.⁰⁰</u>
Purpose of payment (See instructions regarding type of information required.) <u>Campaign Signs</u>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <u>4-30-04</u>	Payee name <u>Meadowbrook News</u> Payee address; City; State; Zip Code	Amount (\$) <u>\$241.⁰⁰</u>
Purpose of payment (See instructions regarding type of information required.) <u>Advertisement</u>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <u>4-23-04</u>	Payee name <u>Southwest Media Group</u> Payee address; City; State; Zip Code <u>6105 Farmswood Lane, Suite 1001 Ford Worth, TX 76112</u>	Amount (\$) <u>\$1,000.⁰⁰</u>
Purpose of payment (See instructions regarding type of information required.) <u>Radio Ads - KHVN</u>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held

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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 filers)
4 Date <i>4-14-04</i>	5 Payee name <i>MS. H. H. Catering</i>	7 Amount (\$) <i>\$500.00</i>
6 Payee address; City; State; Zip Code <i>1521 Mims Street Fort Worth, TX 76112</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>catering for Fundraiser Bgt.</i>	9 -- Complete 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 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	Amount (\$)
Payee 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	Payee name	Amount (\$)
Payee 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	

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