

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 File #)

2 Total pages filed:

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI
Mr **Clint** **C**
 NICKNAME LAST SUFFIX
Ives

OFFICE USE ONLY

Date Received
*810Z 9 I NAF
Miller*

Date Hand-delivered or Postmarked

Receipt # Amount

Date Processed

Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

change of address

ADDRESS / P.O. BOX; APT./SUITE #; CITY; STATE; ZIP CODE
P. O Box 533 **Inez** **TX 77968**

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(361) **649-2068**

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
Mrs **Nancy** **L**
 NICKNAME LAST SUFFIX
Ives

7 CAMPAIGN TREASURER ADDRESS (residence or business)

STREET ADDRESS (NO P.O. BOX PLEASE); APT./SUITE #; CITY; STATE; ZIP CODE
9583 J-2 Ranch Rd **Inez** **TX** **77968**

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
361) **550-2475**

9 REPORT TYPE

January 16 30th day before election Runoff 15th day after campaign treasurer appointment (officerholder only)

July 15 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year MONTH DAY YEAR
7 / 1 / 14 THROUGH **12 / 31 / 14**

11 ELECTION

ELECTION DATE: MONTH DAY YEAR ELECTION TYPE
3 / 6 / 13
 Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any)
**Victoria County Commissioner
Pct 4**

13 OFFICESOUGHT (if known)
**Victoria County Commissioner
Pct 4**

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME
Clint C Ives

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

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

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

\$ 0.00

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

\$ 3,700.00

EXPENDITURE
TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 1,310.81

CONTRIBUTION
BALANCE

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

\$ 4,178.27

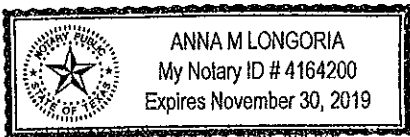
OUTSTANDING
LOAN TOTALS

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

\$

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.



Clint C Ives

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Clinton C Ives, this the 16 day of Jan, 2018, to certify which, witness my hand and seal of office.

Anna M Longoria

Signature of officer administering oath

Anna M. Longoria

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 FILER NAME Clint C Ives		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12/1/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (IC# _____) Roy and Nancy Ives	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 9583 J-2 Ranch Rd Inez TX 77968		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 12/15/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (IC# _____) Linebarger Law Firm	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO Box 17428 Austin TX 78760		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/17/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (IC# _____) AAaron Muegge	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 203 Masters Dr Victoria, TX 77904		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/17/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (IC# _____) Morgan Dunn O'Connor	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO Box 290 Victoria, TX 77902		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/18/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (IC# _____) Joe Bland	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO Box 338 Victoria, TX 77902		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A.	
2 FILER NAME Clint C Ives		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12/18/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (DC# _____) John Crews	7 Amount of contribution (\$) 50.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 2505 N. Navarro St 77901		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 12/18/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (DC# _____) Elton Calhoun Jr	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO Box 3887 Victoria, TX 77903		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/18/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (DC# _____) Jon New	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO Box 1247 Victoria, TX 77902		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/18/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (DC# _____) Mark Zafereo	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 125 Kreekview Dr Victoria, TX 77904		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/18/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (DC# _____) O.D. Edwards Jr	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO Box 459 Sinton, TX 78387		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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2 FILER NAME Clint C Ives		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12/18/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) J Milton Chapma	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 217 Canyon Creek Victoria, TX 77901		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 12/18/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kyle and Gail Brady	Amount of contribution (\$) 150.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 17205 FM 444 Inez, TX 77968		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/20/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dr Robert E Lee	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 106 Professional Park Victoria, TX 77904		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/20/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Robert McKay	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 303 Leisure Ln Victoria, TX 77904		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/27/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dr John McNeill	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO BOX 4348 Victoria, TX 77903		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Clint C Ives		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12/13/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Alfred Kopecky	7 Amount of contribution (\$) 50.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 112 Hollywood Bld 77904		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 12/19/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ruschhaupt and Son	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8444 Lower Mission Valley Rd Victoria, 77905		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/9/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mercer Photography	Amount of contribution (\$) 200	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1197 Benbow rd Inez, TX 77968		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/22/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Thomas Willis	Amount of contribution (\$) 25.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO Box 3944 Victoria, TX 77903		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/26/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) John Zacek	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 46 Benbow rd Inez, TX 77968		(If travel outside of Texas, complete Schedule T)	
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 Schedule A:	
2 FILER NAME Clint C Ives		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12/20/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) John Elmore	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 405 Roseland Ave Victoria, TX 77901		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 12/31/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lisa Moore	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 504 Turtle Rock Dr Victoria, TX 77904		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/31/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dr. Rick Heard	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5606 N. Navarro St Ste 304 Victoria, TX 77901		(If travel outside of Texas, complete Schedule T)	
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		(If travel outside of Texas, complete Schedule T)	
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		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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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:		2 FILER NAME Clint C Ives		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12/29		5 Payee name McCoys			
6 Amount (\$) 26.60		7 Payee address; City; State; Zip Code Victoria, TX			
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 I)	
9 Complete ONLY 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 I)	
Complete ONLY 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 I)	
Complete ONLY 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 I)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

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 | Printing Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME Clint C Ives	3 ACCOUNT # (Ethics Commission Filer)
4 Date 11/12/17	5 Payee name Victoria County Republican Party	
6 Amount (\$) 750.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address: City, State, Zip Code Victoria, TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Filing Fee	(b) Description (If travel outside of Texas, complete Schedule I)
Date 12/13/17	Payee name Victoria Postmaster	
Amount (\$) 69.21 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: City, State, Zip Code Victoria, TX	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule I)
Date 12/20/17	Payee name Facebook	
Amount (\$) 80.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: City, State, Zip Code 1601 S. California Ave. Palo Alto CA 94304	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule I)
Date 12/22/17	Payee name Sky Restaurant	
Amount (\$) 385.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: City, State, Zip Code 236 Foster Field Dr. Victoria, TX 77904	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule I)

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