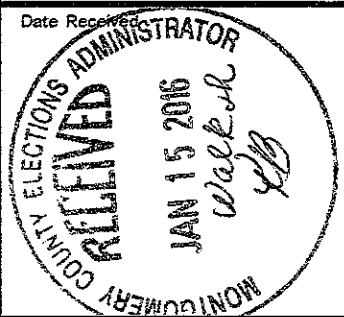


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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: 5 |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR MR. | FIRST BRIAN | MI L |
| | NICKNAME | LAST CLACK | SUFFIX |
| OFFICE USE ONLY | | | |
| Date Received | | | |
|  | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; | APT / SUITE #; | CITY; STATE; ZIP CODE |
| | 1544 VIRGIE COMMUNITY RD. MAGNOLIA TEXAS | | 77354 |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE (713) | PHONE NUMBER 562-0348 | EXTENSION |
| | Date Hand-delivered or Date Postmarked 6/15/16 | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR MR. | FIRST WILLIAM | MI C. |
| | NICKNAME | LAST CLACK | SUFFIX |
| Receipt # | | Amount \$ | |
| Date Processed | | | |
| Date Imaged | | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); | APT / SUITE #; | CITY; STATE; ZIP CODE |
| 1536 VIRGIE COMMUNITY RD. MAGNOLIA TEXAS 77354 | | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE (281) | PHONE NUMBER 356-6480 | EXTENSION |
| | 281 799-3682 cell | | |
| 9 REPORT TYPE | <input checked="" type="checkbox"/> January 15 <input 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 06/30/15 | THROUGH | Month Day Year 12/31/2015 |
| 11 ELECTION | ELECTION DATE Month Day Year 03/01/16 | | ELECTION TYPE |
| | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special | | |
| 12 OFFICE | OFFICE HELD (if any) | 13 OFFICE SOUGHT (if known) CONSTABLE PCT. 5 | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

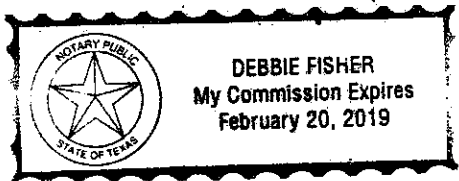
14 C/OH NAME BRIAN L. CLACK 15 Filer ID (Ethics Commission Filers)

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 |
| | | N/A |
| | 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 | \$ <u>0</u> |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ <u>1750⁰⁰</u> |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED | \$ <u>32.23</u> |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ <u>2066.43</u> |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ <u>87.77</u> |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ <u>0</u> |

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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.

[Signature]
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Brian Clack, this the 15 day of Jan., 2016, to certify which, witness my hand and seal of office.

Debbie Fisher

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

| 19 FILER NAME <i>BRIAN L. CLACK</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 | \$ <i>1750⁰⁰</i> |
| 2. | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | <input type="checkbox"/> SCHEDULE E: LOANS | \$ |
| 5. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ <i>1750⁰⁰</i> |
| 6. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 9. | <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ <i>384.28</i> |
| 10. | <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 11. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 12. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The instruction guide explains how to complete this form.

1 Total pages Schedule A1:

1

2 FILER NAME

BRIAN L. CLACK

3 Filer ID (Ethics Commission Filers)

4 Date

10/20/15

5 Full name of contributor out-of-state PAC (ID#: _____)

BRIAN L. CLACK

7 Amount of contribution (\$)

\$ 250.00

6 Contributor address; City; State; Zip Code

1544 VIRGIE COMMUNITY MAGNOLIA, TX 77354

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11/13/15

Full name of contributor out-of-state PAC (ID#: _____)

BRIAN L. CLACK

Amount of contribution (\$)

\$ 500.00

Contributor address; City; State; Zip Code

1544 VIRGIE COMMUNITY RD MAGNOLIA, TX 77354

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/19/15

Full name of contributor out-of-state PAC (ID#: _____)

BRIAN L. CLACK

Amount of contribution (\$)

\$ 1000.00

Contributor address; City; State; Zip Code

1544 VIRGIE COMMUNITY RD MAGNOLIA, TX 77354

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1: 1 | 2 FILER NAME BRIAN L. CLACK | 3 Filer ID (Ethics Commission Filers) |
|--|---------------------------------------|---------------------------------------|

| | |
|---------------------------|-----------------------------|
| 4 Date 10/22/15 | 5 Payee name TUFF |
|---------------------------|-----------------------------|

| | |
|--------------------------------|--|
| 6 Amount (\$) 200.00 | 7 Payee address; City; State; Zip Code 11510 FM 1486 BUILDING E MAGNOLIA, TX 77354 |
|--------------------------------|--|

| | | |
|--------------------------|--|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) CONTRIBUTION/DONATION | (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 11/06/15 | Payee name TOM BALL FFA |
|-------------------------|-----------------------------------|

| | |
|------------------------------|---|
| Amount (\$) 450.00 | Payee address; City; State; Zip Code 30330 QUINN RD TOMBALL, TX 77375 |
|------------------------------|---|

| | | |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) CONTRIBUTION/DONATION | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|------------------------|--|---|

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|-------------------------|---|
| Date 11/23/15 | Payee name MONTGOMERY COUNTY REPUBLICAN PARTY |
|-------------------------|---|

| | |
|-------------------------------|--|
| Amount (\$) 1000.00 | Payee address; City; State; Zip Code 310 METCALF CONROE, TX 77301-2856 |
|-------------------------------|--|

| | | |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) FEES TO HAVE NAME ON BALLOT | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|------------------------|--|---|

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G: 1 | 2 FILER NAME BRIAN L. CLACK | 3 Filer ID (Ethics Commission Filers) |
|---------------------------------------|---------------------------------------|---------------------------------------|

| | |
|-----------------------------|------------------------------------|
| 4 Date 11-13-2015 | 5 Payee name HEB TOMBALL |
|-----------------------------|------------------------------------|

| | |
|--|--|
| 6 Amount (\$) 316.21 <input type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code 28520 TOMBALL PKWY TOMBALL, TX, 77375 |
|--|--|

| | | |
|--------------------------|--|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE | (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 ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

| | |
|--------------------------|---------------------------------|
| Date 12/9/2015 | Payee name PARTY CITY |
|--------------------------|---------------------------------|

| | |
|---|--|
| Amount (\$) 68.07 <input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 28591 TOMBALL PKWY. TOMBALL, TX 77375 |
|---|--|

| | | |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) EVENT EXPENSE | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|------------------------|--|---|

| | | | |
|---|-------------------------------|---------------|-------------|
| 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 |
| <input type="checkbox"/> Reimbursement from political contributions intended | |

| | | |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|------------------------|--|---|

| | | | |
|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED