#### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

4

#### FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to complete	this form.		2 Total pages filed: 7
3 CANDIDATE / OFFICEHOLDER		RST	MI	OFFICE USE ONLY
NAME	C	yde		Date Received
				4/10/2017
		AST	SUFFIX	Ant
		arper		CHH
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / SI 56 Parkway Place	JITE #; CITY;	ZIP CODE	Date Hand-delivered or Date Postmarked
MAILING ADDRESS	50 Faikway Flace			Receipt # Amount
Change of Address	Jersey village, TX 77040			
				Date Processed
				Date Imaged
5 CAMPAIGN TREASURER NAME	MS/MRS/MR FIF	RST	MI	
	NICKNAME LA	ST	SUFFIX	
6 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BO	X PLEASE); APT	/ SUITE #; CITY;	STATE; ZIP CODE
(Residence or Business)				
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE N	UMBER EXTENSION		
8 REPORT TYPE		· · · · · · · · · · · · · · · · · · ·		
TTPE	January 15 X	30th day before election	Runoff	15th day after campaign treasurer appointment (officeholder only)
	July 15	Bth day before election	Exceeded \$500 limit	Final Report (Attach C/OH-FR)
9 PERIOD COVERED	Month Day Year		Month Day	Year
COVERED	01/01/2017	THROUGH	04/07/2017	
10 ELECTION	ELECTION DATE	<u> </u>	ELECTION TYPE	
	Month Day Year	Primary	Runoff	Other
	05/06/2017	General	Special	
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (	if known)
	City of Jersey Village Council	Position 3		
	I			
		GO TO PAGE 2		
Forms provided by Tex	kas Ethics Commission	www.ethics.state.tx.us	·····	Version V1.0.1093

### CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

#### FORM C/OH COVER SHEET PG 2

2 of 7

13 C / OH NAME	Harper, Clyde		14 Filer ID	
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder	political contributions accepted or political expenditur These expenditures may have been made without th d officeholders are required to report this information	he candidate's or office	holder's knowledge or
Additional Pages		COMMITTEE NAME	, , , , , , , , , , , , , , , , , , ,	аная нацын н
	GENERAL	COMMITTEE ADDRESS		<del></del>
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		··· ····
		COMMITTEE CAMPAIGN TREASURER ADDRES	S	
16 CONTRIBUTION TOTALS	1. TOTAL POLITIC LOANS, OR GU	I AL CONTRIBUTIONS OF \$50 OR LESS (OTHER T ARANTEES OF LOANS), UNLESS ITEMIZED	HAN PLEDGES,	\$ 0.00
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 2,400.00
EXPENDITURE TOTALS	3. TOTAL POLITIC	AL EXPENDITURES OF \$100 OR LESS, UNLESS I	TEMIZED	\$ 0.00
	4. TOTAL POLITIC	CAL EXPENDITURES	/	<b>\$</b> 1,007.75
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LA RIOD	ST DAY OF THE	<b>\$</b> 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS ( TING PERIOD	OF THE LAST DAY	<b>\$</b> 0.00
17 AFFADAVIT				
	Community Internet	I swear, or affirm, under penalty true and correct and includes all under Title 15, Election Code.	of perjury, that the acco information required to andidate or Officehold	be reported by me
	TARY STAMP / SEAL AG	AILER CONTRACTOR	N IC	it-
Sworn to and subso		aid ((O(()))) ertify which, witness my hand and seal of office.	, this the	day
AS		Lani Localy	(itis	ecrebry,
Signature of offic	er administering	Printed name of officer administering	Title of officer a	administering oath

Forms provided by Texas Ethics Commission

Version V1.0.1093

### SUBTOTALS - C/OH

4

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

3 of 7

18 FILE		AF	19 Filer ID		
	rper, C		19 Filei J		
20 SCH	HEDUL	E SUBTOTALS		Γ	
NAM	VE OF	SCHEDULE			SUBTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	2,100.00
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	300.00
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	3	\$	1,007.75
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIO	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	9. SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS			\$	
10.	10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$		
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	NS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS R TO FILER	RETURNED	\$	
				<b></b>	

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDU	LE A1
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 1/1 Rpt: 4/7	
2	FILER NAME Harper, Clyc			3	Filer ID	***********
4	Date       5 Full name of contributor       out-of-state PAC (ID#:)         03/15/2017       Fred, Ziehe (Mr.)         6 Contributor address; City; State; Zip Code         8409 Hawaii         Houston, TX 77040			7	Amount of Contribution (\$)	\$400.00
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)	*****	
	Date 03/27/2017	Full name of contributor out-of-state PAC (ID#: Jacquet, Joe (Mr.) Contributor address; City; State; Zip Code 16014 Koester St Houston, TX 77040	)		Amount of Contribution (\$)	\$200.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 01/01/2017	Full name of contributor out-of-state PAC (ID#: Quinlan, Dan (Mr.) Contributor address; City; State; Zip Code 15702 Ginger Lane Houston, TX 77040	)	<del></del>	Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	)	<u> </u>	
	Date 03/27/2017	Full name of contributor out-of-state PAC (ID#: Quinlan, Dan (Mr.) Contributor address; City; State; Zip Code 15702 Ginger Lane Houston, TX 77040	)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	)		
			L			

4

## NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

#### SCHEDULE A2

The Instruction Guide explains how to complete this f	form. 1 Total pages Schedule A2: Sch: 1/1 Rpt: 5/7
2 FILER NAME	3 Filer ID
Harper, Clyde	
<sup>4</sup> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS \$
<ul> <li>5 Date 03/01/2017</li> <li>6 Full name of contributor out-of-state PAC (ID#:</li></ul>	B Amount of 9 In-kind contribution contribution (\$) description     \$300.00 Production of website
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)	Check if travel outside of Texas. Complete Schedule T.     See instructions)
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	Fees Offic Food/Beverage Expense Poll y - Gift/Awards/Memorials Expense Prin	n Repayment/Reimbursement Solicitation/Fundraising Expense ng Expense Transportation Equipment & Related Expense ng Expense Travel in District tries/Wages/Contract Labor OTHER (enter a category not listed above)
Total pages Schedule F1: Sch: 1/2 Rpt: 6/7		3 Filer ID
Date 02/08/2017	5 Payee name Backyard Grill	
Amount (\$) \$320.44	<ul> <li>Payee address; City; State; Zip</li> <li>9453 Jones Road</li> <li>Houston, TX 77065</li> </ul>	) Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Meetingwith organization committee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	H #****	sought Office held
Date 03/02/2017	Payee name Backyard Grill	
Amount (\$) \$52.12	Payee address; City; State; Zip 9453 Jones Road	Code
PURPOSE	Houston, TX 77065	
OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Meeting with citizens
Complete <u>QNLY</u> if direct expenditure to benefit C/O		sought Office held
Date 03/01/2017	Payee name Mamacitas	
Amount (\$) \$89.54	Payee address; City; State; Zip 19831 NW Freeway	Code
	Houston, TX 77065	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Meeting with citizens
EXPENDITURE		

ť.

		· · · · · · · · · · · · · · · · · · ·	
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made E Candidate/Officeholder/Politic Credit Card Payment	Fees Office Food/Beverage Expense Pollin By - Git/Awards/Memorials Expense Printi	Repayment/Reimbursement Overhead/Rental Expense g Expense g Expense es/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
Total pages Schedule F1: Sch: 2/2 Rpt: 7/7	2 FILER NAME Harper, Clyde		3 Filer ID
Date 03/08/2017	5 Payee name Minuteman Press		
Amount (\$) \$135.31	7 Payee address; City; State; Zip 17484 Northwest Frwy Houston, TX 77040	Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense		utside of Texas. Complete Schedule T. TX, officeholder living expense alling
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office s H	sought	Office held
Date 03/31/2017	Payee name Minuteman Press		
Amount (\$) \$214.34	Payee address; City; State; Zip 17484 Northwest Frwy	Code	
PURPOSE	Houston, TX 77040         (a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Printing Expense		utside of Texas. Complete Schedule T. TX, officeholder living expense ailing
OF	Candidate/Officeholder name Office s	Check if Austin, Printing for ma	TX, officeholder living expense
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O Date	Candidate/Officeholder name Office s	Check if Austin, Printing for ma	TX, officeholder living expense ailing
OF EXPENDITURE Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office s H Payee name	Check if Austin, Printing for ma	TX, officeholder living expense ailing
OF EXPENDITURE Complete <u>ONLY</u> if direct expenditure to benefit C/O Date 02/27/2017 Amount (\$) \$196.00	Candidate/Officeholder name Office s H Payee name USPS Payee address; City; State; Zip	Code	TX, officeholder living expense ailing
OF EXPENDITURE Complete <u>ONLY</u> if direct expenditure to benefit C/O Date 02/27/2017 Amount (\$)	Candidate/Officeholder name Office s H Payee name USPS Payee address; City; State; Zip 4206 Little Yord	Code	TX, officeholder living expense ailing Office held utside of Texas. Complete Schedule T. TX, officeholder living expense

- -----

**,** †

APPOINTM BY A CANE	ENT OF A CAMPAIGN TREASURER DIDATE	FORM CTA PG 1
See	CTA Instruction Guide for detailed instructions.	1 Total pages filed:
2 CANDIDATE NAME	MS/MRS/MR FIRST MI CLYDE J	OFFICE USE ONLY
	NICKNAME LAST SUFFIX	
	HARPER	Date Received
3 CANDIDATE MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 56 PARIAWAY PL	9:50
	HOUSTON, 7× TTO40	Sta.
4 CANDIDATE PHONE	AREA CODE PHONE NUMBER EXTENSION	Date Hand-delivered or Postmarked
	(832) 467.0935	Date Processed
5 OFFICE HELD (if any)	CITY COUNCIL POSITION #3	Date Imaged
6 OFFICE SOUGHT (if known)	SAME	
7 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MI NICKNAME MARY JO H	LAST SUFFIX
8 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE;	ZIP CODE
STREET ADDRESS	56 PARKWAY PC HOUSTON, TX 77040	
(residence or business)	HOUSTON, IX 11040	
9 CAMPAIGN TREASURER	AREA CODE PHONE NUMBER EXTENSION	
PHONE	(832) 467 0935	
10 CANDIDATE SIGNATURE	I am aware of the Nepotism Law, Chapter 573 of the Te	exas Government Code.
	l am aware of my responsibility to file timely reports as the Election Code.	s required by title 15 of
	I am aware of the restrictions in title 15 of the Election C from corporations and labor organizations.	Code on contributions
	Chyple Dignature of Candidate	Date Signed
	GO TO PAGE 2	

www.ethics.state.tx.us

Revised 07/14/2010

P.O. Box 12070

(512) 463-5800 (1

(TDD 1-800-735-2989)

CANDIDATE	MODIFIED
REPORTING	DECLARATION

FORM CTA PG 2

11 CANDIDATE NAME	
12 MODIFIED REPORTING DECLARATIO	COMPLETE THIS SECTION ONLY IF YOU ARE CHOOSING MODIFIED REPORTING
	•• This declaration must be filed no later than the 30th day before the first election to which the declaration applies. ••
	•• The modified reporting option is valid for one election cycle only. •• (An election cycle includes a primary election, a general election, and any related runoffs.)
	•• Candidates for the office of state chair of a political party may NOT choose modified reporting. ••
	I do not intend to accept more than \$500 in political contributions or make more than \$500 in political expenditures (excluding filing fees) in connection with any future election within the election cycle. I understand that if either one of those limits is exceeded, I will be required to file pre-election reports and, if necessary, a runoff report.
	Year of election(s) or election cycle to Signature of Candidate which declaration applies
This ap	pointment is effective on the date it is filed with the appropriate filing authority.

\_

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH

COVER S	HEET	PG	1
---------	------	----	---

The C/OH Instruction Guide explains how to	complete this form.	L Filer ID		2 Total pages filed: 9
3 CANDIDATE / MS / MRS / MR OFFICEHOLDER NAME	FIRST Clyde		MI	OFFICE USE ONLY
NICKNAME	LAST Harper		SUFFIX	Sto 104521
4 CANDIDATE / ADDRESS / PO BOX; OFFICEHOLDER MAILING ADDRESS 56 Parkway Place	APT / SUITE #; CITY	r, 1	ZIP CODE	Date Hand-delivered or Date Postmarked Receipt # Amount
Change of Address Houston, TX 77040				Date Processeri Date Imaged
5 CAMPAIGN MS/MRS/MR TREASURER NAME	FIRST		MI	
NICKNAME	LAST		SUFFIX	
6 CAMPAIGN STREET ADDRESS (N TREASURER ADDRESS	NO PO BOX PLEASE);	APT	/ SUITE #; CITY	Y; STATE; ZIP CODE
(Residence or Business)				
7 CAMPAIGN AREA CODE TREASURER PHONE	PHONE NUMBER E)	KTENSION		
8 REPORT TYPE X January 15	30th day before e		Runoff	15th day after campaign treasurer
July 15	8th day before el	المسما	Exceeded \$500 limit	appointment (officeholder only) Final Report (Attach C/OH-FR)
9 PERIOD Month Day COVERED 07/01/2016	Year THF	ROUGH	Month Day 12/31/20	
10 ELECTION ELECTION DA Month Day	Year Prin	mary neral	ELECTION TYPE	Other
11 OFFICE OFFICE HELD (if any) Place Position 3 Dis	strict City Counci		12 OFFICE SOUGH	IT (if known)
	60 T	D PAGE 2		
Forms provided by Texas Ethics Commission		cs.state.tx.us		Version V1.0.2916

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH

**COVER SHEET PG 2** 

						2 01 9
13 C / OH NAME	Harper, Clyde			14 Filer ID		
15 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of political contributions accepted or political expenditures made by politic candidate / officeholder. These expenditures may have been made without the candidate's or o consent. Candidates and officeholders are required to report this information only if they received					wiedge or
Additional Pages	COMMITTEE TYPE	COMMITTEE TYPE COMMITTEE NAME				
	GENERAL	COMMITTEE ADDRESS		·····		······
		COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TRE	EASURER NAME			
		COMMITTEE CAMPAIGN TRE	EASURER ADDRES	S		
16 CONTRIBUTION TOTALS		L AL CONTRIBUTIONS OF \$50 C ARANTEES OF LOANS), UNLE		HAN PLEDGES,	\$	0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARA	NTEES OF LOANS	)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL POLITIC	AL EXPENDITURES OF \$100 C	DR LESS, UNLESS I	TEMIZED	\$	0.00
	4. TOTAL POLITIC	AL EXPENDITURES			\$	1,521.19
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAI RIOD	NED AS OF THE LA	ST DAY OF THE	\$	5,221.34
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTAI TING PERIOD	NDING LOANS AS (	OF THE LAST DAY	\$	0.00
Sworn to and subsc	Ţ	true and cor under Title 1	rect and includes all L5, Election Code. Signature of the seal of office.	of perjury, that the acco information required to Candidate or Officehold , this the Lot Candidate or Officehold	er Lav	d by me
Signature of offic	er administering	Printed name of officer ad	ministering	Title of officer a	administerir	ng olath

Forms provided by Texas Ethics Commission

Version V1.0.2916

รเ	JB	T	0	T	A	LS	- (	Cl	0	Η	
----	----	---	---	---	---	----	-----	----	---	---	--

# FORM C/OH

**COVER SHEET PG 3** 

L					3 of 9
18 FIL	ER NAN	Δ <u>Ξαματολογιατογ</u> ΛΕ	19 Filer ID		
Ha	rper, C	lyde			
20 SCI	HEDULI	E SUBTOTALS	1	1	
		SCHEDULE		1 8	SUBTOTAL AMOUNT
1.		SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	1,521.19
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			\$	
9.	9. SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS			\$	
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	of C/Oh	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	SNC	\$	
12.	X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	140.60
i					
l					
l					1
j					1

	POLITICAL EXI CONTRIBUTIO	PENDITURES FROM POLITICAL	SCHEDULE F1
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		/Reinbursement         Solicitation/Fundraising Expense           Rental Expense         Transportation Equipment & Related Expense           Travel in District         Travel Out of District           Contract Labor         OTHER (enter a category not listed above)
1	Total pages Schedule F1: Sch: 1/3 Rpt: 4/9	2 FILER NAME Harper, Clyde	3 Filer ID
4	Date 10/20/2016	5 Payee name 6th Cav Historical Association	*****
6	Amount (\$) \$500.00	<ul> <li>7 Payee address; City; State; Zip Code</li> <li>8611 Wallisville Road</li> <li>Houston, TX 77029</li> </ul>	
8	PURPOSE OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation for Jersey Village Military Appreciation Day
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held
	Date 10/07/2016	Payee name A to Z Directories	
	Amount (\$) \$375.00	Payee address; City; State; Zip Code 12 Taft Court Rockville, MD 20850	
	PURPOSE OF EXPENDITURE	Advertising Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Advertisement in Post Elementary directory
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 10/19/2016	Payee name Adriatic Cafe	
	Amount (\$) \$124.38	Payee address; City; State; Zip Code 17402 Northwest Freeway	
	PURPOSE OF EXPENDITURE	Food/Beverage Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Meal expense for St. Maximilian Knights of Columbus - 1st degree meal
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

L

.

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politics	Fees Office C Food/Beverage Expense Polling gift/Awards/Memorials Expense Printing	Solicitation/Fundraising Expense           Dverhead/Rental Expense         Transportation Equipment & Related Expense           Expense         Travel in District           SWages/Contract Labor         OTHER (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to a	
Total pages Schedule F1: Sch: 2/3 Rpt: 5/9	2 FILER NAME Harper, Clyde	3 Filer ID
Date 11/16/2016	5 Payee name Kroger	
Amount (\$) \$107.38	7 Payee address; City; State; Zip 0 9330 Jones Road	Code
	Houston, TX 77065	- T
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation to St. Maximilian Kolbe Catholic Community for Thanksgiving Food Drive
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office so H	ought Office held
Date 11/21/2016	Payee name Spec's Liquor	
Amount (\$) \$309.65	Payee address; City; State; Zip C 17414 Northwest Freeway	Code
	Houston, TX 77040	T
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Door prize expense for Knights of Columbus even
	Candidate/Officeholder name Office so	Dught Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/O		
	Payee name Steamboat House	
expenditure to benefit C/OI Date	-	2ode
expenditure to benefit C/Ol Date 09/22/2016 Amount (\$)	Steamboat House Payee address; City; State; Zip C	Code
expenditure to benefit C/Ol Date 09/22/2016 Amount (\$)	Steamboat House Payee address; City; State; Zip C 8045 N Sam Houston Parkway	Code (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Meeting City of JV Department Head

POLITICAL EX CONTRIBUTIO	SCHEDULE F1	
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment		ense Transportation Equipment & Related Expense Travel in District Travel Out of District bor OTHER (enter a category not listed above)
<ol> <li>Total pages Schedule F1: Sch: 3/3 Rpt: 6/9</li> <li>Date</li> </ol>	Harper, Clyde	3 Filer ID
<ul><li>4 Date 08/29/2016</li><li>6 Amount (\$)</li></ul>	5       Payee name         Willies Grill         7       Payee address;       City;         State;       Zip Code	
\$49.46	14400 Northwest Freeway Houston, TX 77040	
8 PURPOSE OF EXPENDITURE		ON If travel outside of Texas. Complete Schedule T. If Austin, TX, officeholder living expense I with citizens on flood issues
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought OH	Office held

		T, CREDITS, GAINS, REFUNDS, AND BUTIONS RETURNED TO FILER	SCHEDULE K			
The Instru	cti	on Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 1/1 Rpt: 7/9		
2 FILER NAME Harper, Clyc				3 Filer I		
4 Date	5 Name of person from whom amount is received			-	8 Amount (\$)	
12/30/2016		Feldman & Feldman			\$140.60	
	6	Address of person from whom amount is received; City; State; Zip Code	9			
		3355 West Alabama				
	L	Houston, TX 77098				
	7	Purpose for which amount is received	Check if po	olitical con	tribution returned to filer	
		Refund legal expense				

~

#### **TEXT ANNOTATION**

Sch: 1/2 Rpt: 8/9

FILER NAME	
------------	--

Harper, Clyde

Filer ID

Schedule A1

Information entered by filer as a memo:

Return of unused funds for legal services

Forms provided by Texas Ethics Commission

#### **TEXT ANNOTATION**

FILER NAME

Harper, Clyde

Filer ID

Sch: 2/2 Rpt: 9/9

Schedule K

Information entered by filer as a memo:

Legal expense for filing 6/2016 and 1/2017 Campaign finance reports

and a second second second



FELDMAN & FELDMAN

3355 West Alabama St., Suite 1220 Houston, Texas 77098 Telephone: 713-986-9471 Facsimile: 713-986-9472 www.feldman.law

CHRISTIN GRANT Christin.Grant@feldman.law

SHANNON SMITTICK Shannon.Smittick@feldman.law

CRISTEN D. FELDMAN Cris.Feldman@feldman.law

2

,

David M. Feldman\* David.Feldman@feldman.law

\*Board Certified - Labor and Employment Law Texas Board of Legal Specialization

OF COUNSEL Schulman, Lopez, Hoffer & Adelstein www.slh-law.com

July 14, 2016

#### CMRRR: 70032260000393495773

Lorri Coody City Secretary of Jersey Village 16327 Lakeview Drive Jersey Village, Texas 77040

8,20160 8,20160

Re: July 2016 Campaign Finance Report

Dear Ms. Coody,

Enclosed please find Mr. Clyde Harper's Campaign Finance Report for the period of January 1, 2016 through June 30, 2016.

erelv.

Oris Feldman

Encl.

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

۰ <sup>۱</sup>

FORM C/OH **COVER SHEET PG 1** 

The C/OH Instruction	Guide explains how to complete thi	is form.		2 Total pages filed: 13
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRS Clya		MI	OFFICE USE ONLY
NAME				Date Received
	NICKNAME LAS Harı		SUFFIX	
4 CANDIDATE /	ADDRESS / PO BOX; APT / SUIT	E #; CITY;	ZIP CODE	Date Hand-delivered or Date Postmarked
OFFICEHOLDER MAILING	56 Parkway Place			
ADDRESS				Receipt # Amount
Change of Address	Houston, TX 77040			Date Processed
				Date Imaged
5 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRS	Т	МІ	
	NICKNAME LAST		SUFFIX	
6 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX I	PLEASE); APT	/ SUITE #; CITY;	STATE; ZIP CODE
(Residence or Business)				
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NU	MBER EXTENSION		
8 REPORT TYPE				
1115	January 15 301	h day before election	Runoff	15th day after campaign treasurer appointment (officeholder only)
	X July 15 8th	day before election	Exceeded \$500 limit	Final Report (Attach C/OH-FR)
9 PERIOD	Month Day Year	······································	Month Day	Year
COVERED	01/01/2016	THROUGH	06/30/2016	)
10 ELECTION	ELECTION DATE		ELECTION TYPE	
	Month Day Year	Primary	Runoff	Other
		General	Special	
11 OFFICE	OFFICE HELD (if any)	L	12 OFFICE SOUGHT (	(if known)
	City Council Position 3		City of Jersey Vill	age
	·····			
		GO TO PAGE 2		
Forms provided by Te	xas Ethics Commission	www.ethics.state.tx.us		Version V1.0.47

#### CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

۲

.

#### FORM C/OH COVER SHEET PG 2

2 of 13

1

13 C / OH NAME	Harper, Clyde	1	L4 Filer ID	
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditure These expenditures may have been made without th d officeholders are required to report this information of	e candidate's or officehold	er's knowledge or
Additional Pages		COMMITTEE NAME		<u>~~</u>
	GENERAL	COMMITTEE ADDRESS		·
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS	3	
16 CONTRIBUTION TOTALS		LAL CONTRIBUTIONS OF \$50 OR LESS (OTHER TH ARANTEES OF LOANS), UNLESS ITEMIZED	IAN PLEDGES,	0.00
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	7,881.19
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED			0.00
,	4. TOTAL POLITIC	AL EXPENDITURES	\$	5,742.19
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LAS	ST DAY OF THE	7,601.93
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS O TING PERIOD	F THE LAST DAY	0.00
17 AFFADAVIT		I swear, or affirm, under penalty o true and correct and includes all in under Title 15, Election Code.		
		Signature of C	andidate or Officeholder	
AFFIX NOT	TARY STAMP / SEAL AB	DVE		
Sworn to and subsc	ribed before me, by the s , 20, to ce	aid ertify which, witness my hand and seal of office.	, this the	day
Signature of offic	er administering	Printed name of officer administering	Title of officer admi	nistering oath
Forms provided by Tex	as Ethics Commission	www.ethics.state.tx.us		Version V1.0.47

## SUBTOTALS - C/OH

.

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

3	of	13

L				
	ER NAM			
На	rper, C			
1	HEDUL ME OF	SUBTOTAL AMOUNT		
1.	I. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 7,881.19	
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.		SCHEDULE E: LOANS		\$
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	<b>\$</b> 5,742.19
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
12.	X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$ 2.00

#### MONETARY POLITICAL CONTRIBUTIONS

#### SCHEDULE A1

FILER NAME Harper, Clyde       3       Filer ID         Date (3/09/2016       6       Full name of contributor       out-of-state PAC (ID#:	\$2,000.0
03/09/2016       Alligood, Shari (Ms.)         6       Contributor address; City, State; Zip Code         9614 Brackenton Crest Dr       Spring, TX 77379         Principal occupation / Job title (See Instructions)       9       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#;)       Amount of Contribution (\$         03/09/2016       Blanchard, Steve (Mr.)       Contributor address; City, State; Zip Code       Amount of Contribution (\$         03/09/2016       Full name of contributor       out-of-state PAC (ID#;)       Amount of Contribution (\$         03/09/2016       Full name of contributor       out-of-state PAC (ID#;)       Amount of Contribution (\$         04/20/2016       Full name of contributor       out-of-state PAC (ID#;)       Amount of Contribution (\$         04/20/2016       Full name of contributor       out-of-state PAC (ID#;)       Amount of Contribution (\$         04/20/2016       Full name of contributor       out-of-state PAC (ID#;)       Amount of Contribution (\$         04/20/2016       Full name of contributor       out-of-state PAC (ID#;)       Amount of Contribution (\$         04/05/2016       Full name of contributor       out-of-state PAC (ID#;)       Amount of Contribution (\$         04/05/2016       Full nam	\$2,000.0
6       Contributor address; City; State; Zip Code         9614 Brackenton Crest Dr         Spring, TX 77379         Principal occupation / Job title (See Instructions)       9         Employer (See Instructions)       9         Date       Full name of contributor       out-of-state PAC (ID#;)         O3/09/2016       Blanchard, Steve (Mr.)       Amount of Contribution (\$         Contributor address; City; State; Zip Code       100006 Sugar Hill       Houston, TX 77042         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (\$         Date       Full name of contributor       out-of-state PAC (ID#;)       Amount of Contribution (\$         Date       Full name of contributor       out-of-state PAC (ID#;)       Amount of Contribution (\$         04/20/2016       Finlay, James (Mr.)       Contributor address; City; State; Zip Code       Amount of Contribution (\$         04/20/2016       Full name of contributor       out-of-state PAC (ID#;)       Amount of Contribution (\$         04/05/2016       Full name of contributor       out-of-state PAC (ID#;	
Principal occupation / Job title (See Instructions)       9       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:	
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$         03/09/2016       Blanchard, Steve (Mr.)	
03/09/2016       Blanchard, Steve (Mr.)         Contributor address; City; State; Zip Code         100006 Sugar Hill         Houston, TX 77042         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Date         04/20/2016         Finlay, James (Mr.)         Contributor address; City; State; Zip Code         30 Cherry Hill         Houston, TX 77040         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Contributor address; City; State; Zip Code         30 Cherry Hill         Houston, TX 77040         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Contributor address; City; State; Zip Code         16414 Wall St         Houston, TX 77040         Principal occupation / Job title (See Instructions)         Employer (See Instructions)	
Contributor address: City; State; Zip Code         100006 Sugar Hill         Houston, TX 77042         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Date         04/20/2016         Finlay, James (Mr.)         Contributor address; City; State; Zip Code         30 Cherry Hill         Houston, TX 77040         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Date         04/05/2016         Full name of contributor         04/05/2016         Full name of contributor         Out-of-state PAC (ID#:	\$2,000.0
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         04/20/2016       Finlay, James (Mr.)       Amount of Contribution (\$         Contributor address; City; State; Zip Code       30 Cherry Hill       Amount of Contributor         Houston, TX 77040       Employer (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$         04/05/2016       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$         04/05/2016       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$         04/05/2016       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$         04/05/2016       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$         04/05/2016       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Employer (See Instructions)	
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$         04/20/2016       Finlay, James (Mr.)       Contributor address; City; State; Zip Code       Amount of Contribution (\$         04/20/2016       Contributor address; City; State; Zip Code       Amount of Contribution (\$         05/2016       Full name of contributor       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         04/05/2016       Klein, Jill (Ms.)       Amount of Contribution (\$         Contributor address; City; State; Zip Code       Amount of Contribution (\$         16414 Wall St       Houston, TX 77040       Amount of Contributions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)	
04/20/2016       Finlay, James (Mr.)         Contributor address; City; State; Zip Code         30 Cherry Hill         Houston, TX 77040         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Date         Full name of contributor         0ut-of-state PAC (ID#:)         Amount of Contribution (\$,         04/05/2016         Klein, Jill (Ms.)         Contributor address; City; State; Zip Code         16414 Wall St         Houston, TX 77040         Principal occupation / Job title (See Instructions)         Employer (See Instructions)	
30 Cherry Hill       Houston, TX 77040         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         04/05/2016       Klein, Jill (Ms.)       Amount of Contribution (\$, Contributor address; City; State; Zip Code 16414 Wall St         Houston, TX 77040       Houston, TX 77040       Employer (See Instructions)	\$300.0
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         04/05/2016       Klein, Jill (Ms.)       Amount of Contribution (\$, 16414 Wall St         Houston, TX 77040       Houston / Job title (See Instructions)       Employer (See Instructions)	
04/05/2016 Klein, Jill (Ms.) Contributor address; City; State; Zip Code 16414 Wall St Houston, TX 77040 Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Contributor address; City; State; Zip Code 16414 Wall St Houston, TX 77040 Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	\$81.1
	<u> </u>
Date     Full name of contributor     Image: out-of-state PAC (ID#:)     Amount of Contribution (\$)       05/23/2016     Pulliam, Jim (Mr.)	\$1,000.0
Contributor address; City; State; Zip Code 15713 Tenbury St.	
Houston, TX 77040	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	

MONETARY P	OLITICAL	CONTRIBUTIONS
------------	----------	---------------

.

.

#### SCHEDULE A1

L								
The Instruction Guide explains how to complete this form.					Total pages Schedule A1: Sch: 2/2 Rpt: 5/13			
2	FILER NAME			3	Filer ID			
	Harper, Clyd	e						
4	Date     5     Full name of contributor     Image: out-of-state PAC (ID#:)       04/16/2016     Quinlin, Dan		7 Amount of Contribution		\$) \$1,500.00			
		6 Contributor address; City; State; Zip Code 15702 Ginger Lane						
		Houston, TX 77040		ł				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)				
F	Date	Full name of contributor		T	Amount of Contribution (\$)			
	04/16/2016	Thomas, Virgil (Mr.)				\$1,000.00		
		Contributor address; City; State; Zip Code		1				
		1800 Fuller Wiser Rd. #603		{				
		Euless, TX 77039						
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)				

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expense /- Gift/Awards/Memorials Expense	Loan Repayment/Reimbursement         Solicitation/Fundraising Expense           Office Overhead/Rental Expense         Transportation Equipment & Related Expense           Polling Expense         Travel in District           Printing Expense         Travel Out of District           Salarles/Wages/Contract Labor         OTHER (enter a category not listed above)			
Total pages Schedule F1:	2 FILER NAME	3 Filer ID			
Sch: 1/7 Rpt: 6/13	Harper, Clyde				
Date 03/14/2016	5 Payee name Backyard Grill				
Amount (\$) \$24.32	<ul> <li>7 Payee address; City; State;</li> <li>9453 Jones Rd.</li> <li>Houston, TX 77065</li> </ul>	Zip Code			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sched Event Expense	dule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Meeting with citizens			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ffice sought Office held			
Date	Payee name				
04/18/2016	Backyard Grill				
Amount (\$) \$32.63	Payee address; City; State; 9453 Jones Rd. Houston, TX 77065	Zip Code			
PURPOSE		(b) Description			
OF EXPENDITURE	(a) Category (See Categories listed at the top of this schere Event Expense	dule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Meeting with citizens			
Complete <u>QNLY</u> if direct expenditure to benefit C/O		fice sought Office held			
Date	Payee name				
04/26/2016	Backyard Grill				
Amount (\$) \$261.02	Payee address; City; State; 9453 Jones Rd.	Zip Code			
	Houston, TX 77065				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this scheo Event Expense	tule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Meeting with citizens			
Complete ONLY if direct	Candidate/Officeholder name Of	fice sought Office held			

•

.

POLITICAL EXPENDITURES FROM POLITICAL S			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politice Credit Card Payment	Fees Office ( Food/Beverage Expense Polling /- Gift/Awards/Memorials Expense Printing	epayment/Reimbursement Dverhead/Rental Expense Expense j Expense s/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
Total pages Schedule F1: Sch: 2/7 Rpt: 7/13	2 FILER NAME Harper, Clyde	3	Filer ID
Date 05/09/2016	5 Payee name Backyard Grill		
Amount (\$) \$523.06	7 Payee address; City; State; Zip o 9453 Jones Rd. Houston, TX 77065	Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense		side of Texas. Complete Schedule T. (, officeholder living expense IZENS
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office so	bught	Office held
Date 06/07/2016	Payee name Harper, Clyde (Mr.)		
Amount (\$) \$79.00	Payee address; City; State; Zip ( 56 Parkway Pł	Code	
PURPOSE OF EXPENDITURE	Houston, TX 77040 (a) Category (See Categories listed at the top of this schedule) Event Expense	Check if Austin, TX Reimbursement	ide of Texas. Complete Schedule T. , officeholder living expense : for food items in meeting with oger, and V&K Donuts
Complete <u>QNLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office so	bught	Office held
Date 03/28/2016	Payee name Kroger		
Amount (\$) \$49.02	Payee address; City; State; Zip C 9330 Jones Rd	Code	
	Houston, TX 77065		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense		ide of Texas. Complete Schedule T. , officeholder living expense ZENS
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office so	bught	Office held

Forms provided by Texas Ethics Commission

.

CONTRIBUTIO	NS	SCHEDULE F				
EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made Bi		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District				
Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	OTHER (enter a category not listed above)				
Total pages Schedule F1:		3 Filer ID				
Sch: 3/7 Rpt: 8/13	Harper, Clyde					
Date	5 Payee name	4				
03/31/2016	Los Cucos					
Amount (\$) \$44.07	7 Payee address; City; State; Zip Code 17386 NW Frwy					
	Houston, TX 77040					
PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense Citizens				
Complete <u>QNLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held				
Date	Payee name					
04/12/2016	Los Cucos					
Amount (\$) \$38.94	Payee address; City; State; Zip Code 17386 NW Frwy					
	Houston, TX 77040					
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE	Event Expense	outside of Texas. Complete Schedule T. n, TX, officeholder living expense Citizens				
Complete <u>QNLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held				
Date	Payee name					
03/16/2016	Mamacitas					
Amount (\$) \$51.76	Payee address; City; State; Zip Code 19831 NW Frwy					
	Houston, TX 77040					
PURPOSE OF EXPENDITURE		outside of Texas, Complete Schedule T. , TX, officeholder living expense CİTİZENS				

.

CONTRIBUTIO	CPENDITURES FROM POLITICAL       SCHEDULE F1         DNS       SCHEDULE F1
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made E Candidate/Officeholder/Politic Credit Card Payment	
Total pages Schedule F1: Sch: 4/7 Rpt: 9/13	: 2 FILER NAME 3 Filer ID 4 Harper, Clyde
Date 04/11/2016	5 Payee name Mamacitas
Amount (\$) \$57.50	7 Payee address; City; State; Zip Code 19831 NW Frwy Houston, TX 77040
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense Meeting with citizens
Complete <u>QNLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held DH
Date 02/23/2016	Payee name Mauriello, Mike (Mr.)
Amount (\$) \$1,500.00	Payee address; City; State; Zip Code 8406 Hawaii Lane
	Houston, TX 77040
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Contributions/Donations Made By Candidate/Officeholder/Political Committee</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation to campaign</li> </ul>
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held DH
Date	Payee name
03/11/2016	Minuteman Press
Amount (\$) \$162.38	Payee address; City; State; Zip Code 17484 NW Freeway
	Houston, TX 77040
PURPOSE OF EXPENDITURE	(a) Category (see Categories listed at the top of this schedule) Printing Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Yard Signs

38**0**0

•

CONTRIBUTIO	PENDITURES FROM POLITICAL	SCHEDULE F1			
EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
Total pages Schedule F1: Sch: 5/7 Rpt: 10/13	2 FILER NAME Harper, Clyde	<b>3</b> Filer ID			
Date 04/25/2016	5 Payee name Minuteman Press				
Amount (\$) \$1,244.58	7 Payee address; City; State; Zip Code 17484 NW Freeway				
	Houston, TX 77040				
PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. FX, officeholder living expense IS			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought DH	Office held			
Date 03/14/2016	Payee name Pulliam, Jim (Mr.)				
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 15713 Tenbury St				
.,					
	15713 Tenbury St         Houston, TX 77040         (a) Category (see Categories listed at the top of this schedule) Mailing to Citizens       (b) Description	itside of Texas. Complete Schedule T. IX, officeholder living expense Olitical mailing - funds not used and			
\$1,000.00 PURPOSE OF EXPENDITURE Complete ONLY if direct	15713 Tenbury St         Houston, TX 77040         (a) Category (See Categories listed at the top of this schedule)         Mailing to Citizens         Check if Austin, T         Donation for preturned         Candidate/Officeholder name         Office sought				
\$1,000.00 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O Date	15713 Tenbury St         Houston, TX 77040         (a) Category (See Categories listed at the top of this schedule)         Mailing to Citizens         Check if Austin, T         Donation for preturned         Candidate/Officeholder name         Office sought	rx, officeholder living expense olitical mailing - funds not used and			
\$1,000.00 PURPOSE OF	15713 Tenbury St         Houston, TX 77040         (a) Category (See Categories listed at the top of this schedule) Mailing to Citizens       (b) Description	rx, officeholder living expense olitical mailing - funds not used and			
\$1,000.00 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O Date 03/04/2016 Amount (\$)	15713 Tenbury St         Houston, TX 77040         (a) Category (See Categories listed at the top of this schedule) Mailing to Citizens       (b) Description Check if fravel ou Check if Austin, 1 Donation for preturned         Candidate/Officeholder name       Office sought         Payee name Steamboat House       Payee address; City; State; Zip Code	rx, officeholder living expense olitical mailing - funds not used and			
\$1,000.00 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O Date 03/04/2016 Amount (\$)	15713 Tenbury St         Houston, TX 77040         (a) Category (see Categories listed at the top of this schedule) Mailing to Citizens       (b) Description Check if fravel or Check if Austin, T Donation for preturned         Candidate/Officeholder name       Office sought         Payee name Steamboat House       Office sought         Payee address; City; State; Zip Code 8405 N Sam Houston Pkwy         Houston, TX 77064         (a) Category (See Categories listed at the top of this schedule) Event Expense       (b) Description Check if travel ou	TX, officeholder living expense olitical mailing - funds not used and Office held tside of Texas. Complete Schedule T. "X, officeholder living expense			

CONTRIBUTIO	NS		CHEDULE F1
<u></u>	EXPENDITURE CATEGORIES FOR	BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repay Fees Office Over Food/Beverage Expense Polling Exp - Giit/Awards/Memorials Expense Printing Exp	ment/Reimbursement solicitation/Fundraisi read/Rental Expense Transportation Equip ense Travel in District ges/Contract Labor OTHER (enter a cate	ng Expense ment & Related Expense igory not listed above)
L Total pages Schedule F1:	2 FILER NAME	3 Filer ID	
Sch: 6/7 Rpt: 11/13	Harper, Clyde		
4 Date	5 Payee name		
04/11/2016	Steamboat House		
6 Amount (\$)	7 Payee address; City; State; Zip Coc	e	
\$87.61	8405 N Sam Houston Pkwy Houston, TX 77064		
B PURPOSE		b) Description	
OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	b) Description Check if travel outside of Texas. Complete Check if Austin, TX, officeholder living exp Meeting with citizens	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	nt Office held	
Date	Payee name		
05/09/2016	V&K Donuts		
Amount (\$)	Payee address; City; State; Zip Cod	e	
\$11.40	8805 Jones Rd. Houston, TX 77040		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Description	
OF EXPENDITURE	Event Expense	Check if travel outside of Texas. Complete	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office soug	nt Office held	
Date	Payee name		
05/06/2016	Willies Grill		
Amount (\$) \$36.39	Payee address; City; State; Zip Cod 17492 NW Frwy	e	
	Houston, TX 77040		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	<ul> <li>Description</li> <li>Check if travel outside of Texas. Complete</li> <li>Check if Austin, TX, officeholder living experimentary of the citizens</li> </ul>	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office soug	nt Office held	

S. C. S.

POLITICAL EX	PENDITURES FROM POLITICAL	SCHEDULE F1
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made Candidate/Officeholder/Poli Credit Card Payment		
1 Total pages Schedule F1 Sch: 7/7 Rpt: 12/13	2 FILER NAME Harper, Clyde	3 Filer ID
4 Date 05/09/2016	5 Payee name Willies Grill	
6 Amount (\$) \$45.23		
8 PURPOSE OF EXPENDITURE		vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense th citizens
9 Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate/Officeholder name Office sought DH	Office held
Date 05/13/2016	Payee name Willies Grill	
Amount (\$) \$59.41	Payee address; City; State; Zip Code 17492 NW Frwy Houston, TX 77040	
PURPOSE OF EXPENDITURE		rel outside of Texas, Complete Schedule T. tin, TX, officeholder living expense th citizens
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate/Officeholder name Office sought OH	Office held

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

.

<b>T</b> h a 1		tion Cuido ovalaino hourto complete this form	1 Total	pages Schedule K:
i ne in	struc	tion Guide explains how to complete this form.	Sch:	1/1 Rpt: 13/13
2 FILER NAME 3				
Harper				
4 Date		5 Name of person from whom amount is received		8 Amount (\$)
4 Date 04/05/2		Bank of America		\$ Amount (\$) \$2.00
0-4/03/2	. I.			
	{``}'`	6 Address of person from whom amount is received; City; State; Zip Code		
		8200 Jones Road		}
	1	Houston, TX 77040		}
	ŀ			1
			k if political con	tribution returned to filer
		Interest expense from savings acct		
1				

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

۰.°

¢

FORM C/OH **COVER SHEET PG 1** 

The C/OH Instruction (	Guide explains how to complete thi	s form.		2 Total pages filed: 4		
3 CANDIDATE /	MS/MRS/MR FIRS	T	MI	OFFICE USE ONLY		
OFFICEHOLDER	Clyd	e				
NAME	-			Date Received		
				1540		
	NICKNAME LAST		SUFFIX			
	Harp					
4 CANDIDATE /	ADDRESS / PO BOX; APT / SUIT	E#; CITY;	ZIP CODE	Date Hand-delivered or bate Postmarked		
OFFICEHOLDER MAILING	56 Parkway Place					
ADDRESS	1			Receipt # Arnount		
	Liouster TV 77040					
Change of Address	Houston, TX 77040			Date Processed		
				Date Imaged		
5 CAMPAIGN	MS/MRS/MR FIRS	Γ	MI			
TREASURER						
NAME						
	NICKNAME LAST		SUFFIX			
6 CAMPAIGN	STREET ADDRESS (NO PO BOX F		/ SUITE #; CITY;	STATE; ZIP CODE		
TREASURER	STREET ADDRESS (NO PO BOX P	rlease), Ari	/ SUITE #, CITT,	STATE, ZIP CODE		
ADDRESS						
(Residence or Business)						
(Residence of Busilless)						
7 CAMPAIGN	AREA CODE PHONE NUM	BER EXTENSION	<u></u>			
TREASURER						
PHONE						
0 DEDODT			· _ · · . · . · . · . · . · . · . · .			
8 REPORT TYPE		h day hafara daatan 🗂 r				
	X January 15 30t	h day before election	Runoff	15th day after campaign treasurer appointment (officeholder only)		
	July 15 8th	day before election	Exceeded \$500 limit	Final Report (Attach C/OH-FR)		
	Manuth Distance M		Marite M	Maar		
9 PERIOD COVERED	Month Day Year	TIDOUOU	Month Day	Year		
COVERED	07/01/2015	THROUGH	12/31/2015			
10 ELECTION	ELECTION DATE		ELECTION TYPE			
	Month Day Year	Primary	Runoff	Other		
	05/09/2015					
		XGeneral	Special			
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (	if known)		
	City Council Position 3		Legacy Only			
	1					
		GO TO PAGE 2				
Cormo provided by To	xas Ethics Commission	www.ethics.state.tx.us		Version V1.0.32560		
FUITIS DIOVIQUU DV 10	Add Ethics Commission	www.concs.state.tk.us		VEISIULI V1.0.32300		

### CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

• \*

٤.

#### FORM C/OH COVER SHEET PG 2

2 of 4

				2014		
13 C / OH NAME	Harper, Clyde		14 Filer ID			
15 NOTICE FROM POLITICAL COMMITTEE(S)	FROM candidate / officeholder. These expenditures may have been made without the candidate's or officeholders are required to report this information only if they receive not					
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL	COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS			
16 CONTRIBUTION TOTALS		AL CONTRIBUTIONS OF \$50 OR LESS (OTHER ARANTEES OF LOANS), UNLESS ITEMIZED	THAN PLEDGES,	\$ 0.00		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		S)	<b>\$</b> 5,600.02		
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		ITEMIZED	<b>\$</b> 0.00		
	4. TOTAL POLITICAL EXPENDITURES		<b>\$</b> 0.00			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD			<b>\$</b> 5,906.04		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD			<b>\$</b> 0.00		
17 AFFADAVIT						
K	Sherry Holden Notary Public. State of Texas Expires:08-16-201	I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.		be reported by me		
Sworn to and subsc of <i>Junuly</i>	TARY STAMP / SEAL ABO	Clude JESS Hacher	, this the5	H day		
Ŭ	-	$\mathbf{V}$		U		

Forms provided by Texas Ethics Commission

Version V1.0.32560

SUB	ΤΟΤΑ	LS -	C/OH
-----	------	------	------

• •

٠

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

3	of	4
~		

					3 of 4
1	ER NAM rper, C		<b>19</b> Filer ID		
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT		
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	5,600.02
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.		SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	3	\$	
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	of C/Oh	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$	
l					

# MONETARY POLITICAL CONTRIBUTIONS

٠ ،

#### SCHEDULE A1

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1:	
			Sch: 1/1 Rpt: 4/4	
2 FILER NAME	_		3 Filer ID	
Harper, Clyd				
-	5 Full name of contributor out-of-state PAC (ID#:	[	7 Amount of Contribution (\$)	**
11/06/2015	Bank of America			\$0.02
	6 Contributor address; City; State; Zip Code			
	8900 Jones Road			
	Houston, TX 77002			
8 Principal occur	oation / Job title (See Instructions)	9 Employer (See Instructions)		
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)	
12/16/2015	Chavez, Tom (Mr.)			\$350.00
	Contributor address; City; State; Zip Code			
	PO BOX 802			
	Waller, TX 77040			
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions)		
Retired				
Date	Full name of contributor 🔲 out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
09/11/2015	Harper, Clyde (Mr.)			\$50.00
l	Contributor address; City; State; Zip Code			
	56 Parkway Place			
	Houston, TX 77040			
Council Mem	bation / Job title (See Instructions)	Employer (See Instructions) Position 3		
	and the second second second second second second second second second second second second second second secon			
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)	<b>\$200.00</b>
10/02/2015	Pulliam, JIm (Mr.)			\$200.00
	Contributor address; City; State; Zip Code			
	15713 Tenbury			
Principal occur	Houston, TX 77040	Employer (See Instructions)		
Principal occup Retired	Houston, TX 77040	Employer (See Instructions)		
	Houston, TX 77040 Dation / Job title (See Instructions)	Employer (See Instructions)	Amount of Contribution (\$)	
Retired	Houston, TX 77040 Dation / Job title (See Instructions)	Employer (See Instructions)	Amount of Contribution (\$)	\$5,000.00
Retired Date	Houston, TX 77040 Dation / Job title (See Instructions) Full name of contributor	Employer (See Instructions)	Amount of Contribution (\$)	\$5,000.00
Retired Date	Houston, TX 77040 Dation / Job title (See Instructions) Full name of contributor Dut-of-state PAC (ID#:_ Quinlin, Dan (Mr.)	Employer (See Instructions)	Amount of Contribution (\$)	\$5,000.00
Retired Date	Houston, TX 77040 Dation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Quinlin, Dan (Mr.) Contributor address; City; State; Zip Code	Employer (See Instructions)	Amount of Contribution (\$)	\$5,000.00
Retired Date	Houston, TX 77040 Dation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Quinlin, Dan (Mr.) Contributor address; City; State; Zip Code	Employer (See Instructions)	Amount of Contribution (\$)	\$5,000.00
Retired Date 10/27/2015	Houston, TX 77040 Dation / Job title (See Instructions) Full name of contributor address; City; State; Zip Code 15702 Ginger Lane	Employer (See Instructions)	Amount of Contribution (\$)	\$5,000.00

### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to complete thi	s form.		2 Total pages filed: 7
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRS Clyc		Mi	OFFICE USE ONLY
				Opr 57244
	NICKNAME LAS		SUFFIX	Att
	Har		717.0005	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUIT 56 Parkway Place	'E #; CITY;	ZIP CODE	Date Hand-delivered or Date Postmarked Receipt # Amount
Change of Address	Houston, TX 77040			Date Processed
				Date Imaged
5 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRS	T	MI	
	NICKNAME LAST		SUFFIX	
6 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX I	PLEASE); APT	/ SUITE #; CITY;	STATE; ZIP CODE
(Residence or Business)				
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NU	MBER EXTENSION		
8 REPORT TYPE	January 15 301	h day before election 🔲 F	Runoff	15th day after campaign treasurer appointment (officeholder only)
	X July 15 8th	day before election	Exceeded \$500 limit	Final Report (Attach C/OH-FR)
9 PERIOD COVERED	Month Day Year 05/01/2015	THROUGH	Month Day 06/30/2015	Year
10 ELECTION	ELECTION DATE Month Day Year 05/09/2015	Primary	ELECTION TYPE	Other
11 OFFICE	OFFICE HELD (if any) City Council Position 3		12 OFFICE SOUGHT ( City Council Posit	
		GO TO PAGE 2		
Forms provided by Te	xas Ethics Commission	www.ethics.state.tx.us		Version V1.0.31956

### CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

#### FORM C/OH COVER SHEET PG 2

2 of 7

	فيبغيه ويستاب ويعما المستان والمترج والمترجي والمترجي والمتكر والمستان			
13 C/OH NAME	Harper, Clyde	14 Filer ID		
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditures made by poli These expenditures may have been made without the candidate's o d officeholders are required to report this information only if they rece	r officeholder's k	nowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
16 CONTRIBUTION TOTALS		L AL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES ARANTEES OF LOANS), UNLESS ITEMIZED	<sup>,</sup> \$	0.00
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	662.50
EXPENDITURE TOTALS	3. TOTAL POLITIC	AL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	0.00
	4. TOTAL POLITIC	CAL EXPENDITURES	\$	1,325.15
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF TH RIOD	E \$	189.92
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST D	AY \$	0.00
17 AFFADAVIT	,	I swear, or affirm, under penalty of perjury, that t true and correct and includes all information requ under Title 15, Election Code.		
	herry Holden Notary Public, State of Texas pires:08-16-2018	Cbyb Js D-J Signalure of Candidate or Off	ficeholder	
AFFIX NOT	TARY STAMP / SEAL AB		- ()	
Sworn to and subsc	cribed before me, by the s	aid <u>CIYAL JESS HARPER</u> , this the ertify which, witness my hand and seal of office.	5 Th	day
Signature of offic	er administering	Sherry Holden Printed name of officer administering Title of	NO TUY C officer administer	ring oath

Forms provided by Texas Ethics Commission

Version V1.0.31956

## SUBTOTALS - C/OH

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

• • • •

				3017
18 FILER NAME Harper, Clye		19 Filer ID		
20 SCHEDULES			S	SUBTOTAL AMOUNT
1. X S	X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	662.50
2. 🔲 S	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3. 🔲 9	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4. 🗌 5	SCHEDULE E: LOANS		\$	
5. 🗙 S	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$	1,325.15
6. 🔲 S	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7. 🔲 S	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIO	ONS	\$	
8. 🔲 S	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9. 🔲 S	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10. 🔲 S	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (	OF C/OH	\$	
11. 🔲 S	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	ONS	\$	
	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS R TO FILER	RETURNED	\$	

## MONETARY POLITICAL CONTRIBUTIONS

#### SCHEDULE A1

				_		
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/1 Rpt: 4/7	
2	FILER NAME			3	Filer ID	
	Harper, Clyd	le				
4	Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	05/22/2015	Blanchard, Steve (Mr.)				\$200.00
		6 Contributor address; City; State; Zip Code	*****	ł		
		2231 Royal Adelaide Dr				
		Katy, TX 77450				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	General Sale	es Manager	Joe Myers Ford			
╞━	Date	Full name of contributor Out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
	05/06/2015	Finlay, James (Mr.)				\$150.00
		Contributor address; City; State; Zip Code		1		
	I	30 Cherry Hills Court				
		So cherry hills court				
		Houston, TX 77040				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u>		
	Finciparoccu		Employer (See instructions	-)		
				-		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	05/30/2015	Parrish, Rob (Dr.)				\$212.50
		Contributor address; City; State; Zip Code				
		6560 Fannin #994				
		Houston, TX 77030				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Doctor		Self			
	Date	Full name of contributor Out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
	06/07/2015	Suessman, Bill (Mr.)				\$100.00
ł		Contributor address; City; State; Zip Code		ł		
		108 Windcrest Ct.				
		Houston, TX 77040				
-	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	۱ <u> </u>	······	
	General Mar		Chev Auto Dealer	"		
	General waa					
_		by Toyon Ethion Commission	ctoto ty uc	-	Vorcion	the second second second second second second second second second second second second second second second s

		N
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Joursement         Solicitation/Fundraising Expense           Expense         Transportation Equipment & Related Expense           Travel in District         Travel Out of District           Travel Out of District         Travel (enter a category not listed above)
Total pages Schedule F1:		3 Filer ID
Sch: 1/3 Rpt: 5/7	Harper, Clyde	
Date	5 Payee name	
05/09/2015	Backyard Grill	
Amount (\$)	7 Payee address; City; State; Zip Code	
\$352.90	9453 Jones Rd Houston, TX 77065	
PURPOSE		rintion
OF	Event Expense	npuon leck if travel outside of Texas. Complete Schedule T. leck if Austin, TX, officeholder living expense tion meeting
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held
Date	Payee name	
05/14/2015	Bank of America	
Amount (\$) \$37.00	Payee address; City; State; Zip Code 8200 Jones Road	
DUDDOOC	Houston, TX 77040	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Desc Accounting/Banking	ription leck if travel outside of Texas. Complete Schedule T. leck if Austin, TX, officeholder living expense nent for printing checks
OF	(a) Category (See Categories listed at the top of this schedule)       (b) Desc         Accounting/Banking       Categories listed at the top of this schedule)         Candidate/Officeholder name       Office sought	eck if travel outside of Texas. Complete Schedule T. eck if Austin, TX, officeholder living expense
OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)       (b) Desc         Accounting/Banking       Categories listed at the top of this schedule)         Candidate/Officeholder name       Office sought	eck if travel outside of Texas. Complete Schedule T. eck if Austin, TX, officeholder living expense nent for printing checks
OF EXPENDITURE Complete <u>ONLY</u> if direct expenditure to benefit C/OI Date	(a) Category (See Categories listed at the top of this schedule)       (b) Desc         Accounting/Banking       Categories listed at the top of this schedule)         Candidate/Officeholder name       Office sought         H       Payee name	eck if travel outside of Texas. Complete Schedule T. eck if Austin, TX, officeholder living expense nent for printing checks
OF EXPENDITURE Complete <u>ONLY</u> if direct expenditure to benefit C/OI Date 05/01/2015 Amount (\$)	(a) Category (See Categories listed at the top of this schedule)       (b) Desc         Accounting/Banking	eck if travel outside of Texas. Complete Schedule T. eck if Austin, TX, officeholder living expense nent for printing checks
OF EXPENDITURE Complete <u>ONLY</u> if direct expenditure to benefit C/OI Date 05/01/2015 Amount (\$)	(a) Category (See Categories listed at the top of this schedule)       (b) Desc         Accounting/Banking       Category         Candidate/Officeholder name       Office sought         Payee name       Harper, Mary Jo (Mrs.)         Payee address;       City;       State;       Zip Code         56 Parkway Place       Houston, TX 77040       (b) Desc       City;       Code         (a) Category (See Categories listed at the top of this schedule)       Office Supplies - envelopes and paper       (b) Desc	eck if travel outside of Texas. Complete Schedule T. eck if Austin, TX, officeholder living expense nent for printing checks Office held

٦

	NS	SCHEDULE F1
	EXPENDITURE CATEGORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	Event Expense Loan Repayment/Relimbur Fees Office Overhead/Rental Ex Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense	pense Transportation Equipment & Related Expense Travel in District Travel Out of District abor OTHER (enter a category not listed above)
Total pages Schedule F1:		3 Filer ID
Sch: 2/3 Rpt: 6/7	Harper, Clyde	
Date	5 Payee name	
05/01/2015	Minuteman Press	
Amount (\$)	7 Payee address; City; State; Zip Code	
\$186.40		
	Houston, TX 77040	
PURPOSE OF EXPENDITURE		t if travel outside of Texas. Complete Schedule T. t if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held
Date	Payee name	
05/04/2015	Minuteman Press	
Amount (\$) \$505.94	Payee address; City; State; Zip Code	
<b>ФЭ</b> ОЭ.94	17484 NW Freeway	
\$303.94	17484 NW Freeway Houston, TX 77040	
PURPOSE OF EXPENDITURE	Houston, TX 77040 (a) Category (See Categories listed at the top of this schedule) (b) Description Check	if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense
PURPOSE OF EXPENDITURE	Houston, TX 77040         (a) Category (See Categories listed at the top of this schedule)         Printing Expense         Candidate/Officeholder name         Office sought	if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense
PURPOSE OF EXPENDITURE Complete <u>ONLY</u> if direct expenditure to benefit C/O	Houston, TX 77040         (a) Category (See Categories listed at the top of this schedule)         Printing Expense         Candidate/Officeholder name         Office sought	t if travel outside of Texas. Complete Schedule T. tif Austin, TX, officeholder living expense S
PURPOSE OF EXPENDITURE Complete <u>ONLY</u> if direct expenditure to benefit C/O Date	Houston, TX 77040 (a) Category (See Categories listed at the top of this schedule) Printing Expense Candidate/Officeholder name Office sought H	t if travel outside of Texas. Complete Schedule T. tif Austin, TX, officeholder living expense S
PURPOSE OF	Houston, TX 77040 (a) Category (See Categories listed at the top of this schedule) Printing Expense Candidate/Officeholder name Payee name Office sought Payee name	t if travel outside of Texas. Complete Schedule T. tif Austin, TX, officeholder living expense S
PURPOSE OF EXPENDITURE	Houston, TX 77040 (a) Category (See Categories listed at the top of this schedule) Printing Expense Candidate/Officeholder name Office sought Payee name Minuteman Press Payee address; City; State; Zip Code	t if travel outside of Texas. Complete Schedule T. tif Austin, TX, officeholder living expense S
PURPOSE OF EXPENDITURE	Houston, TX 77040         (a) Category (See Categories listed at the top of this schedule)         Printing Expense         Candidate/Officeholder name         Candidate/Officeholder name         Office sought         H         Payee name         Minuteman Press         Payee address;       City;         State;       Zip Code         17484 NW Freeway         Houston, TX 77040         (a) Category (See Categories listed at the top of this schedule)         Printing Expense	ti fravel outside of Texas. Complete Schedule T. S Office held iton if ravel outside of Texas. Complete Schedule T. if austin, TX, officeholder living expense

	POLITICAL EX					SCHEDULE F1
			EXPENDITURE	CATEGORIES FO	R BOX 8(a)	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	/ - J Committee	Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Ex Legal Services The Instruction Guid	Office O Polling E kpense Printing Salaries	Expense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
L	Total pages Schedule F1: Sch: 3/3 Rpt: 7/7	2 FILER NAM Harper, C			<del></del>	3 Filer ID
1	Date	5 Payee nam	e			
5	05/01/2015 Amount (\$) \$40.60	7 Payee addr 16206 St I		State; Zip C	ode	
		Houston,	TX 77040			
3	PURPOSE OF EXPENDITURE	(a) Category Printing E	(See Categories listed at the XPENSE	top of this schedule)	Check if Austi	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense for purchase of sign stands at POR Si
,	Complete ONLY if direct	0			Luaht	Office held
-	expenditure to benefit C/O		fficeholder name	Office so		
	expenditure to benefit C/O		fficeholder name	Uffice so		
	expenditure to benefit C/O		fficeholder name	Uffice so		
	expenditure to benefit C/O		fficeholder name	Uffice so		
	expenditure to benefit C/O		fficeholder name	Uffice so		
	expenditure to benefit C/O		fficeholder name	Uffice so		

•

÷



		S COMMISSION	OFFICE USE ONLY
	AFFIDAVIT		Date Received
Complete th	is affidavit if you are rai	ising a defense to late filing.	HD / PM
Complete th Filer Name Clyde Jes		Account #	HD / PM Date Processed

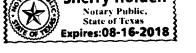
I swear, or affirm, under penalty of perjury that the following statement is in all things true and correct.

The PFS for reporting period 6-30-2015 to 12-31-2015 was not completed in error. That report is hereto attached and is accurate and complete.



NOTARY STAMP / SEAL

nature of



Clyde Jess Harper\_ this the 5th day of Sworn to and subscribed before me by

20\_*10* Signatur administering oath

, to certify which, witness my hand and seal of office.

Title of officer administering

Printed name of officer administering oath

www.ethics.state.tx.us

**Reset Form** 

Г



	TE / OFFICEHOLDER N 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	MS/MRS/MR FIRST MR CLYDE	мі Ј	OFFICE USE ONLY
NAME	NR CLYDE NICKNAME LAST	SUFFIX	Date Received
	CJ HARPER		5-1-2015
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; 56 PARKWAY PL HOWSTON	STATE; ZIP CODE 1 TX 77040	Date Hand-delivered or Postmarked
change of address			Receipt # Amount
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (832) 467-0935	EXTENSION	Date Processed
6 CAMPAIGN TREASURER NAME	MRS/MR FIRST MRS. MARY JU	(NMN)	Date Imaged
	NICKNAME LAST	SUFFIX	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE #; 56 PARKWAY PL + 1005701	CITY: STATE: J TEXAS -	zip code 17040
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (832) 467-0935	EXTENSION	
9 REPORT TYPE	January 15 30th day before election	Runoff	15th day after campaign treasurer appointment (officeholder only)
	July 15 Z 8th day before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 4 9 /2015 THROUGH	Month Day 5 / 1 /	Year 2015
11 ELECTION	Month ELECTION DATE ELECTION TYPE Month Day Year Primary 5 / 9 / 15	Runoff	General Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
	NONE	CITY COUNC	IL P05.3
	GO TO PAG	E2	

www.ethics.state.tx.us

Texas Ethics Commission

\$

٠

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5800 (TDD 1-800-735-2989)

\_

CANDIDAT SUPPORT		CEHOLDER REPORT: S	FORM C/OH COVER SHEET PG 2
	ARPER CL	4DE (CJ) J. 15,	ACCOUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDAT ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY	e's or officeholder's knowledge or
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,300.00
EXPENDITURE TOTALS	3. TOTAL F	OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZE	D \$
	4. TOTAL	POLITICAL EXPENDITURES	\$ 1,433.63
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY DRTING PERIOD	\$\$866.37
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD	\$
	TNEY RUTHERFORD OTARY PUBLIC TATE OF TEXAS MM, EXR 06/29/2015	I swear, or affirm, under penalty of perj is true and correct and includes all info me under Title 15, Election Code.	mation required to be reported by
ISE	scribed before i	me, by the said <u>Clyde, J. Harper</u>	, this the
<u>Cautnuy</u> day Signature of officer admi	of <u>May</u> <u>what</u> ween nistering oath	, 20, to certify which, witness my l <u>(Curtify Rutherford</u> Printed name of officer administering oath	hand and seal of office. <u>Noteing</u> Rublic Title of officer administering oath

(512) 463-5800 (TDE

#### POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

#### SCHEDULE A

		· · · · · · · · · · · · · · · · · · ·	4 T-4-1	
The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	2
2 FILER NAME	HARPER CLYDE (C) J		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#:	)	7 Amount of	8 In-kind contribution
41	CARLOYN CROSS		contribution (\$)	description (if applicable)
$1'_{131}$	6 Contributor address; City; State; Zip Code	••••••	\$500.00	
15	GRIATA DR.		500.00	1
	MAGNOLIA, TX 77354		(If travel outside	l of Texas, complete Schedule T)
9 Principal occur	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor Out-of-state PAC (ID#	l	Amount of	In-kind contribution
A i			contribution (\$)	description (if applicable)
4/1(a)	Contributor address; City; State; Zip Code			
/10/15	15713 TENBURY		\$ 100.00	• •
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	HOUSTON TX TTO40			
Principal occur	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
A I	Emma JEAN JONES		(1)	,
4/221	Contributor address; City; State; Zip Code 16634 N.W. FREENAM		\$ 1000.00	
/15			¢ 1000:00	
	HOUSTON, 7× 77040		·	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
4/221	EILEEN SCHOEPHDERSTER Contributor address; City; State; Zip Code	<del>.</del>		
165/15	6203 SETTLERS LAKE (	CIR. E	\$200.00	
15	KATY, TX 77440		(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		
Date	Full name of contributor 📋 out-of-state PAC (ID#)	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
4/2,1	LINDA PARRISH			
124/	Contributor address; City; State; Zip Code P. (). BOX 130607		\$200.00	
(15	1 · · · · · · · · · · · · · · · · · · ·		9200.01	
Principal occur	HOUSTON, IX 77215	Employer (See I		of Texas, complete Schedule T)
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE	AS NEEDED	
lf c	ontributor is out-of-state PAC, please see instr			requirements.

.

- -

(512) 463-5800 (

	R THAN PLEDGES OR LOANS	6		
Th	e Instruction Guide explains how to complete this fo	orm.	1 Total pages Sch	nedule A: 2
2 FILER NAM	HARPER CLYDE (CJ) J.	<u> </u>	3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor □ out-of-state PAC (ID# KHTY BARBES	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
7/27/15	6 Contributor address; City; State; Zip Code 15035 WOUDHURN DR.		\$400.00	
	HOUSTON, TEXAS 77062		(If travel outside	l of Texas, complete Schedule T)
9 Principal occ		Employer (See ) SELF	nstructions)	
Date	Full name of contributor 🔲 out-of-state PAC (ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
			(If travel outside o	of Texas, complete Schedule T)
Principal occ	upation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor 🔲 out-of-state PAC (ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			F
			(If travel outside )	of Texas, complete Schedule T)
Principal occi	upation / Job title (See Instructions)	Employer (See I		
Date	Full name of contributor out-of-state PAC (ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
Principal occi	upation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
····				·
Date	Full name of contributor out-of-state PAC (ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
			(If travel outside o	of Texas, complete Schedule T)
Principal occu	upation / Job title (See Instructions)	Employer (See I		
lf	ATTACH ADDITIONAL COPIES OF T contributor is out-of-state PAC, please see instruct			requirements.

,

.

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5800 (TDD 1-800-735-2989)

POLITICAL	EXPENDITURES	SCHEDULE F
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES           Gift/Awards/Memorials Expense         Salaries/Wages/Colspan="2">Salaries/Wages/Colspan="2"	Contract Labor         Loan Repayment/Reimbursement           tising Expense         Transportation Equipment & Related Expense           Contributions/Donations Made By         Candidate/Officeholder/Political Committee           Rental Expense         OTHER (enter a category not listed above)
1 Total pages Schedule F:	2 FILER NAME HARPER CLYDE ((J) J.	3 ACCOUNT # (Ethics Commission Filers)
4   22   15	5 Payee name MINUTEMAN PRESS	
6 Amount (\$) \$225.00	7 Payee address; City; State; Zip Code 17484 NORTHWEST FRWY HOUSTON, 7X 77040 (a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
8 PURPOSE OF EXPENDITURE	PRINTING EXPENSE	Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held
Date 4 23 15 Amount (\$)	Payee name MINUTEMAN PRESS Payee address; City; State; Zip Code	
\$262.13	SAME AS ABOVE	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) PRINTING EXPENSE	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held
Date 4 27 / 15 Amount (\$)	Payee name U.S.POSTMASTER Payee address; City; State; Zip Code	
\$ 343.00	WASININGTON D.C.	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	ADVERTISING - PUSTAGE	Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held CITY CUUNCIL PUS 3
4 27 15	Payee name PRINT-O-RAMA Payee address: City: State: Zin Code	
\$ 257.10	Payee address; City; State; Zip Code 4530 W347H HUUSTUN, TEXAS 77092	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) PRINTING EXPENSE	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	

www.ethics.state.tx.us

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5800 (TDD 1-800-735-2989)

POLITICAL	EXPENDITURES	SCHEDULE F
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services     Solicitation/Fun       Food/Beverage Expense     Travel In Distriction       Polling Expense     Travel Out Of E	s/Contract Labor draising Expense ict District ad/Rental Expense draising Expense District bd/Rental Expense District Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
1 Total pages Schedule F:	2 FILER NAME +ARPER CLUDE (CJ) J	3 ACCOUNT # (Ethics Commission Filers)
4 Pate 4 28 15	MINUTEMAN PRE55	
6 Amount (\$) <b>5</b> <b>160</b> ,00	7 Payee address; 17484 N.W. FREEWAY HOUSTON, TEXAS 7704(	0
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) PRINTING EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T) Check if Austin, TX, officeholder living expense
9 Complete <u>QNLY</u> if direct expenditure to benefit C/C	HARPER CLYDE (CJ) J CI	Office sought Office held 14 CUNCIL PO5 3
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 T) Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE	Condidate / Office baldes approx	Check if Austin, TX, officeholder living expense Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/O	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 T) Check if Austin, TX, officeholder living expense
Complete <u>QNLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THI	IS SCHEDULE AS NEEDED

Te	xas Ethics Commis	sion

•

I

(512) 463-5800

	TE / OFFICEHOLDER N 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 /	MS/MRS/MR FIRST	Mi	OFFICE USE ONLY
OFFICEHOLDER NAME	MR CLYDE	7	DateReceived
	NICKNAME LAST	SUFFIX	4/27/2015 D8:15
	CJ HARPER		Alle an
4 CANDIDATE /	ADDRESS / PO BOX; APT / SUITE #; CITY;	STATE; ZIP CODE	
OFFICEHOLDER MAILING ADDRESS	56 PARIZINAN DL + JOUSTON	Tx 17040	Date Hand-delivered or Postmarked
change of address			Receipt # Amount
5 CANDIDATE/ OFFICEHOLDER	AREA CODE PHONE NUMBER	EXTENSION	Date Processed
PHONE	(832) 467	6935	
6 CAMPAIGN	MS/MRS/MR FIRST	MI	Date Imaged
TREASURER NAME	MI MARY JO	(MMM)	
	HARPER	SUFFIX	
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;	CITY; STATE;	ZIP CODE
TREASURER ADDRESS (residence or business)	56 Parkway Pl Ha	USTON TX TI	040
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (832) 467 0935	EXTENSION	
9 REPORT TYPE	January 15 30th day before election	Runoff Exceeded \$500 limit	<ul> <li>15th day after campaign treasurer appointment (officeholder only)</li> <li>Final report (Attach C/OH - FR)</li> </ul>
10 PERIOD COVERED	Month Day Year THROUGH	Month Day	Year
11 ELECTION	ELECTION DATE     ELECTION TYPE       Month     Day     Year       5     9     15	Runoff	General Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
	NOHE	CITY COUNT	cil Pos 3
	GO TO PAG	E2	

Texas Ethics Commission

CANDIDAT SUPPORT	-	CEHOLDER REPORT: S	FORM C/OH COVER SHEET PG 2
14 C/OH NAME	YDE JESS	(CJ.) HARDER 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 SUPPO CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLED		TE'S OR OFFICEHOLDER'S KNOWLEDGE OR
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ _
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL F	OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZE	ED \$ ()
	4. TOTAL	POLITICAL EXPENDITURES	\$ ()
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY DRTING PERIOD	\$ 0
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD	\$ <u>O</u>
18 AFFIDAVIT		I swear, or affirm, under penalty of per is true and correct and includes all info me under Title 15, Election Code. Signature of Candida	ormation required to be reported by
AFFIX NOTARY STAM		-	
		me, by the said, z0, to certify which, witness my	
Signature of officer admi	nistering oath	Printed name of officer administering oath	Title of officer administering oath

#### **CODE OF FAIR CAMPAIGN** FORM CFCP COVER SHEET PRACTICES **OFFICE USE ONLY** Pursuant to chapter 258 of the Election Code, every candidate and Date Received political committee is encouraged to subscribe to the Code of Fair Campaign Practices. The Code may be filed with the proper filing authority upon submission of a campaign treasurer appointment form. Candidates or political committees that already have a current campaign treasurer appointment on file as of September 1, Date Hand-delivered or Postmarked 1997, may subscribe to the code at any time. Date Processed Subscription to the Code of Fair Campaign Practices is voluntary. Date Imaged ACCOUNT NUMBER 2 TYPE OF FILER 1 (Ethics Commission Filers) CANDIDATE POLITICAL COMMITTEE $\mathbf{N}$ If filing as a candidate, complete boxes 3 - 6, If filing for a political committee, complete then read and sign page 2. boxes 7 and 8, then read and sign page 2. TITLE (Dr., Mr., Ms., etc.) FIRST **3** NAME OF CANDIDATE JE55 (PLEASE TYPE OR PRINT) CLYDE MR. NICKNAME SUFFIX (SR., JR., III, etc.) C.THARPER AREA CODE PHONE NUMBER **4** TELEPHONE NUMBER EXTENSION OF CANDIDATE (832) 467 0935 (PLEASE TYPE OR PRINT) STREET / PO BOX: APT / SUITE #: CITY: STATE ZIP CODE **5** ADDRESS OF CANDIDATE 56 PARKWAY PLACE, HULISIUN, 74., 77040 (PLEASE TYPE OR PRINT) 6 OFFICE SOUGHT CITT OF JERSEY, COUNCIL PUSITION #3 BY CANDIDATE (PLEASE TYPE OR PRINT) 7 NAME OF COMMITTEE (PLEASE TYPE OR PRINT) TITLE (Dr., Mr., Ms., etc.) FIRST М 8 NAME OF CAMPAIGN TREASURER (PLEASE TYPE OR PRINT) NICKNAME LAST SUFFIX (SR., JR., III, etc.) GO TO PAGE 2

2) 463-5800

## **CODE OF FAIR CAMPAIGN PRACTICES**

There are basic principles of decency, honesty, and fair play that every candidate and political committee in this state has a moral obligation to observe and uphold, in order that, after vigorously contested but fairly conducted campaigns, our citizens may exercise their constitutional rights to a free and untrammeled choice and the will of the people may be fully and clearly expressed on the issues.

#### THEREFORE:

- (1) I will conduct the campaign openly and publicly and limit attacks on my opponent to legitimate challenges to my opponent's record and stated positions on issues.
- (2) I will not use or permit the use of character defamation, whispering campaigns, libel, slander, or scurrilous attacks on any candidate or the candidate's personal or family life.
- (3) I will not use or permit any appeal to negative prejudice based on race, sex, religion, or national origin.
- (4) I will not use campaign material of any sort that misrepresents, distorts, or otherwise falsifies the facts, nor will I use malicious or unfounded accusations that aim at creating or exploiting doubts, without justification, as to the personal integrity or patriotism of my opponent.
- (5) I will not undertake or condone any dishonest or unethical practice that tends to corrupt or undermine our system of free elections or that hampers or prevents the full and free expression of the will of the voters, including any activity aimed at intimidating voters or discouraging them from voting.
- (6) I will defend and uphold the right of every qualified voter to full and equal participation in the electoral process, and will not engage in any activity aimed at intimidating voters or discouraging them from voting.
- (7) I will immediately and publicly repudiate methods and tactics that may come from others that I have pledged not to use or condone. I shall take firm action against any subordinate who violates any provision of this code or the laws governing elections.

I, the undersigned, candidate for election to public office in the State of Texas or campaign treasurer of a political committee, hereby voluntarily endorse, subscribe to, and solemnly pledge myself to conduct the campaign in accordance with the above principles and practices.

Date

ſ

BY A CAN	ENT OF A CAMPAIGN TREASURE		
See	CTA Instruction Guide for detailed instructions.	1 Total pages filed:	
2 CANDIDATE NAME	MS/MRS/MR FIRST MI MR CLYDE JESS	OFFICE USE ONLY	
	NICKNAME LAST SUFFIX C.J. HARPER	Date Received	
GANDIDATE MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #: CITY; STATE; ZIP CODE 56 PARKWAY PLACE, HOUSTON, TX, 71040	On the	
CANDIDATE PHONE	AREA CODE PHONE NUMBER EXTENSION (832) 4670935	Date Hand-delivered or Postmarked	
5 OFFICE HELD (if any)	NONE	Date Imaged	
GOFFICE SOUGHT (if known)	CITY OF JERSEY VILLAGE, COUNCIL POS	NION #3	
7 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MI NICKNAME MS MARY 30	LAST SUFFIX	
CAMPAIGN TREASURER STREET ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: STATE; 56 PARKWAY PLACE, HOUSTON, TEX	ZIP CODE (AS, 77040	
CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (832) 467 0935		
0 CANDIDATE SIGNATURE	I am aware of the Nepotism Law, Chapter 573 of the 1	exas Government Code.	
	I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.		
	I am aware of the restrictions in title 15 of the Election from corporations and labor organizations.	Code on contributions	
	Clyle fur ) gn F	EB 27, 2015 Date Signed	
	GO TO PAGE 2		

Revised 07/14/2010

P.O. Box 12070

# FORM CTA **CANDIDATE MODIFIED** PG 2 **REPORTING DECLARATION 11 CANDIDATE** NAME 12 MODIFIED COMPLETE THIS SECTION ONLY IF YOU ARE REPORTING **CHOOSING MODIFIED REPORTING** DECLARATION •• This declaration must be filed no later than the 30th day before the first election to which the declaration applies. •• - The modified reporting option is valid for one election cycle only. -(An election cycle includes a primary election, a general election, and any related runoffs.) •• Candidates for the office of state chair of a political party may NOT choose modified reporting. •• I do not intend to accept more than \$500 in political contributions or make more than \$500 in political expenditures (excluding filing fees) in connection with any future election within the election cycle. I understand that if either one of those limits is exceeded, I will be required to file pre-election reports and, if necessary, a runoff report. Signature of Candidate Year of election(s) or election cycle to which declaration applies This appointment is effective on the date it is filed with the appropriate filing authority.