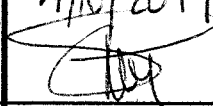


# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

|   |   |   |  |
|---|---|---|--|
| The C/OH Instruction Guide explains how to complete this form.  |   | 1 Filer ID  | 2 Total pages filed:<br>7              |
| 3 CANDIDATE /<br>OFFICEHOLDER<br>NAME   | MS / MRS / MR FIRST MI<br>Clyde   | OFFICE USE ONLY<br>Date Received:<br>4/10/2017<br>   |  |
|   | NICKNAME LAST SUFFIX<br>Harper  |   |  |
| 4 CANDIDATE /<br>OFFICEHOLDER<br>MAILING<br>ADDRESS<br><br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE<br>56 Parkway Place<br><br>Jersey village, TX 77040   |   | Date Hand-delivered or Date Postmarked |
|   |   |   | Receipt # Amount                       |
|   |   |   | Date Processed                         |
|   |   |   | Date Imaged                            |
| 5 CAMPAIGN<br>TREASURER<br>NAME   | MS / MRS / MR FIRST MI  |   |  |
|   | NICKNAME LAST SUFFIX  |   |  |
| 6 CAMPAIGN<br>TREASURER<br>ADDRESS<br><br>(Residence or Business)                                     | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE   |   |  |
| 7 CAMPAIGN<br>TREASURER<br>PHONE  | AREA CODE PHONE NUMBER EXTENSION  |   |  |
| 8 REPORT<br>TYPE  | <input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)<br><input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH-FR) |   |  |
| 9 PERIOD<br>COVERED   | Month Day Year    THROUGH    Month Day Year<br>01/01/2017    04/07/2017   |   |  |
| 10 ELECTION   | ELECTION DATE<br>Month Day Year<br>05/06/2017   | ELECTION TYPE<br><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other<br><input type="checkbox"/> General <input type="checkbox"/> Special |  |
| 11 OFFICE   | OFFICE HELD (if any)<br>City of Jersey Village Council Position 3   | 12 OFFICE SOUGHT (if known)   |  |

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

2 of 7

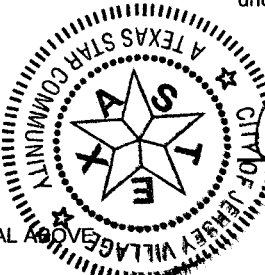
|                                 |             |
|---------------------------------|-------------|
| 13 C / OH NAME<br>Harper, Clyde | 14 Filer ID |
|---------------------------------|-------------|

|  |  |                                      |
|--|--|--------------------------------------|
| 15 NOTICE FROM POLITICAL COMMITTEE(S)<br><br><input type="checkbox"/> Additional Pages | This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures. |                                      |
|  | COMMITTEE TYPE   | COMMITTEE NAME                       |
|  | <input type="checkbox"/> GENERAL   | COMMITTEE ADDRESS                    |
|  | <input type="checkbox"/> SPECIFIC  | COMMITTEE CAMPAIGN TREASURER NAME    |
|  |  | COMMITTEE CAMPAIGN TREASURER ADDRESS |

|                         |   |             |
|-------------------------|---|-------------|
| 16 CONTRIBUTION TOTALS  | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ 0.00     |
|                         | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                  | \$ 2,400.00 |
| EXPENDITURE TOTALS      | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED   | \$ 0.00     |
|                         | 4. TOTAL POLITICAL EXPENDITURES   | \$ 1,007.75 |
| CONTRIBUTION BALANCE    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD                                | \$ 0.00     |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                         | \$ 0.00     |

17 AFFADAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

 Signature of Candidate or Officeholder: Clyde J. Harper

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Clyde J. Harper, this the 10th day of April, 2017, to certify which, witness my hand and seal of office.

Signature of officer administering: [Signature] Printed name of officer administering: Lami Lacey Title of officer administering oath: City Secretary

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

3 of 7

|  |   |                    |          |
|--|---|--------------------|----------|
| <b>18 FILER NAME</b><br>Harper, Clyde            |   | <b>19 Filer ID</b> |          |
| <b>20 SCHEDULE SUBTOTALS</b><br>NAME OF SCHEDULE |   | SUBTOTAL AMOUNT    |          |
| 1.   | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                           | \$                 | 2,100.00 |
| 2.   | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS             | \$                 | 300.00   |
| 3.   | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$                 |          |
| 4.   | <input type="checkbox"/> SCHEDULE E: LOANS  | \$                 |          |
| 5.   | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS        | \$                 | 1,007.75 |
| 6.   | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$                 |          |
| 7.   | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS                  | \$                 |          |
| 8.   | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$                 |          |
| 9.   | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS                             | \$                 |          |
| 10.  | <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH             | \$                 |          |
| 11.  | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                | \$                 |          |
| 12.  | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$                 |          |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

|  |  |  |
|--|--|--|
| <b>The Instruction Guide explains how to complete this form.</b> |  | <b>1</b> Total pages Schedule A1:<br>Sch: 1/1 Rpt: 4/7 |
| <b>2</b> FILER NAME<br>Harper, Clyde                             |  | <b>3</b> Filer ID                                      |
| <b>4</b> Date<br>03/15/2017                                      | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Fred, Ziehe (Mr.)<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br>8409 Hawaii<br><br>Houston, TX 77040 | <b>7</b> Amount of Contribution (\$)<br><br>\$400.00   |
| <b>8</b> Principal occupation / Job title (See Instructions)     |  | <b>9</b> Employer (See Instructions)                   |
| Date<br>03/27/2017   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Jacquet, Joe (Mr.)<br><hr/> Contributor address; City; State; Zip Code<br>16014 Koester St<br><br>Houston, TX 77040             | Amount of Contribution (\$)<br><br>\$200.00            |
| Principal occupation / Job title (See Instructions)              |  | Employer (See Instructions)                            |
| Date<br>01/01/2017   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Quinlan, Dan (Mr.)<br><hr/> Contributor address; City; State; Zip Code<br>15702 Ginger Lane<br><br>Houston, TX 77040            | Amount of Contribution (\$)<br><br>\$1,000.00          |
| Principal occupation / Job title (See Instructions)              |  | Employer (See Instructions)                            |
| Date<br>03/27/2017   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Quinlan, Dan (Mr.)<br><hr/> Contributor address; City; State; Zip Code<br>15702 Ginger Lane<br><br>Houston, TX 77040            | Amount of Contribution (\$)<br><br>\$500.00            |
| Principal occupation / Job title (See Instructions)              |  | Employer (See Instructions)                            |

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

|   |  |  |  |
|---|--|--|--|
| The Instruction Guide explains how to complete this form.                   |  | 1 Total pages Schedule A2:<br>Sch: 1/1 Rpt: 5/7              |  |
| 2 FILER NAME<br>Harper, Clyde   |  | 3 Filer ID   |  |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS                       |  | \$   |  |
| 5 Date<br>03/01/2017  | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Mauriello, Mike (Mr.)<br>7 Contributor address; City; State; Zip Code<br>8409 Hawaii<br>Houston, TX 77040 | 8 Amount of contribution (\$)<br>\$300.00                    | 9 In-kind contribution description<br>Production of website<br><br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)   |  | 11 Employer (FOR NON-JUDICIAL) (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) |  |  |  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 1/2 Rpt: 6/7              | <b>2</b> FILER NAME<br>Harper, Clyde   | <b>3</b> Filer ID  |
| <b>4</b> Date<br>02/08/2017   | <b>5</b> Payee name<br>Backyard Grill  |  |
| <b>6</b> Amount (\$)<br>\$320.44                                    | <b>7</b> Payee address; City; State; Zip Code<br>9453 Jones Road<br><br>Houston, TX 77065        |  |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Event Expense         | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Meetingwith organization committee |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name  | Office sought Office held  |
| Date<br>03/02/2017  | Payee name<br>Backyard Grill   |  |
| Amount (\$)<br>\$52.12  | Payee address; City; State; Zip Code<br>9453 Jones Road<br><br>Houston, TX 77065                 |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Meeting with citizens              |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held  |
| Date<br>03/01/2017  | Payee name<br>Mamacitas  |  |
| Amount (\$)<br>\$89.54  | Payee address; City; State; Zip Code<br>19831 NW Freeway<br><br>Houston, TX 77065                |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Meeting with citizens              |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| 1 Total pages Schedule F1:<br>Sch: 2/2 Rpt: 7/7       |  | 2 FILER NAME<br>Harper, Clyde   |  | 3 Filer ID  |  |
| 4 Date<br>03/08/2017                                  |  | 5 Payee name<br>Minuteman Press   |  |   |  |
| 6 Amount (\$)<br>\$135.31                             |  | 7 Payee address; City; State; Zip Code<br>17484 Northwest Frwy<br><br>Houston, TX 77040 |  |   |  |
| 8 PURPOSE OF EXPENDITURE                              |  | (a) Category (See Categories listed at the top of this schedule)<br>Printing Expense    |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Printing for mailing |  |
| 9 Complete ONLY if direct expenditure to benefit C/OH |  | Candidate/Officeholder name   |  | Office sought Office held   |  |
| Date<br>03/31/2017                                    |  | Payee name<br>Minuteman Press   |  |   |  |
| Amount (\$)<br>\$214.34                               |  | Payee address; City; State; Zip Code<br>17484 Northwest Frwy<br><br>Houston, TX 77040   |  |   |  |
| PURPOSE OF EXPENDITURE                                |  | (a) Category (See Categories listed at the top of this schedule)<br>Printing Expense    |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Printing for mailing |  |
| Complete ONLY if direct expenditure to benefit C/OH   |  | Candidate/Officeholder name   |  | Office sought Office held   |  |
| Date<br>02/27/2017                                    |  | Payee name<br>USPS  |  |   |  |
| Amount (\$)<br>\$196.00                               |  | Payee address; City; State; Zip Code<br>4206 Little Yord<br><br>Houston, TX 77040       |  |   |  |
| PURPOSE OF EXPENDITURE                                |  | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Postage for mailing  |  |
| Complete ONLY if direct expenditure to benefit C/OH   |  | Candidate/Officeholder name   |  | Office sought Office held   |  |

# APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

**FORM CTA**  
**PG 1**

|   |   |                      |           |                                   |          |                |
|---|---|----------------------|-----------|-----------------------------------|----------|----------------|
| See CTA Instruction Guide for detailed instructions.        |   | 1 Total pages filed: |           |                                   |          |                |
| 2 CANDIDATE NAME  | MS / MRS / MR   | FIRST                | MI        | OFFICE USE ONLY                   |          |                |
|   | CLYDE J   |                      |           |                                   |          |                |
| 3 CANDIDATE MAILING ADDRESS                                 | NICKNAME  | LAST                 | SUFFIX    | Acct. #                           |          |                |
|   | HARPER  |                      |           |                                   |          |                |
| 4 CANDIDATE PHONE   | ADDRESS / PO BOX;   | APT / SUITE #;       | CITY;     | STATE;                            | ZIP CODE | Date Received  |
|   | 56 PARKWAY PL<br>HOUSTON, TX 77040  |                      |           |                                   |          |                |
| 5 OFFICE HELD (if any)                                      | AREA CODE   | PHONE NUMBER         | EXTENSION | Date Hand-delivered or Postmarked |          | Date Processed |
|   | (832) 467.0935  |                      |           |                                   |          |                |
| 6 OFFICE SOUGHT (if known)                                  | CITY COUNCIL POSITION #3  |                      |           |                                   |          | Date Imaged    |
| 7 CAMPAIGN TREASURER NAME                                   | MS/MRS/MR   | FIRST                | MI        | NICKNAME                          | LAST     | SUFFIX         |
|   |   | MARY JO              | -         | -                                 | HARPER   |                |
| 8 CAMPAIGN TREASURER STREET ADDRESS (residence or business) | STREET ADDRESS (NO PO BOX PLEASE);  |                      |           |                                   |          |                |
|   | APT / SUITE #;  |                      |           |                                   |          |                |
|   | CITY;   |                      |           |                                   |          |                |
|   | STATE;  |                      |           |                                   |          |                |
|   | ZIP CODE  |                      |           |                                   |          |                |
| 9 CAMPAIGN TREASURER PHONE                                  | AREA CODE   | PHONE NUMBER         | EXTENSION |                                   |          |                |
|   | (832) 467 0935  |                      |           |                                   |          |                |
| 10 CANDIDATE SIGNATURE                                      | <p>I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.</p> <p>I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.</p> <p>I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.</p> <p><u>Clyde J Harper</u> Signature of Candidate</p> <p><u>1/19/2017</u> Date Signed</p> |                      |           |                                   |          |                |

GO TO PAGE 2

**CANDIDATE MODIFIED  
REPORTING DECLARATION****FORM CTA  
PG 2****11 CANDIDATE  
NAME****12 MODIFIED  
REPORTING  
DECLARATION****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  
which declaration applies

\_\_\_\_\_  
Signature of Candidate

**This appointment is effective on the date it is filed with the appropriate filing authority.**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

|  |   |  |  |
|--|---|--|--|
| The C/OH Instruction Guide explains how to complete this form.                               |   | 1 Filer ID   | 2 Total pages filed:<br>9              |
| 3 CANDIDATE / OFFICEHOLDER NAME  | MS / MRS / MR FIRST MI<br>Clyde   | OFFICE USE ONLY<br>Date Received<br>1/16/2017 at 1045 am   |  |
|  | NICKNAME LAST SUFFIX<br>Harper  |  |  |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE<br>56 Parkway Place<br><br>Houston, TX 77040  |  | Date Hand-delivered or Date Postmarked |
|  |   |  | Receipt # Amount                       |
|  |   |  | Date Processed                         |
|  |   |  | Date Imaged                            |
| 5 CAMPAIGN TREASURER NAME  | MS / MRS / MR FIRST MI  |  |  |
|  | NICKNAME LAST SUFFIX  |  |  |
| 6 CAMPAIGN TREASURER ADDRESS<br>(Residence or Business)                                      | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE   |  |  |
| 7 CAMPAIGN TREASURER PHONE   | AREA CODE PHONE NUMBER EXTENSION  |  |  |
| 8 REPORT TYPE  | <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)<br><input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH-FR) |  |  |
| 9 PERIOD COVERED   | Month Day Year    THROUGH    Month Day Year<br>07/01/2016    12/31/2016   |  |  |
| 10 ELECTION  | ELECTION DATE<br>Month Day Year   | ELECTION TYPE  |  |
|  |   | <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other<br><input type="checkbox"/> General <input type="checkbox"/> Special |  |
| 11 OFFICE  | OFFICE HELD (if any)<br>Place Position 3 District City Council  |  | 12 OFFICE SOUGHT (if known)            |

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2


2 of 9

|                                 |             |
|---------------------------------|-------------|
| 13 C / OH NAME<br>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 political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures. |                   |  |
| <input type="checkbox"/> Additional Pages | COMMITTEE TYPE   | COMMITTEE NAME    |  |
|   | <input type="checkbox"/> GENERAL   | COMMITTEE ADDRESS |  |
|   | <input type="checkbox"/> SPECIFIC  |                   |  |
|   | COMMITTEE CAMPAIGN TREASURER NAME  |                   |  |
|   | COMMITTEE CAMPAIGN TREASURER ADDRESS   |                   |  |

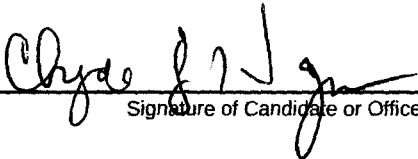
|                         |    |  |    |          |
|-------------------------|----|--|----|----------|
| 16 CONTRIBUTION TOTALS  | 1. | TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ | 0.00     |
|                         | 2. | TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                  | \$ | 0.00     |
| EXPENDITURE TOTALS      | 3. | TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED   | \$ | 0.00     |
|                         | 4. | TOTAL POLITICAL EXPENDITURES   | \$ | 1,521.19 |
| CONTRIBUTION BALANCE    | 5. | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD                                | \$ | 5,221.34 |
| OUTSTANDING LOAN TOTALS | 6. | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                         | \$ | 0.00     |

17 AFFADAVIT

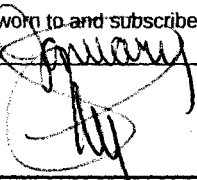


AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

  
 \_\_\_\_\_  
 Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Clyde Harper, this the 16th day of January, 2017, to certify which, witness my hand and seal of office.

  
 \_\_\_\_\_  
 Signature of officer administering

Lorri Coody  
 \_\_\_\_\_  
 Printed name of officer administering

City Secretary  
 \_\_\_\_\_  
 Title of officer administering oath

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

3 of 9

**18 FILER NAME**

Harper, Clyde

**19 Filer ID****20 SCHEDULE SUBTOTALS**

| NAME OF SCHEDULE                        |  | SUBTOTAL AMOUNT |
|---|--|-----------------|
| 1. <input type="checkbox"/>             | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$              |
| 2. <input type="checkbox"/>             | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$              |
| 3. <input type="checkbox"/>             | SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$              |
| 4. <input type="checkbox"/>             | SCHEDULE E: LOANS  | \$              |
| 5. <input checked="" type="checkbox"/>  | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                   | \$ 1,521.19     |
| 6. <input type="checkbox"/>             | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$              |
| 7. <input type="checkbox"/>             | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS                  | \$              |
| 8. <input type="checkbox"/>             | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$              |
| 9. <input type="checkbox"/>             | SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS                             | \$              |
| 10. <input type="checkbox"/>            | SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH             | \$              |
| 11. <input type="checkbox"/>            | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                | \$              |
| 12. <input checked="" type="checkbox"/> | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ 140.60       |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| 1 Total pages Schedule F1:<br>Sch: 1/3 Rpt: 4/9       |  | 2 FILER NAME<br>Harper, Clyde   |  | 3 Filer ID   |  |
| 4 Date<br>10/20/2016                                  |  | 5 Payee name<br>6th Cav Historical Association  |  |  |  |
| 6 Amount (\$)<br>\$500.00                             |  | 7 Payee address; City; State; Zip Code<br>8611 Wallisville Road<br><br>Houston, TX 77029  |  |  |  |
| 8 PURPOSE OF EXPENDITURE                              |  | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Donation for Jersey Village Military Appreciation Day                 |  |
| 9 Complete ONLY if direct expenditure to benefit C/OH |  | Candidate/Officeholder name   |  | Office sought Office held  |  |
| Date<br>10/07/2016                                    |  | Payee name<br>A to Z Directories  |  |  |  |
| Amount (\$)<br>\$375.00                               |  | Payee address; City; State; Zip Code<br>12 Taft Court<br><br>Rockville, MD 20850  |  |  |  |
| PURPOSE OF EXPENDITURE                                |  | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense   |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Advertisement in Post Elementary directory                            |  |
| Complete ONLY if direct expenditure to benefit C/OH   |  | Candidate/Officeholder name   |  | Office sought Office held  |  |
| Date<br>10/19/2016                                    |  | Payee name<br>Adriatic Cafe   |  |  |  |
| Amount (\$)<br>\$124.38                               |  | Payee address; City; State; Zip Code<br>17402 Northwest Freeway<br><br>Houston, TX 77040  |  |  |  |
| PURPOSE OF EXPENDITURE                                |  | (a) Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense   |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Meal expense for St. Maximilian Knights of Columbus - 1st degree meal |  |
| Complete ONLY if direct expenditure to benefit C/OH   |  | Candidate/Officeholder name   |  | Office sought Office held  |  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| 1 Total pages Schedule F1:<br>Sch: 2/3 Rpt: 5/9       |  | 2 FILER NAME<br>Harper, Clyde   |  | 3 Filer ID  |  |
| 4 Date<br>11/16/2016                                  |  | 5 Payee name<br>Kroger  |  |   |  |
| 6 Amount (\$)<br>\$107.38                             |  | 7 Payee address; City; State; Zip Code<br>9330 Jones Road<br><br>Houston, TX 77065  |  |   |  |
| 8 PURPOSE OF EXPENDITURE                              |  | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Donation to St. Maximilian Kolbe Catholic<br>Community for Thanksgiving Food Drive |  |
| 9 Complete ONLY if direct expenditure to benefit C/OH |  | Candidate/Officeholder name   |  | Office sought Office held   |  |
| Date<br>11/21/2016                                    |  | Payee name<br>Spec's Liquor   |  |   |  |
| Amount (\$)<br>\$309.65                               |  | Payee address; City; State; Zip Code<br>17414 Northwest Freeway<br><br>Houston, TX 77040  |  |   |  |
| PURPOSE OF EXPENDITURE                                |  | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Door prize expense for Knights of Columbus events                                  |  |
| Complete ONLY if direct expenditure to benefit C/OH   |  | Candidate/Officeholder name   |  | Office sought Office held   |  |
| Date<br>09/22/2016                                    |  | Payee name<br>Steamboat House   |  |   |  |
| Amount (\$)<br>\$55.32                                |  | Payee address; City; State; Zip Code<br>8045 N Sam Houston Parkway<br><br>Houston, TX 77064   |  |   |  |
| PURPOSE OF EXPENDITURE                                |  | (a) Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense   |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Meeting City of JV Department Head   |  |
| Complete ONLY if direct expenditure to benefit C/OH   |  | Candidate/Officeholder name   |  | Office sought Office held   |  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|   |   |   |
|---|---|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 3/3 Rpt: 6/9              | <b>2</b> FILER NAME<br>Harper, Clyde  | <b>3</b> Filer ID   |
| <b>4</b> Date<br>08/29/2016   | <b>5</b> Payee name<br>Willies Grill  |   |
| <b>6</b> Amount (\$)<br>\$49.46                                     | <b>7</b> Payee address; City; State; Zip Code<br>14400 Northwest Freeway<br><br>Houston, TX 77040 |   |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Meeting with citizens on flood issues |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name   | Office sought      Office held  |

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

SCHEDULE K

|  |   |  |
|--|---|--|
| The Instruction Guide explains how to complete this form.      |   | 1 Total pages Schedule K:<br>Sch: 1/1 Rpt: 7/9                             |
| 2 FILER NAME<br>Harper, Clyde                                  |   | 3 Filer ID   |
| 4 Date<br>12/30/2016   | 5 Name of person from whom amount is received<br>Feldman & Feldman  | 8 Amount (\$)<br>\$140.60  |
|  | 6 Address of person from whom amount is received; City; State; Zip Code<br>3355 West Alabama<br><br>Houston, TX 77098 |  |
| 7 Purpose for which amount is received<br>Refund legal expense |   | <input type="checkbox"/> Check if political contribution returned to filer |

# 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

# TEXT ANNOTATION

Sch: 2/2 Rpt: 9/9

FILER NAME  
Harper, Clyde

Filer ID

Schedule  
K

Information entered by filer as a memo:

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



**FELDMAN & FELDMAN**

3355 WEST ALABAMA ST., SUITE 1220

HOUSTON, TEXAS 77098

TELEPHONE: 713-986-9471

FACSIMILE: 713-986-9472

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OF COUNSEL  
SCHULMAN, LOPEZ, HOFFER & ADELSTEIN  
[WWW.SLH-LAW.COM](http://WWW.SLH-LAW.COM)

July 14, 2016

**CMRRR: 70032260000393495773**

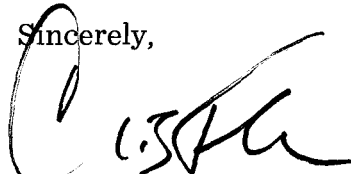
Lorri Coody  
City Secretary of Jersey Village  
16327 Lakeview Drive  
Jersey Village, Texas 77040

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.

Sincerely,

  
Cris Feldman

Encl.

*Rec'd  
July 18, 2016  
2:12pm*

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

|   |               |   |        |   |   |
|---|---------------|---|--------|---|---|
| The C/OH Instruction Guide explains how to complete this form.  |               | 1 Filer ID  |        | 2 Total pages filed:<br>13  |   |
| 3 CANDIDATE /<br>OFFICEHOLDER<br>NAME   | MS / MRS / MR |   | FIRST  | MI  | OFFICE USE ONLY<br>Date Received  |
|   |               |   | Clyde  |   |   |
| 4 CANDIDATE /<br>OFFICEHOLDER<br>MAILING<br>ADDRESS<br><br><input type="checkbox"/> Change of Address | NICKNAME      |   | LAST   | SUFFIX  | Date Hand-delivered or Date Postmarked<br><br>Receipt # Amount<br><br>Date Processed<br><br>Date Imaged |
|   |               |   | Harper |   |   |
| 5 CAMPAIGN<br>TREASURER<br>NAME   |               | MS / MRS / MR   |        | FIRST   | MI  |
|   |               | NICKNAME  |        | LAST  | SUFFIX  |
| 6 CAMPAIGN<br>TREASURER<br>ADDRESS<br><br>(Residence or Business)                                     |               | ADDRESS / PO BOX; APT / SUITE #; CITY;  |        | ZIP CODE  |   |
|   |               | 56 Parkway Place  |        |   |   |
|   |               | Houston, TX 77040   |        |   |   |
| 7 CAMPAIGN<br>TREASURER<br>PHONE  |               | AREA CODE PHONE NUMBER EXTENSION  |        |   |   |
| 8 REPORT<br>TYPE  |               | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)<br><input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH-FR) |        |   |   |
| 9 PERIOD<br>COVERED   |               | Month Day Year    Month Day Year<br>01/01/2016    THROUGH    06/30/2016   |        |   |   |
| 10 ELECTION   |               | ELECTION DATE<br>Month Day Year   |        | ELECTION TYPE<br><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other<br><input type="checkbox"/> General <input type="checkbox"/> Special |   |
| 11 OFFICE   |               | OFFICE HELD (if any)<br>City Council Position 3   |        | 12 OFFICE SOUGHT (if known)<br>City of Jersey Village   |   |

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

2 of 13

13 C / OH NAME Harper, Clyde

14 Filer ID

15 NOTICE  
FROM  
POLITICAL  
COMMITTEE(S)

☐ Additional Pages

This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 7,881.19

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 0.00

4. TOTAL POLITICAL EXPENDITURES \$ 5,742.19

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 7,601.93

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00

17 AFFADAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day  
of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering

\_\_\_\_\_  
Printed name of officer administering

\_\_\_\_\_  
Title of officer administering oath

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

3 of 13

|  |  |                    |
|--|--|--------------------|
| <b>18 FILER NAME</b><br>Harper, Clyde            |  | <b>19 Filer ID</b> |
| <b>20 SCHEDULE SUBTOTALS</b><br>NAME OF SCHEDULE |  | SUBTOTAL AMOUNT    |
| 1.   | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$ 7,881.19        |
| 2.   | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                                   | \$                 |
| 3.   | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS   | \$                 |
| 4.   | <input type="checkbox"/> SCHEDULE E: LOANS   | \$                 |
| 5.   | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                   | \$ 5,742.19        |
| 6.   | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  | \$                 |
| 7.   | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS                             | \$                 |
| 8.   | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD   | \$                 |
| 9.   | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS  | \$                 |
| 10.  | <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH                        | \$                 |
| 11.  | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                           | \$                 |
| 12.  | <input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ 2.00            |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |  |   |
|--|--|---|
| <b>The Instruction Guide explains how to complete this form.</b> |  | <b>1</b> Total pages Schedule A1:<br>Sch: 1/2 Rpt: 4/13 |
| <b>2</b> FILER NAME<br>Harper, Clyde                             |  | <b>3</b> Filer ID                                       |
| <b>4</b> Date<br>03/09/2016                                      | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Alligood, Shari (Ms.)<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br>9614 Brackenton Crest Dr<br><br>Spring, TX 77379 | <b>7</b> Amount of Contribution (\$)<br><br>\$2,000.00  |
| <b>8</b> Principal occupation / Job title (See Instructions)     |  | <b>9</b> Employer (See Instructions)                    |
| Date<br>03/09/2016   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Blanchard, Steve (Mr.)<br><hr/> Contributor address; City; State; Zip Code<br>100006 Sugar Hill<br><br>Houston, TX 77042                        | Amount of Contribution (\$)<br><br>\$2,000.00           |
| Principal occupation / Job title (See Instructions)              |  | Employer (See Instructions)                             |
| Date<br>04/20/2016   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Finlay, James (Mr.)<br><hr/> Contributor address; City; State; Zip Code<br>30 Cherry Hill<br><br>Houston, TX 77040                              | Amount of Contribution (\$)<br><br>\$300.00             |
| Principal occupation / Job title (See Instructions)              |  | Employer (See Instructions)                             |
| Date<br>04/05/2016   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Klein, Jill (Ms.)<br><hr/> Contributor address; City; State; Zip Code<br>16414 Wall St<br><br>Houston, TX 77040                                 | Amount of Contribution (\$)<br><br>\$81.19              |
| Principal occupation / Job title (See Instructions)              |  | Employer (See Instructions)                             |
| Date<br>05/23/2016   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Pulliam, Jim (Mr.)<br><hr/> Contributor address; City; State; Zip Code<br>15713 Tenbury St.<br><br>Houston, TX 77040                            | Amount of Contribution (\$)<br><br>\$1,000.00           |
| Principal occupation / Job title (See Instructions)              |  | Employer (See Instructions)                             |

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

|  |   |   |
|--|---|---|
| <b>The Instruction Guide explains how to complete this form.</b> |   | <b>1</b> Total pages Schedule A1:<br>Sch: 2/2 Rpt: 5/13 |
| <b>2</b> FILER NAME<br>Harper, Clyde                             |   | <b>3</b> Filer ID                                       |
| <b>4</b> Date<br>04/16/2016                                      | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Quinlin, Dan<br><b>6</b> Contributor address; City; State; Zip Code<br>15702 Ginger Lane<br>Houston, TX 77040 | <b>7</b> Amount of Contribution (\$)<br>\$1,500.00      |
| <b>8</b> Principal occupation / Job title (See Instructions)     |   | <b>9</b> Employer (See Instructions)                    |
| Date<br>04/16/2016   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Thomas, Virgil (Mr.)<br>Contributor address; City; State; Zip Code<br>1800 Fuller Wiser Rd. #603<br>Euless, TX 77039   | Amount of Contribution (\$)<br>\$1,000.00               |
| Principal occupation / Job title (See Instructions)              |   | Employer (See Instructions)                             |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 1/7 Rpt: 6/13             |  | <b>2</b> FILER NAME<br>Harper, Clyde   |  | <b>3</b> Filer ID   |  |
| <b>4</b> Date<br>03/14/2016   |  | <b>5</b> Payee name<br>Backyard Grill  |  |   |  |
| <b>6</b> Amount (\$)<br>\$24.32                                     |  | <b>7</b> Payee address; City; State; Zip Code<br>9453 Jones Rd.<br><br>Houston, TX 77065 |  |   |  |
| <b>8</b> PURPOSE OF EXPENDITURE                                     |  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Event Expense |  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Meeting with citizens |  |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH |  | Candidate/Officeholder name  |  | Office sought Office held   |  |
| Date<br>04/18/2016  |  | Payee name<br>Backyard Grill   |  |   |  |
| Amount (\$)<br>\$32.63  |  | Payee address; City; State; Zip Code<br>9453 Jones Rd.<br><br>Houston, TX 77065          |  |   |  |
| PURPOSE OF EXPENDITURE  |  | (a) Category (See Categories listed at the top of this schedule)<br>Event Expense        |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Meeting with citizens        |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |  | Candidate/Officeholder name  |  | Office sought Office held   |  |
| Date<br>04/26/2016  |  | Payee name<br>Backyard Grill   |  |   |  |
| Amount (\$)<br>\$261.02   |  | Payee address; City; State; Zip Code<br>9453 Jones Rd.<br><br>Houston, TX 77065          |  |   |  |
| PURPOSE OF EXPENDITURE  |  | (a) Category (See Categories listed at the top of this schedule)<br>Event Expense        |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Meeting with citizens        |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |  | Candidate/Officeholder name  |  | Office sought Office held   |  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|   |  |   |  |  |
|---|--|---|--|--|
| 1 Total pages Schedule F1:<br>Sch: 2/7 Rpt: 7/13      |  | 2 FILER NAME<br>Harper, Clyde   |  | 3 Filer ID   |
| 4 Date<br>05/09/2016                                  |  | 5 Payee name<br>Backyard Grill  |  |  |
| 6 Amount (\$)<br>\$523.06                             |  | 7 Payee address; City; State; Zip Code<br>9453 Jones Rd.<br><br>Houston, TX 77065 |  |  |
| 8 PURPOSE OF EXPENDITURE                              |  | (a) Category (See Categories listed at the top of this schedule)<br>Event Expense |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Meeting with citizens   |
| 9 Complete ONLY if direct expenditure to benefit C/OH |  | Candidate/Officeholder name Office sought Office held                             |  |  |
| Date<br>06/07/2016                                    |  | Payee name<br>Harper, Clyde (Mr.)   |  |  |
| Amount (\$)<br>\$79.00                                |  | Payee address; City; State; Zip Code<br>56 Parkway Pl<br><br>Houston, TX 77040    |  |  |
| PURPOSE OF EXPENDITURE                                |  | (a) Category (See Categories listed at the top of this schedule)<br>Event Expense |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Reimbursement for food items in meeting with citizens from Kroger, and V&K Donuts |
| Complete ONLY if direct expenditure to benefit C/OH   |  | Candidate/Officeholder name Office sought Office held                             |  |  |
| Date<br>03/28/2016                                    |  | Payee name<br>Kroger  |  |  |
| Amount (\$)<br>\$49.02                                |  | Payee address; City; State; Zip Code<br>9330 Jones Rd<br><br>Houston, TX 77065    |  |  |
| PURPOSE OF EXPENDITURE                                |  | (a) Category (See Categories listed at the top of this schedule)<br>Event Expense |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Meeting with citizens   |
| Complete ONLY if direct expenditure to benefit C/OH   |  | Candidate/Officeholder name Office sought Office held                             |  |  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|   |   |  |  |            |
|---|---|--|--|------------|
| 1 Total pages Schedule F1:<br>Sch: 3/7 Rpt: 8/13      |   | 2 FILER NAME<br>Harper, Clyde  |  | 3 Filer ID |
| 4 Date<br>03/31/2016                                  |   | 5 Payee name<br>Los Cucos  |  |            |
| 6 Amount (\$)<br>\$44.07                              |   | 7 Payee address; City; State; Zip Code<br>17386 NW Frwy<br><br>Houston, TX 77040 |  |            |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See Categories listed at the top of this schedule)<br>Event Expense |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Meeting with citizens |            |
| 9 Complete ONLY if direct expenditure to benefit C/OH |   |  |  |            |
| Candidate/Officeholder name Office sought Office held |   |  |  |            |
| Date<br>04/12/2016                                    |   | Payee name<br>Los Cucos  |  |            |
| Amount (\$)<br>\$38.94                                |   | Payee address; City; State; Zip Code<br>17386 NW Frwy<br><br>Houston, TX 77040   |  |            |
| PURPOSE OF EXPENDITURE                                | (a) Category (See Categories listed at the top of this schedule)<br>Event Expense |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Meeting with citizens |            |
| Complete ONLY if direct expenditure to benefit C/OH   |   |  |  |            |
| Candidate/Officeholder name Office sought Office held |   |  |  |            |
| Date<br>03/16/2016                                    |   | Payee name<br>Mamacitas  |  |            |
| Amount (\$)<br>\$51.76                                |   | Payee address; City; State; Zip Code<br>19831 NW Frwy<br><br>Houston, TX 77040   |  |            |
| PURPOSE OF EXPENDITURE                                | (a) Category (See Categories listed at the top of this schedule)<br>Event Expense |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Meeting with citizens |            |
| Complete ONLY if direct expenditure to benefit C/OH   |   |  |  |            |
| Candidate/Officeholder name Office sought Office held |   |  |  |            |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|   |   |   |  |            |
|---|---|---|--|------------|
| 1 Total pages Schedule F1:<br>Sch: 4/7 Rpt: 9/13      |   | 2 FILER NAME<br>Harper, Clyde   |  | 3 Filer ID |
| 4 Date<br>04/11/2016                                  |   | 5 Payee name<br>Mamacitas   |  |            |
| 6 Amount (\$)<br>\$57.50                              |   | 7 Payee address; City; State; Zip Code<br>19831 NW Frwy<br><br>Houston, TX 77040  |  |            |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See Categories listed at the top of this schedule)<br>Event Expense   |   | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Meeting with citizens |            |
| 9 Complete ONLY if direct expenditure to benefit C/OH |   |   |  |            |
| Candidate/Officeholder name Office sought Office held |   |   |  |            |
| Date<br>02/23/2016                                    |   | Payee name<br>Mauriello, Mike (Mr.)   |  |            |
| Amount (\$)<br>\$1,500.00                             |   | Payee address; City; State; Zip Code<br>8406 Hawaii Lane<br><br>Houston, TX 77040 |  |            |
| PURPOSE OF EXPENDITURE                                | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee |   | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Donation to campaign  |            |
| Complete ONLY if direct expenditure to benefit C/OH   |   |   |  |            |
| Candidate/Officeholder name Office sought Office held |   |   |  |            |
| Date<br>03/11/2016                                    |   | Payee name<br>Minuteman Press   |  |            |
| Amount (\$)<br>\$162.38                               |   | Payee address; City; State; Zip Code<br>17484 NW Freeway<br><br>Houston, TX 77040 |  |            |
| PURPOSE OF EXPENDITURE                                | (a) Category (See Categories listed at the top of this schedule)<br>Printing Expense  |   | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Yard Signs            |            |
| Complete ONLY if direct expenditure to benefit C/OH   |   |   |  |            |
| Candidate/Officeholder name Office sought Office held |   |   |  |            |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|   |   |  |
|---|---|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 5/7 Rpt: 10/13            | <b>2</b> FILER NAME<br>Harper, Clyde  | <b>3</b> Filer ID  |
| <b>4</b> Date<br>04/25/2016   | <b>5</b> Payee name<br>Minuteman Press  |  |
| <b>6</b> Amount (\$)<br>\$1,244.58                                  | <b>7</b> Payee address; City; State; Zip Code<br>17484 NW Freeway<br><br>Houston, TX 77040                |  |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Polling Expense                | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Flyer to citizens  |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH |   |  |
| Date<br>03/14/2016  | Candidate/Officeholder name<br>Payee name<br>Pulliam, Jim (Mr.)   |  |
| Amount (\$)<br>\$1,000.00   | Office sought<br>Payee address; City; State; Zip Code<br>15713 Tenbury St<br><br>Houston, TX 77040        |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Mailing to Citizens            | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Donation for political mailing - funds not used and returned |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |   |  |
| Date<br>03/04/2016  | Candidate/Officeholder name<br>Payee name<br>Steamboat House  |  |
| Amount (\$)<br>\$433.87   | Office sought<br>Payee address; City; State; Zip Code<br>8405 N Sam Houston Pkwy<br><br>Houston, TX 77064 |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Event Expense                  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Meeting with citizens  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |   |  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 1 Total pages Schedule F1:<br>Sch: 6/7 Rpt: 11/13     |  | 2 FILER NAME<br>Harper, Clyde  |  | 3 Filer ID   |  |
| 4 Date<br>04/11/2016                                  |  | 5 Payee name<br>Steamboat House  |  |  |  |
| 6 Amount (\$)<br>\$87.61                              |  | 7 Payee address; City; State; Zip Code<br>8405 N Sam Houston Pkwy<br><br>Houston, TX 77064 |  |  |  |
| 8 PURPOSE OF EXPENDITURE                              |  | (a) Category (See Categories listed at the top of this schedule)<br>Event Expense          |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Meeting with citizens |  |
| 9 Complete ONLY if direct expenditure to benefit C/OH |  | Candidate/Officeholder name  |  | Office sought Office held  |  |
| Date<br>05/09/2016                                    |  | Payee name<br>V&K Donuts   |  |  |  |
| Amount (\$)<br>\$11.40                                |  | Payee address; City; State; Zip Code<br>8805 Jones Rd.<br><br>Houston, TX 77040            |  |  |  |
| PURPOSE OF EXPENDITURE                                |  | (a) Category (See Categories listed at the top of this schedule)<br>Event Expense          |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Meeting with citizens |  |
| Complete ONLY if direct expenditure to benefit C/OH   |  | Candidate/Officeholder name  |  | Office sought Office held  |  |
| Date<br>05/06/2016                                    |  | Payee name<br>Willies Grill  |  |  |  |
| Amount (\$)<br>\$36.39                                |  | Payee address; City; State; Zip Code<br>17492 NW Frwy<br><br>Houston, TX 77040             |  |  |  |
| PURPOSE OF EXPENDITURE                                |  | (a) Category (See Categories listed at the top of this schedule)<br>Event Expense          |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Meeting with citizens |  |
| Complete ONLY if direct expenditure to benefit C/OH   |  | Candidate/Officeholder name  |  | Office sought Office held  |  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|   |   |  |  |            |
|---|---|--|--|------------|
| 1 Total pages Schedule F1:<br>Sch: 7/7 Rpt: 12/13     |   | 2 FILER NAME<br>Harper, Clyde  |  | 3 Filer ID |
| 4 Date<br>05/09/2016                                  |   | 5 Payee name<br>Willies Grill  |  |            |
| 6 Amount (\$)<br>\$45.23                              |   | 7 Payee address; City; State; Zip Code<br>17492 NW Frwy<br><br>Houston, TX 77040 |  |            |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See Categories listed at the top of this schedule)<br>Event Expense |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Meeting with citizens |            |
| 9 Complete ONLY if direct expenditure to benefit C/OH |   |  |  |            |
| Candidate/Officeholder name Office sought Office held |   |  |  |            |
| Date<br>05/13/2016                                    |   | Payee name<br>Willies Grill  |  |            |
| Amount (\$)<br>\$59.41                                |   | Payee address; City; State; Zip Code<br>17492 NW Frwy<br><br>Houston, TX 77040   |  |            |
| PURPOSE OF EXPENDITURE                                | (a) Category (See Categories listed at the top of this schedule)<br>Event Expense |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Meeting with citizens |            |
| Complete ONLY if direct expenditure to benefit C/OH   |   |  |  |            |
| Candidate/Officeholder name Office sought Office held |   |  |  |            |

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

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:  
Sch: 1/1 Rpt: 13/13

2 FILER NAME

Harper, Clyde

3 Filer ID

4 Date  
04/05/2016

5 Name of person from whom amount is received  
Bank of America

6 Address of person from whom amount is received; City; State; Zip Code  
8200 Jones Road

Houston, TX 77040

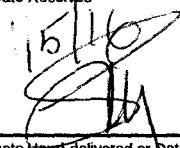
8 Amount (\$)  
\$2.00

7 Purpose for which amount is received  
Interest expense from savings acct

☐ Check if political contribution returned to filer

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

|   |   |  |  |
|---|---|--|--|
| The C/OH Instruction Guide explains how to complete this form.  |   | 1 Filer ID   | 2 Total pages filed:<br>4              |
| 3 CANDIDATE /<br>OFFICEHOLDER<br>NAME   | MS / MRS / MR FIRST MI<br>Clyde   | OFFICE USE ONLY<br>Date Received<br>15/11/16<br>  |  |
|   | NICKNAME LAST SUFFIX<br>Harper  |  |  |
| 4 CANDIDATE /<br>OFFICEHOLDER<br>MAILING<br>ADDRESS<br><br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE<br>56 Parkway Place<br><br>Houston, TX 77040  |  | Date Hand-delivered or Date Postmarked |
|   |   |  | Receipt # Amount                       |
|   |   |  | Date Processed                         |
|   |   |  | Date Imaged                            |
| 5 CAMPAIGN<br>TREASURER<br>NAME   | MS / MRS / MR FIRST MI  |  |  |
|   | NICKNAME LAST SUFFIX  |  |  |
| 6 CAMPAIGN<br>TREASURER<br>ADDRESS<br><br>(Residence or Business)                                     | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE   |  |  |
| 7 CAMPAIGN<br>TREASURER<br>PHONE  | AREA CODE PHONE NUMBER EXTENSION  |  |  |
| 8 REPORT<br>TYPE  | <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)<br><input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH-FR) |  |  |
| 9 PERIOD<br>COVERED   | Month Day Year    Month Day Year<br>07/01/2015    THROUGH    12/31/2015   |  |  |
| 10 ELECTION   | ELECTION DATE<br>Month Day Year<br>05/09/2015   | ELECTION TYPE<br><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other<br><input checked="" type="checkbox"/> General <input type="checkbox"/> Special |  |
|   |   |  |  |
| 11 OFFICE   | OFFICE HELD (if any)<br>City Council Position 3   | 12 OFFICE SOUGHT (if known)<br>Legacy Only   |  |

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

2 of 4

|                                 |             |
|---------------------------------|-------------|
| 13 C / OH NAME<br>Harper, Clyde | 14 Filer ID |
|---------------------------------|-------------|

|  |  |                                      |
|--|--|--------------------------------------|
| 15 NOTICE FROM POLITICAL COMMITTEE(S)<br><br><input type="checkbox"/> Additional Pages | This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures. |                                      |
|  | COMMITTEE TYPE   | COMMITTEE NAME                       |
|  | <input type="checkbox"/> GENERAL   | COMMITTEE ADDRESS                    |
|  | <input type="checkbox"/> SPECIFIC  | COMMITTEE CAMPAIGN TREASURER NAME    |
|  |  | COMMITTEE CAMPAIGN TREASURER ADDRESS |

|                         |   |             |
|-------------------------|---|-------------|
| 16 CONTRIBUTION TOTALS  | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ 0.00     |
|                         | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                  | \$ 5,600.02 |
| EXPENDITURE TOTALS      | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED   | \$ 0.00     |
|                         | 4. TOTAL POLITICAL EXPENDITURES   | \$ 0.00     |
| CONTRIBUTION BALANCE    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD                                | \$ 5,906.04 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                         | \$ 0.00     |

## 17 AFFADAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Clyde Jess Harper  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Clyde Jess Harper, this the 5th day of January, 20 16, to certify which, witness my hand and seal of office.

Sherry Holden      Sherry Holden      notary  
Signature of officer administering      Printed name of officer administering      Title of officer administering oath

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

3 of 4

|  |   |                    |
|--|---|--------------------|
| <b>18 FILER NAME</b><br>Harper, Clyde            |   | <b>19 Filer ID</b> |
| <b>20 SCHEDULE SUBTOTALS</b><br>NAME OF SCHEDULE |   | SUBTOTAL AMOUNT    |
| 1.   | <input checked="checked" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                    | \$ 5,600.02        |
| 2.   | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$                 |
| 3.   | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$                 |
| 4.   | <input type="checkbox"/> SCHEDULE E: LOANS  | \$                 |
| 5.   | <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                   | \$                 |
| 6.   | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$                 |
| 7.   | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS                  | \$                 |
| 8.   | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$                 |
| 9.   | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS                             | \$                 |
| 10.  | <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH             | \$                 |
| 11.  | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                | \$                 |
| 12.  | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$                 |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

|  |   |  |
|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>             |   | <b>1</b> Total pages Schedule A1:<br>Sch: 1/1 Rpt: 4/4 |
| <b>2</b> FILER NAME<br>Harper, Clyde   |   | <b>3</b> Filer ID                                      |
| <b>4</b> Date<br>11/06/2015  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Bank of America<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br>8900 Jones Road<br><br>Houston, TX 77002  | <b>7</b> Amount of Contribution (\$)<br><br>\$0.02     |
| <b>8</b> Principal occupation / Job title (See Instructions)                 |   | <b>9</b> Employer (See Instructions)                   |
| <b>Date</b><br>12/16/2015  | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Chavez, Tom (Mr.)<br><hr/> <b>Contributor address; City; State; Zip Code</b><br>PO BOX 802<br><br>Waller, TX 77040          | <b>Amount of Contribution (\$)</b><br><br>\$350.00     |
| <b>Principal occupation / Job title (See Instructions)</b><br>Retired        |   | <b>Employer (See Instructions)</b>                     |
| <b>Date</b><br>09/11/2015  | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Harper, Clyde (Mr.)<br><hr/> <b>Contributor address; City; State; Zip Code</b><br>56 Parkway Place<br><br>Houston, TX 77040 | <b>Amount of Contribution (\$)</b><br><br>\$50.00      |
| <b>Principal occupation / Job title (See Instructions)</b><br>Council Member |   | <b>Employer (See Instructions)</b><br>Position 3       |
| <b>Date</b><br>10/02/2015  | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Pulliam, Jlm (Mr.)<br><hr/> <b>Contributor address; City; State; Zip Code</b><br>15713 Tenbury<br><br>Houston, TX 77040     | <b>Amount of Contribution (\$)</b><br><br>\$200.00     |
| <b>Principal occupation / Job title (See Instructions)</b><br>Retired        |   | <b>Employer (See Instructions)</b>                     |
| <b>Date</b><br>10/27/2015  | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Quinlin, Dan (Mr.)<br><hr/> <b>Contributor address; City; State; Zip Code</b><br>15702 Ginger Lane<br><br>Houston, TX 77040 | <b>Amount of Contribution (\$)</b><br><br>\$5,000.00   |
| <b>Principal occupation / Job title (See Instructions)</b><br>Real Estate    |   | <b>Employer (See Instructions)</b><br>Self             |

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

|  |   |   |  |
|--|---|---|--|
| The C/OH Instruction Guide explains how to complete this form.                               |   | 1 Filer ID  | 2 Total pages filed:<br>7              |
| 3 CANDIDATE / OFFICEHOLDER NAME  | MS / MRS / MR FIRST MI<br>Clyde   | OFFICE USE ONLY<br>Date Received<br><i>pm 5-20-16</i><br><i>[Signature]</i>   |  |
|  | NICKNAME LAST SUFFIX<br>Harper  |   |  |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE<br>56 Parkway Place<br>Houston, TX 77040  |   | Date Hand-delivered or Date Postmarked |
|  |   |   | Receipt # Amount                       |
|  |   |   | Date Processed                         |
|  |   |   | Date Imaged                            |
| 5 CAMPAIGN TREASURER NAME  | MS / MRS / MR FIRST MI  |   |  |
|  | NICKNAME LAST SUFFIX  |   |  |
| 6 CAMPAIGN TREASURER ADDRESS<br>(Residence or Business)                                      | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE   |   |  |
| 7 CAMPAIGN TREASURER PHONE   | AREA CODE PHONE NUMBER EXTENSION  |   |  |
| 8 REPORT TYPE  | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)<br><input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH-FR) |   |  |
| 9 PERIOD COVERED   | Month Day Year    Month Day Year<br>05/01/2015    THROUGH    06/30/2015   |   |  |
| 10 ELECTION  | ELECTION DATE<br>Month Day Year<br>05/09/2015   | ELECTION TYPE<br><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other<br><input type="checkbox"/> General <input type="checkbox"/> Special |  |
|  |   |   |  |
| 11 OFFICE  | OFFICE HELD (if any)<br>City Council Position 3   | 12 OFFICE SOUGHT (if known)<br>City Council Position 3  |  |

GO TO PAGE 2

# 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)

☐ Additional Pages

This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 662.50

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 0.00

4. TOTAL POLITICAL EXPENDITURES \$ 1,325.15

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 189.92

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00

17 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Clyde Jess Harper  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Clyde Jess Harper, this the 5th day of January, 2016, to certify which, witness my hand and seal of office.

Sherry Holden  
Signature of officer administering

Sherry Holden  
Printed name of officer administering

Notary  
Title of officer administering oath

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

3 of 7

**18 FILER NAME**

Harper, Clyde

**19 Filer ID****20 SCHEDULE SUBTOTALS**

| NAME OF SCHEDULE |   | SUBTOTAL AMOUNT |
|------------------|---|-----------------|
| 1.               | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                           | \$ 662.50       |
| 2.               | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$              |
| 3.               | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$              |
| 4.               | <input type="checkbox"/> SCHEDULE E: LOANS  | \$              |
| 5.               | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS        | \$ 1,325.15     |
| 6.               | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$              |
| 7.               | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS                  | \$              |
| 8.               | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$              |
| 9.               | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS                             | \$              |
| 10.              | <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH             | \$              |
| 11.              | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                | \$              |
| 12.              | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$              |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

|  |   |   |
|--|---|---|
| The Instruction Guide explains how to complete this form.                      |   | 1 Total pages Schedule A1:<br>Sch: 1/1 Rpt: 4/7 |
| 2 FILER NAME<br>Harper, Clyde  |   | 3 Filer ID                                      |
| 4 Date<br>05/22/2015   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Blanchard, Steve (Mr.)<br>6 Contributor address; City; State; Zip Code<br>2231 Royal Adelaide Dr<br>Katy, TX 77450 | 7 Amount of Contribution (\$)<br>\$200.00       |
| 8 Principal occupation / Job title (See Instructions)<br>General Sales Manager |   | 9 Employer (See Instructions)<br>Joe Myers Ford |
| Date<br>05/06/2015   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Finlay, James (Mr.)<br>Contributor address; City; State; Zip Code<br>30 Cherry Hills Court<br>Houston, TX 77040      | Amount of Contribution (\$)<br>\$150.00         |
| Principal occupation / Job title (See Instructions)                            |   | Employer (See Instructions)                     |
| Date<br>05/30/2015   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Parrish, Rob (Dr.)<br>Contributor address; City; State; Zip Code<br>6560 Fannin #994<br>Houston, TX 77030            | Amount of Contribution (\$)<br>\$212.50         |
| Principal occupation / Job title (See Instructions)<br>Doctor                  |   | Employer (See Instructions)<br>Self             |
| Date<br>06/07/2015   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Suessman, Bill (Mr.)<br>Contributor address; City; State; Zip Code<br>108 Windcrest Ct.<br>Houston, TX 77040         | Amount of Contribution (\$)<br>\$100.00         |
| Principal occupation / Job title (See Instructions)<br>General Manager         |   | Employer (See Instructions)<br>Chev Auto Dealer |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 1/3 Rpt: 5/7              | <b>2</b> FILER NAME<br>Harper, Clyde   | <b>3</b> Filer ID  |
| <b>4</b> Date<br>05/09/2015   | <b>5</b> Payee name<br>Backyard Grill  |  |
| <b>6</b> Amount (\$)<br>\$352.90                                    | <b>7</b> Payee address; City; State; Zip Code<br>9453 Jones Rd<br><br>Houston, TX 77065                          |  |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Event Expense                         | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Election meeting             |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name  | Office sought Office held  |
| Date<br>05/14/2015  | Payee name<br>Bank of America  |  |
| Amount (\$)<br>\$37.00  | Payee address; City; State; Zip Code<br>8200 Jones Road<br><br>Houston, TX 77040                                 |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Accounting/Banking                    | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Payment for printing checks  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held  |
| Date<br>05/01/2015  | Payee name<br>Harper, Mary Jo (Mrs.)   |  |
| Amount (\$)<br>\$43.63  | Payee address; City; State; Zip Code<br>56 Parkway Place<br><br>Houston, TX 77040                                |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Supplies - envelopes and paper | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Envelopes and printing paper |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 2/3 Rpt: 6/7              |  | <b>2</b> FILER NAME<br>Harper, Clyde  |  | <b>3</b> Filer ID   |  |
| <b>4</b> Date<br>05/01/2015   |  | <b>5</b> Payee name<br>Minuteman Press  |  |   |  |
| <b>6</b> Amount (\$)<br>\$186.40                                    |  | <b>7</b> Payee address; City; State; Zip Code<br>17474 NW Freeway<br><br>Houston, TX 77040  |  |   |  |
| <b>8</b> PURPOSE OF EXPENDITURE                                     |  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Printing Expense |  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Banner  |  |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH |  | Candidate/Officeholder name   |  | Office sought   |  |
| Date<br>05/04/2015  |  | Payee name<br>Minuteman Press   |  |   |  |
| Amount (\$)<br>\$505.94   |  | Payee address; City; State; Zip Code<br>17484 NW Freeway<br><br>Houston, TX 77040           |  |   |  |
| PURPOSE OF EXPENDITURE  |  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Printing Expense |  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Banners |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |  | Candidate/Officeholder name   |  | Office sought   |  |
| Date<br>05/06/2015  |  | Payee name<br>Minuteman Press   |  |   |  |
| Amount (\$)<br>\$158.68   |  | Payee address; City; State; Zip Code<br>17484 NW Freeway<br><br>Houston, TX 77040           |  |   |  |
| PURPOSE OF EXPENDITURE  |  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Printing Expense |  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Banner  |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |  | Candidate/Officeholder name   |  | Office sought   |  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

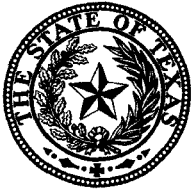
Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 3/3 Rpt: 7/7              | <b>2</b> FILER NAME<br>Harper, Clyde   | <b>3</b> Filer ID  |
| <b>4</b> Date<br>05/01/2015   | <b>5</b> Payee name<br>Starkey, Dorthy (Mrs.)  |  |
| <b>6</b> Amount (\$)<br>\$40.60                                     | <b>7</b> Payee address; City; State; Zip Code<br>16206 St Heillier St<br><br>Houston, TX 77040 |  |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Printing Expense    | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Reimburse for purchase of sign stands at POR Signs |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name  | Office sought      Office held   |



# TEXAS ETHICS COMMISSION AFFIDAVIT

## OFFICE USE ONLY

Date Received

HD / PM

Date Processed

Date Imaged

Complete this affidavit if you are raising a defense to late filing.

Filer Name

Clyde Jess Harper

Account #

Local Filer

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

*Clyde Jess Harper*  
Signature of Filer

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

January, 2016, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

**1 ACCOUNT #**  
(Ethics Commission Filers)
**2 Total pages filed:****3 CANDIDATE /  
OFFICEHOLDER  
NAME**

MS / MRS / MR

FIRST

MI

MR

CLYDE

J

NICKNAME

LAST

SUFFIX

CJ

HARPER

**OFFICE USE ONLY**

Date Received

5-1-2015

Date Hand-delivered or Postmarked

5-1-2015 OK

Receipt #

Amount

Date Processed

Date Imaged

**4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS**

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

56 PARKWAY PL HOUSTON TX 77040

☐ change of address**5 CANDIDATE/  
OFFICEHOLDER  
PHONE**

AREA CODE

PHONE NUMBER

EXTENSION

(832)

467-0935

**6 CAMPAIGN  
TREASURER  
NAME**

MS / MRS / MR

FIRST

MI

MRS.

MARY JO

(NMN)

NICKNAME

LAST

SUFFIX

HARPER

**7 CAMPAIGN  
TREASURER  
ADDRESS  
(residence or business)**

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

56 PARKWAY PL HOUSTON TEXAS 77040

**8 CAMPAIGN  
TREASURER  
PHONE**

AREA CODE

PHONE NUMBER

EXTENSION

(832)

467-0935

**9 REPORT TYPE**☐ January 15☐ 30th 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)**10 PERIOD  
COVERED**

Month

Day

Year

4 / 9 / 2015

THROUGH

Month

Day

Year

5 / 1 / 2015

**11 ELECTION**

Month

ELECTION DATE

Day

Year

5 / 9 / 15

ELECTION TYPE

☐ Primary☐ Runoff☒ General☐ Special**12 OFFICE**

OFFICE HELD (if any)

NONE

**13 OFFICE SOUGHT (if known)**

CITY COUNCIL POS. 3

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME

HARPER CLYDE (CT) J.

15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages17 CONTRIBUTION  
TOTALS

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

\$

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

\$ 2,300.00

EXPENDITURE  
TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 1,433.63

CONTRIBUTION  
BALANCE

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

\$ 866.37

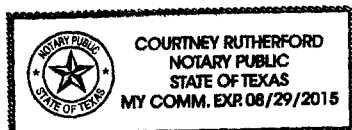
OUTSTANDING  
LOAN TOTALS

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

\$

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



AFFIX NOTARY STAMP / SEAL ABOVE

*Clyde J. Harper*  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Clyde J. Harper, this the 1<sup>st</sup> day of May, 20 15, to certify which, witness my hand and seal of office.

*Courtney Rutherford*  
Signature of officer administering oath

*Courtney Rutherford*  
Printed name of officer administering oath

*Notary Public*  
Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2

2 FILER NAME

HARPER CLYDE (C) J

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4/13/15

5 Full name of contributor

☐ out-of-state PAC (ID#)

CARLOYN CROSS

6 Contributor address; City; State; Zip Code

6 RIATA DR.  
MAGNOLIA, TX 773547 Amount of  
contribution (\$)

\$500.00

8 In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/16/15

Full name of contributor

☐ out-of-state PAC (ID#)

Jim Pulliam

Contributor address; City; State; Zip Code

15713 TENBURY  
HOUSTON, TX 77040Amount of  
contribution (\$)

\$100.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/23/15

Full name of contributor

☐ out-of-state PAC (ID#)

EMMA JEAN JONES

Contributor address; City; State; Zip Code

16634 N.W. FREEWAY  
HOUSTON, TX 77040Amount of  
contribution (\$)

\$1000.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/23/15

Full name of contributor

☐ out-of-state PAC (ID#)

EILEEN SCHOEPIHOERSTER

Contributor address; City; State; Zip Code

6203 SETTLERS LAKE CIR. E  
KATY, TX 77440Amount of  
contribution (\$)

\$200.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/24/15

Full name of contributor

☐ out-of-state PAC (ID#)

LINDA PARRISH

Contributor address; City; State; Zip Code

P.O. BOX 130607  
HOUSTON, TX 77219Amount of  
contribution (\$)

\$200.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

### ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2

2 FILER NAME

HARPER CLYDE (CJ) J.

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4/27/15

5 Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

KITTY BARBES

6 Contributor address; City; State; Zip Code

15035 WOODHURN DR.  
HOUSTON, TEXAS 770627 Amount of  
contribution (\$)

\$400.00

8 In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

SELF

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 of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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 of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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 of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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 of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gift/Awards/Memorials Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| 1 Total pages Schedule F:<br>2                        |  | 2 FILER NAME<br>HARPER CLYDE (CJ) J.  |  | 3 ACCOUNT # (Ethics Commission Filers)   |  |
| 4 Date<br>4/22/15                                     |  | 5 Payee name<br>MINUTEMAN PRESS   |  |  |  |
| 6 Amount (\$)<br>\$225.00                             |  | 7 Payee address; City; State; Zip Code<br>17484 NORTHWEST FRWY<br>HOUSTON, TX 77040   |  |  |  |
| 8 PURPOSE OF EXPENDITURE                              |  | (a) Category (See categories listed at the top of this schedule)<br>PRINTING EXPENSE  |  | (b) Description (If travel outside of Texas, complete Schedule T)<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
| 9 Complete ONLY if direct expenditure to benefit C/OH |  | Candidate / Officeholder name<br>HARPER CLYDE (CJ)                                    |  | Office sought<br>CITY COUNCIL POS 3  |  |
| Date<br>4/23/15                                       |  | Payee name<br>MINUTEMAN PRESS   |  |  |  |
| Amount (\$)<br>\$262.13                               |  | Payee address; City; State; Zip Code<br>SAME AS ABOVE                                 |  |  |  |
| PURPOSE OF EXPENDITURE                                |  | Category (See categories listed at the top of this schedule)<br>PRINTING EXPENSE      |  | Description (If travel outside of Texas, complete Schedule T)<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense     |  |
| Complete ONLY if direct expenditure to benefit C/OH   |  | Candidate / Officeholder name<br>HARPER, CLYDE (CJ) J                                 |  | Office sought<br>CITY COUNCIL POS 3  |  |
| Date<br>4/27/15                                       |  | Payee name<br>U.S. POSTMASTER   |  |  |  |
| Amount (\$)<br>\$343.00                               |  | Payee address; City; State; Zip Code<br>WASHINGTON D.C.                               |  |  |  |
| PURPOSE OF EXPENDITURE                                |  | Category (See categories listed at the top of this schedule)<br>ADVERTISING - POSTAGE |  | Description (If travel outside of Texas, complete Schedule T)<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense     |  |
| Complete ONLY if direct expenditure to benefit C/OH   |  | Candidate / Officeholder name<br>HARPER, CLYDE (CJ) J                                 |  | Office sought<br>CITY COUNCIL POS 3  |  |
| Date<br>4/27/15                                       |  | Payee name<br>PRINT-O-RAMA  |  |  |  |
| Amount (\$)<br>\$257.10                               |  | Payee address; City; State; Zip Code<br>4530 W 34TH<br>HOUSTON, TEXAS 77092           |  |  |  |
| PURPOSE OF EXPENDITURE                                |  | Category (See categories listed at the top of this schedule)<br>PRINTING EXPENSE      |  | Description (If travel outside of Texas, complete Schedule T)<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense     |  |
| Complete ONLY if direct expenditure to benefit C/OH   |  | Candidate / Officeholder name<br>HARPER, CLYDE (CJ) J                                 |  | Office sought<br>CITY COUNCIL POS 3  |  |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| <b>1</b> Total pages Schedule F:<br>2                               |  | <b>2</b> FILER NAME<br>HARPER CLYDE (CJ) J  |  | <b>3</b> ACCOUNT # (Ethics Commission Filers)   |  |
| <b>4</b> Date<br>4/28/15  |  | <b>5</b> Payee name<br>MINUTEMAN PRESS  |  |   |  |
| <b>6</b> Amount (\$)<br>\$160.00                                    |  | <b>7</b> Payee address; City; State; Zip Code<br>17484 N.W. FREEWAY<br>HOUSTON, TEXAS 77040 |  |   |  |
| <b>8</b> PURPOSE OF EXPENDITURE                                     |  | <b>(a)</b> Category (See categories listed at the top of this schedule)<br>PRINTING EXPENSE |  | <b>(b)</b> Description (If travel outside of Texas, complete Schedule T)<br><br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH |  | Candidate / Officeholder name<br>HARPER CLYDE (CJ) J  |  | Office sought<br>CITY COUNCIL POS 3   |  |
| Date  |  | Payee name  |  |   |  |
| Amount (\$)   |  | Payee address; City; State; Zip Code  |  |   |  |
| <b>PURPOSE OF EXPENDITURE</b>                                       |  | Category (See categories listed at the top of this schedule)                                |  | Description (If travel outside of Texas, complete Schedule T)<br><br><input type="checkbox"/> Check if Austin, TX, officeholder living expense            |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |  | Candidate / Officeholder name   |  | Office sought   |  |
| Date  |  | Payee name  |  |   |  |
| Amount (\$)   |  | Payee address; City; State; Zip Code  |  |   |  |
| <b>PURPOSE OF EXPENDITURE</b>                                       |  | Category (See categories listed at the top of this schedule)                                |  | Description (If travel outside of Texas, complete Schedule T)<br><br><input type="checkbox"/> Check if Austin, TX, officeholder living expense            |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |  | Candidate / Officeholder name   |  | Office sought   |  |
| Date  |  | Payee name  |  |   |  |
| Amount (\$)   |  | Payee address; City; State; Zip Code  |  |   |  |
| <b>PURPOSE OF EXPENDITURE</b>                                       |  | Category (See categories listed at the top of this schedule)                                |  | Description (If travel outside of Texas, complete Schedule T)<br><br><input type="checkbox"/> Check if Austin, TX, officeholder living expense            |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |  | Candidate / Officeholder name   |  | Office sought   |  |
| Date  |  | Payee name  |  |   |  |
| Amount (\$)   |  | Payee address; City; State; Zip Code  |  |   |  |
| <b>PURPOSE OF EXPENDITURE</b>                                       |  | Category (See categories listed at the top of this schedule)                                |  | Description (If travel outside of Texas, complete Schedule T)<br><br><input type="checkbox"/> Check if Austin, TX, officeholder living expense            |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |  | Candidate / Officeholder name   |  | Office sought   |  |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 ACCOUNT #  
(Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

MR

CLYDE

J

NICKNAME

LAST

SUFFIX

CJ

HARPER

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

56 PARKWAY PL HOUSTON TX 77040

☐ change of address5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(832)

467

0935

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

M

MARY JO

(NMN)

NICKNAME

LAST

SUFFIX

HARPER

7 CAMPAIGN  
TREASURER  
ADDRESS  
(residence or business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

56 PARKWAY PL HOUSTON TX 77040

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(832)

467 0935

9 REPORT TYPE

☐ January 15☒ 30th 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)10 PERIOD  
COVERED

Month

Day

Year

THROUGH

Month

Day

Year

11 ELECTION

Month

ELECTION DATE

Day

Year

5 / 9 / 15

ELECTION TYPE

☐ Primary☐ Runoff☒ General☐ Special

12 OFFICE

OFFICE HELD (if any)

NONE

13 OFFICE SOUGHT (if known)

CITY COUNCIL POS 3

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

CLYDE JESS (CJ.) HARPER

15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

## COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

N/A

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages17 CONTRIBUTION  
TOTALS

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

\$ 0

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

\$ 0

EXPENDITURE  
TOTALS

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 0

CONTRIBUTION  
BALANCE

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

\$ 0

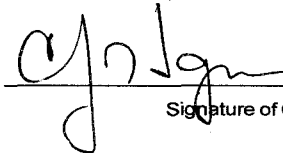
OUTSTANDING  
LOAN TOTALS

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

\$ 0

## 18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

# CODE OF FAIR CAMPAIGN PRACTICES

## FORM CFCP COVER SHEET

Pursuant to chapter 258 of the Election Code, every candidate and 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, 1997, may subscribe to the code at any time.

*Subscription to the Code of Fair Campaign Practices is voluntary.*

### OFFICE USE ONLY

Date Received

Date Hand-delivered or Postmarked

Date Processed

Date Imaged

#### 1 ACCOUNT NUMBER (Ethics Commission Filers)

#### 2 TYPE OF FILER

CANDIDATE ☒POLITICAL COMMITTEE ☐

*If filing as a candidate, complete boxes 3 - 6,  
then read and sign page 2.*

*If filing for a political committee, complete  
boxes 7 and 8, then read and sign page 2.*

#### 3 NAME OF CANDIDATE (PLEASE TYPE OR PRINT)

TITLE (Dr., Mr., Ms., etc.)

FIRST

MI

MR.

CLYDE

JESS

NICKNAME

LAST

SUFFIX (SR., JR., III, etc.)

C.J.

HARPER

#### 4 TELEPHONE NUMBER OF CANDIDATE (PLEASE TYPE OR PRINT)

AREA CODE

PHONE NUMBER

EXTENSION

(832) 467 0935

#### 5 ADDRESS OF CANDIDATE (PLEASE TYPE OR PRINT)

STREET / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

56 PARKWAY PLACE, HOUSTON, TX., 77040

#### 6 OFFICE SOUGHT BY CANDIDATE (PLEASE TYPE OR PRINT)

CITY OF JERSEY, COUNCIL POSITION #3

#### 7 NAME OF COMMITTEE (PLEASE TYPE OR PRINT)

#### 8 NAME OF CAMPAIGN TREASURER (PLEASE TYPE OR PRINT)

TITLE (Dr., Mr., Ms., etc.)

FIRST

MI

NICKNAME

LAST

SUFFIX (SR., JR., III, etc.)

**GO TO PAGE 2**

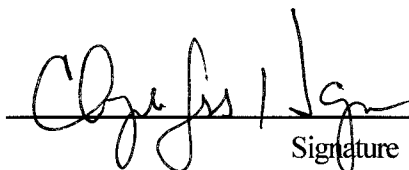
## CODE OF FAIR CAMPAIGN PRACTICES

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 untrammelled 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.

  
\_\_\_\_\_  
Signature

FEB 27, 2015  
Date

# APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

**FORM CTA**  
**PG 1**

|   |   |                                   |
|---|---|-----------------------------------|
| See CTA Instruction Guide for detailed instructions.        |   | 1 Total pages filed:              |
| 2 CANDIDATE NAME  | MS / MRS / MR<br>MR   | OFFICE USE ONLY                   |
|   | FIRST<br>CLYDE  |                                   |
|   | MI<br>JESS  | Acct. #                           |
|   | NICKNAME<br>C.J.  | Date Received                     |
|   | LAST<br>HARPER  | 2/27/15<br>@ 11:45am              |
| 3 CANDIDATE MAILING ADDRESS                                 | ADDRESS / PO BOX;<br>56 PARKWAY PLACE, HOUSTON, TX, 77040   | Date Hand-delivered or Postmarked |
|   | APT / SUITE #;<br>CITY;<br>STATE;<br>ZIP CODE   | Date Processed                    |
| 4 CANDIDATE PHONE   | AREA CODE<br>(832)  | Date Imaged                       |
|   | PHONE NUMBER<br>467 0935  |                                   |
| 5 OFFICE HELD (if any)                                      | NONE  |                                   |
| 6 OFFICE SOUGHT (if known)                                  | CITY OF JERSEY VILLAGE, COUNCIL POSITION #3   |                                   |
| 7 CAMPAIGN TREASURER NAME                                   | MS/MRS/MR<br>MS   | NICKNAME<br>HARPER                |
|   | FIRST<br>MARY JO  |                                   |
| 8 CAMPAIGN TREASURER STREET ADDRESS (residence or business) | STREET ADDRESS (NO PO BOX PLEASE);<br>56 PARKWAY PLACE, HOUSTON TEXAS, 77040  |                                   |
|   | APT / SUITE #;<br>CITY;<br>STATE;<br>ZIP CODE   |                                   |
| 9 CAMPAIGN TREASURER PHONE                                  | AREA CODE<br>(832)  | EXTENSION<br>0935                 |
|   | PHONE NUMBER<br>467 0935  |                                   |
| 10 CANDIDATE SIGNATURE                                      | <p>I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.</p> <p>I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.</p> <p>I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.</p> <p><u>Clyde Jess Harper</u><br/>Signature of Candidate</p> <p><u>FEB 27, 2015</u><br/>Date Signed</p> |                                   |
| GO TO PAGE 2  |   |                                   |

**CANDIDATE MODIFIED  
REPORTING DECLARATION****FORM CTA  
PG 2****11 CANDIDATE  
NAME****12 MODIFIED  
REPORTING  
DECLARATION****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  
which declaration applies

\_\_\_\_\_  
Signature of Candidate

**This appointment is effective on the date it is filed with the appropriate filing authority.**