

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <div style="text-align: center; font-size: 2em; border: 1px solid black; border-radius: 50%; width: 30px; height: 30px; display: inline-block; margin: 0 auto;">7</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <div style="text-align: center; font-size: 1.5em;">Clint</div> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.5em;">McNear</div>	<div style="border: 1px solid black; padding: 5px;"> <b>OFFICE USE ONLY</b>                      Date Received  <div style="text-align: center; margin-top: 20px;">                         FILED FOR RECORD                          KAUFMAN COUNTY TEXAS                          2020 FEB 24                          11 AM                          RECEIVED                          BY: <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">W</span>                          LAURA A. JONES                          COUNTY CLERK                     </div> </div>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #: CITY: STATE: ZIP CODE		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <div style="text-align: center; font-size: 1.5em;">Gary</div> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.5em;">Sweet</div>		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: STATE: ZIP CODE <div style="text-align: center; font-size: 1.5em;">103 Tejas Trail</div> <div style="text-align: center; font-size: 1.5em;">Coandall, TX 75114</div>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 1.5em;">(214) 236-9957</div>		
9 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) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year     Month Day Year <div style="font-size: 1.5em;">1 / 24 / 2020     THROUGH     2 / 22 / 2020</div>		
11 ELECTION	ELECTION DATE Month Day Year <div style="font-size: 1.5em;">3 / 3 / 2020</div>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <div style="text-align: center; font-size: 1.5em; margin-top: 20px;">Sheriff</div>	

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

14 C/OH NAME

*Clint McNear*

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

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

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 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)

\$

*2,350<sup>00</sup>*

EXPENDITURE  
TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$

*5914<sup>45</sup>*

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

\$

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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

*Clint McNear*

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Clint McNear, this the 24<sup>th</sup> day of February, 2020, 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

*JACKLYN SALAZAR*

*DEPUTY CLERK*

# SUBTOTALS - C/OH

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

19 FILER NAME <i>Clint McNear</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,350 <sup>00</sup>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 5,914 <sup>45</sup>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:

2 FILER NAME *Clint McNear* 3 Filer ID (Ethics Commission Filers)

4 Date <i>1/25/20</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John Sieroga</i>	7 Amount of contribution (\$) <i>\$100<sup>00</sup></i>
6 Contributor address; City; State; Zip Code <i>4200 LaCalma Dr, Austin, TX 78752</i>		

8 Principal occupation / Job title (See Instructions) *Director* 9 Employer (See Instructions)  
*TMPA*

Date <i>1/25/20</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Debi Nix</i>	Amount of contribution (\$) <i>\$100<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>2125 S Houston St, Kaufman, TX</i>		

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <i>1/25/20</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John Kissling</i>	Amount of contribution (\$) <i>\$100<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>1019 Winchester, Forney, TX</i>		

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <i>1/25/20</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>David Thompson</i>	Amount of contribution (\$) <i>\$100<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>4341 FM 2905, Wills Point, TX</i>		

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.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Clint McNear

3 Filer ID (Ethics Commission Filers)

4 Date

1/29/20

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

John Nasr

6 Contributor address;

City; State; Zip Code

595 Town Square, Garland, TX

7 Amount of contribution (\$)

\$ 250<sup>00</sup>

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/5/20

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Steve Howe

Contributor address;

City; State; Zip Code

2125 S Houston, Kaufman, TX

Amount of contribution (\$)

\$ 100<sup>00</sup>

Principal occupation / Job title (See Instructions)

Director

Employer (See Instructions)

Ofc Emergency Management

Date

2/10/20

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Tammy Barger

Contributor address;

City; State; Zip Code

11683 Busch Ln, Forney, TX

Amount of contribution (\$)

\$ 100<sup>00</sup>

Principal occupation / Job title (See Instructions)

Realtor

Employer (See Instructions)

Date

2/7/20

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Katrina Black

Contributor address;

City; State; Zip Code

1502 Tavistock, Forney, TX

Amount of contribution (\$)

\$ 150<sup>00</sup>

Principal occupation / Job title (See Instructions)

Marketing

Employer (See Instructions)

AT&T

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Clint McNear

3 Filer ID (Ethics Commission Filers)

4 Date

2/8/20

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

Welch Custom Homes

7 Amount of contribution (\$)

\$1,000<sup>00</sup>

6 Contributor address; City; State; Zip Code

PO Box 267, Crandall, TX

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/15/20

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

Randle Meadows

Amount of contribution (\$)

\$100<sup>00</sup>

Contributor address; City; State; Zip Code

500 Throckmorton, Ft. Worth

Principal occupation / Job title (See Instructions)

MNA

Employer (See Instructions)

Consultant

Date

2/18/20

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

William James

Amount of contribution (\$)

\$250<sup>00</sup>

Contributor address; City; State; Zip Code

PO Box 1025, Terrell, TX

Principal occupation / Job title (See Instructions)

Directional Drilling

Employer (See Instructions)

Self

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Clint McNear</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>2/10/2020</i>	5 Payee name <i>Mayer Media Group</i>
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6 Amount (\$) <i>5,914.45</i>	7 Payee address; City; State; Zip Code <i>312 Creekwood Dr Sunnyvale, TX 75182</i>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <i>Mailer, Postage</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Clint McNear</i>	Office sought <i>Sheriff</i>	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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