

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: 16		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr	FIRST Clarence	MI L	Date Received APR 25 2025 8:00 am BY: M. Delaney	
	NICKNAME	LAST Jorif	SUFFIX		Date Hand-delivered or Date Postmarked 04-25-25
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Final report		Receipt #
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded modified reporting limit	Other (specify)		
5 ORIGINAL PERIOD COVERED	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		Date Processed 04/25/25	
	<input type="checkbox"/> 8th day before election			Date Imaged 04/25/25	

6 EXPLANATION OF CORRECTION

On 04/11/2025, contact with the TX Ethics Commission stated that two (2) "Anonymous" donations were illegal and the source of said donations needed to be identified. Subsequent investigation revealed the sources of said donations and are now properly annotated on COH Schedule A1.

7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

- ☒ Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.
- ☒ Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Ch. R. Jorif
Signature of Candidate/Officeholder

(1) Affidavit

NOTARY STAMP/SEAL

MARGARET DELANEY
Notary Public
State of Texas
ID # 13112546-9
My Comm. Expires 05-26-2025

Please complete either option below:

Sworn to and subscribed before me by Clarence Jorif this the 25th day of April, 2025, to certify which, witness my hand and seal of office.

Margaret Delaney Margaret Delaney Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

FORM C/OH
COVER SHEET PG 1

Forms provided by Texas Ethics Commission www.ethics.state.tx.us Revised 1/1/2024

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Mr Clarence L Jorif		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,900.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,086.49
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,501.81
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2,049.95

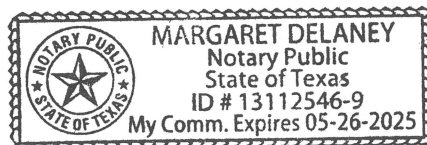
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Ch L Jorif

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Clarence Jorif this the 25th day of April, 2025, to certify which, witness my hand and seal of office.
Margaret Delaney Margaret Delaney Notary
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.
 My address is _____, _____, _____, _____, _____.
 (street) (city) (state) (zip code) (country)
 Executed in _____ County, State of _____, on the _____ day of _____, 20____.
 (month) (year)

Signature of Candidate/Officeholder (Declarant)

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

19 FILER NAME Clarence L Jorif		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5,900.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 5,086.49
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 1,554.45
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6
2 FILER NAME Clarence L Jorif		3 Filer ID (Ethics Commission Filers)
4 Date 01/24/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Dewayne Cain <hr/> 6 Contributor address; City; State; Zip Code 305 Stonebridge Drive Rockwall TX 75087	7 Amount of contribution (\$) 1,000.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Entrepreneur
Date 02/13/2024	Full name of contributor out-of-state PAC (ID#: _____) Erick Jordan <hr/> Contributor address; City; State; Zip Code 401 E Boydston Avenue Rockwall TX 75087	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Test Engineer		Employer (See Instructions) L3Harris C3ISR
Date 02/18/2025	Full name of contributor out-of-state PAC (ID#: _____) Linda Duran <hr/> Contributor address; City; State; Zip Code 507 Wildwood Lane Rockwall TX 75087	Amount of contribution (\$) 150.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 02/18/2025	Full name of contributor out-of-state PAC (ID#: _____) David Kern <hr/> Contributor address; City; State; Zip Code 35 Bessdale Court Spring, TX 77382	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Exxon Mobil
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**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6
2 FILER NAME Clarence L Jorif		3 Filer ID (Ethics Commission Filers)
4 Date 02/24/2024	5 Full name of contributor out-of-state PAC (ID#: _____) William Miranda <hr/> 6 Contributor address; City; State; Zip Code 39706 Cobbler Court, Murrieta, Ca 92562	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 02/27/2024	Full name of contributor out-of-state PAC (ID#: _____) Lynn H Tenney <hr/> Contributor address; City; State; Zip Code 1002 Ivy Lane Rockwall TX 75087	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 03/01/2025	Full name of contributor out-of-state PAC (ID#: _____) Roger Williamson <hr/> Contributor address; City; State; Zip Code 3404 Lakeside Drive Rockwall TX 75087	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Williamson Foundation Repiar
Date 03/03/2025	Full name of contributor out-of-state PAC (ID#: _____) Lynn H Tenney <hr/> Contributor address; City; State; Zip Code 1002 Ivy Lane Rockwall TX 75087	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Retired		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**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6
2 FILER NAME Clarence L Jorif		3 Filer ID (Ethics Commission Filers)
4 Date 03/03/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Marcia & Harold Eavenson 6 Contributor address; City; State; Zip Code [REDACTED] Rockwall TX 75087	7 Amount of contribution (\$) 200.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 03/10/2025	Full name of contributor out-of-state PAC (ID#: _____) John Parigi Contributor address; City; State; Zip Code 6510 Warwick Drive Rockwall TX 75087	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 03/09/2025	Full name of contributor out-of-state PAC (ID#: _____) Julie Aubuchon Contributor address; City; State; Zip Code 72 Belmont Court Florence KY 41042	Amount of contribution (\$) 150.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions) Vision Consultants, LLC
Date 03/12/2025	Full name of contributor out-of-state PAC (ID#: _____) Scott Greenlee Contributor address; City; State; Zip Code 1634 Peppertree Lane Lansing MI 48912	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Greenlee Consulting
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**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6
2 FILER NAME Clarence L Jorif		3 Filer ID (Ethics Commission Filers)
4 Date 03/12/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Jeffrey Shelton 6 Contributor address; City; State; Zip Code 1080 Jessica Lane Prosper TX 75078	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 03/08/2025	Full name of contributor out-of-state PAC (ID#: _____) Brenda Cross Contributor address; City; State; Zip Code 406 E Rusk Rockwall TX 75087	Amount of contribution (\$) 150.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Ebby Halliday
Date 03/08/2025	Full name of contributor out-of-state PAC (ID#: _____) Susan Reeves Contributor address; City; State; Zip Code 402 W Boydston Avenue Rockwall TX 75087	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 03/08/2025	Full name of contributor out-of-state PAC (ID#: _____) Sean E Bradley Contributor address; City; State; Zip Code 605 Mountcastle Drive Rockwall TX 75087	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Bradley Capitol Enterprises LLC
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**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6
2 FILER NAME Clarence L Jorif		3 Filer ID (Ethics Commission Filers)
4 Date 03/08/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Victor Carrillo 6 Contributor address; City; State; Zip Code 108 Mischief Lane Rockwall TX 75087	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions) Executive Director of Government Relations		9 Employer (See Instructions) International Leadership of Texas
Date 03/08/2025	Full name of contributor out-of-state PAC (ID#: _____) Erin Neill Contributor address; City; State; Zip Code 3410 Ridgecross Drive Rockwall TX 75087	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Insurance Broker		Employer (See Instructions) Hamby Insurance
Date 03/08/2025	Full name of contributor out-of-state PAC (ID#: _____) Madelyn Hill Contributor address; City; State; Zip Code 14 Park Central Circle Rockwall TX 75087	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) Counselor		Employer (See Instructions) Texas Online Preparatory School
Date 03/15/2025	Full name of contributor out-of-state PAC (ID#: _____) Frank B Clinger Contributor address; City; State; Zip Code 608 Cliff View Court Rockwall TX 75087	Amount of contribution (\$) 750.00
Principal occupation / Job title (See Instructions) Retired		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**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6
2 FILER NAME Clarence L Jorif		3 Filer ID (Ethics Commission Filers)
4 Date 03/24/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Stanford J Fichtman 6 Contributor address; City; State; Zip Code 796 Isenberg Street #11G Honolulu HI 90826	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) Extramural Programs / Assistant Director		9 Employer (See Instructions) Research Corp of The University of Hawaii
Date 03/24/2025	Full name of contributor out-of-state PAC (ID#: _____) Manny Ovalle Contributor address; City; State; Zip Code P.O. Box 387 Nassau DE 19967	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 03/29/2025	Full name of contributor out-of-state PAC (ID#: _____) Jerry Beare Contributor address; City; State; Zip Code 190 Ozark Street Greenville TX 75402	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Beare Global Strategies
Date 03/30/2025	Full name of contributor out-of-state PAC (ID#: _____) Kevin Thueson Contributor address; City; State; Zip Code 3910 Ravenbank Drive Rockwall TX 75087	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Client Service Manager		Employer (See Instructions) Insight
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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: 4	2 FILER NAME Clarence L Jorif	3 Filer ID (Ethics Commission Filers)	
4 Date 02/19/2025	5 Payee name Keeper's Press		
6 Amount (\$) 2,454.46	7 Payee address; 520 Loma Vista	City; Heath	State; TX Zip Code 75032
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Campaign Signs and Yard Signs	
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 02/21/2025	Payee name Walmart		
Amount (\$) 10.61	Payee address; 782 E Interstate 30	City; Rockwall	State; TX Zip Code 75087
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Cable Ties	
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 03/14/2025	Payee name LOUDER.ai		
Amount (\$) 500.00	Payee address; 36 Water Street	City; Newburyport	State; MA Zip Code 01950
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Social Media Expense	
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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: 4	2 FILER NAME Clarence L Jorif	3 Filer ID (Ethics Commission Filers)
4 Date 03/15/2025	5 Payee name John Woram	
6 Amount (\$) 250.00	7 Payee address; 1515 Ripasso Way	City; Rockwall State; TX Zip Code 75032
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description Campaign Management - RPM
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 03/17/2025	Payee name Minuteman Press Rockwall	
Amount (\$) 66.13	Payee address; 1104 B Ridge Road	City; Rockwall State; TX Zip Code 75087
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Business Cards
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 03/18/2025	Payee name Valentine Direct Marketing LLC	
Amount (\$) 730.69	Payee address; 14243 Proton Road	City; Farmers Branch State; TX Zip Code 75244
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Fee	Description Voters Mailing List
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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: 4	2 FILER NAME Clarence L Jorif	3 Filer ID (Ethics Commission Filers)
4 Date 03/25/2025	5 Payee name Minuteman Press Rockwall	
6 Amount (\$) 428.89	7 Payee address; 1104 B Ridge Road	City; State; Zip Code Rockwall TX 75087
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Campaign Banners
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 03/25/2025	Payee name Minuteman Press Rockwall	
Amount (\$) 87.83	Payee address; 1104 B Ridge Road	City; State; Zip Code Rockwall TX 75087
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Campaign Mailers
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 03/27/2025	Payee name Chilren's Advocacy Center for Rockwall County	
Amount (\$) 300.00	Payee address; 1350 E Washington Street	City; State; Zip Code Rockwall TX 75087
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description 9th Annual Go Blue for Kids Gala
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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: 4	2 FILER NAME Clarence L Jorif	3 Filer ID (Ethics Commission Filers)
4 Date 03/28/2025	5 Payee name Apple	
6 Amount (\$) 37.88	7 Payee address; City; State; Zip Code One Apple Park Way Cupertino CA 95014	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other	(b) Description Teleprompter for Video
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 03/28/2025	Payee name Rockwall County Republican Women	
Amount (\$) 30.00	Payee address; City; State; Zip Code 408 S Goliad Street Rockwall TX 75087	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Republican Candidate Meet & Greet
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 03/29/2025	Payee name Cotton Patch Cafe	
Amount (\$) 190.00	Payee address; City; State; Zip Code 909 E I-30 Rockwall TX 75087	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Meet & Greet
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee	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)
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The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: 1		2 FILER NAME Clarence L Jorif		3 FILER ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD				\$ 1,554.45	
5 CREDIT CARD ISSUER		Name of financial institution American Express			
6 PAYMENT		(a) Amount Charged \$ 1,554.45	(b) Date Expenditure Charged 02/01/2025	(c) Date(s) Credit Card Issuer Paid N / A	
7 PAYEE		(a) Payee name American Express		(b) Payee address; City, State, Zip Code PO Box 6031 Carol Stream IL 60197-6031	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description Reagan Day Gala	
		(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office Sought Office Held	
PAYMENT		(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid	
PAYEE		(a) Payee name		(b) Payee address; City, State, Zip Code	
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule)		(b) Description	
		(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office Sought Office Held	
PAYMENT		(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid	
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Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office Sought Office Held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED