	ION/AMENDMENT DIDATE/OFFICEH(FORM COR-C/OH		
1 Filer ID (Ethics Comr	nission Filers)	Total pages filed: 16	OFFICE USE ONLY		
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST Mr Clared NICKNAME LAST Jorif	nce L SUFFIX	Date Roberton APR 25 2025 BY: M. Delaney		
4 ORIGINAL REPORT TYPE	Imit 30th day before election	eeded modified reporting	Date Hand-delivered or Date Postmarked DH - 25-25 Receipt # Amount \$ Date Processed		
5 ORIGINAL PERIOD COVERED	Month Day Year 01 16 2025 TH	Month Day Year IROUGH 04 03 2025	04/25/25 Date Imaged 04/25/25		
illegal and the s	contact with the TX Ethics C ource of said donations need	ommission stated that two (2) "/ ed to be identified. Subsequent erly annotated on COH Schedul	investigation revealed the		
 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 misrepre-sent the information contained in the report. Other reports: I swear, or affirm, that 1 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. Other reports: I swear, or affirm, that 1 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. MARGARET DELENEAS Complete either option below:					
		, and my date of birth is	······································		
	(street)		iate) (zip code) (country)		
		Signature of Candida	ate/Officeholder (Declarant)		
Remember To Atta	ach Any Part Of The Campaign	Finance Report Form Needed To F	Report And Explain Corrections		

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: 16
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST Mr Clarence	MI L	OFFICE USE ONLY
NAME	NICKNAME LAST	SUFFIX	Date Received
	Jorif		NECEIVEN
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; C	city; state; zip code	APR 2 5 2025
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	Dianoscaria
OFFICEHOLDER PHONE	(469) 580-2214	EATENDION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN	MS / MRS / MR FIRST	MI	Receipt # Amount \$
TREASURER NAME	Mr Kerry	M	Date Processed 04-25-25
	NICKNAME LAST	SUFFIX	Date Imaged
1.	Shepherd		04-25-25
7 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE); APT / SU		STATE; ZIP CODE
ADDRESS	127 Deverson Drive	Rockwall	TX 75087
(Residence or Business)			
8 CAMPAIGN TREASURER	AREA CODE PHONE NUMBER	EXTENSION	
PHONE	(801) 336-7521		
9 REPORT TYPE	January 15 30th day before el	lection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 8th day before elec	ction Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year	Month	Day Year
	1 16 25	THROUGH 4	/ 3 / 25
11 ELECTION	ELECTION DATE Month Day Year Primary 5 / 3 / 25 General	ELECTION TYPE Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
	City of Rockwall Mayor Pro Tem / Council Member		
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS A THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIR	MAY HAVE BEEN MADE WITHOUT THE CAND	IDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
COMMITTEE(0)	COMMITTEE TYPE COMMITTEE NAME		
Additional Pages	GENERAL COMMITTEE ADDRESS		
	SPECIFIC COMMITTEE CAMPAIGN TREA	ASURER NAME	
	COMMITTEE CAMPAIGN TRE	ASURER ADDRESS	
	GO TO I	PAGE 2	

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Mr Clarence L Jori		16 Filer	ID (Ethics Co	ommission Filers)
17 CONTRIBUTION TOTALS	 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 LAS OF REPORTING PERIOD	ST DAY	\$ 1	,501.81
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	F THE	\$ 2	,049.95
	wear, or affirm, under penalty of perjury, that the accompanying report is true uired to be reported by me under Title 15, Election Code.	e and cor	rrect and incl	udes all information
	Ch L. Op	ł		
	Signature of Ca	ndidate o	or Officehold	ər
	Please complete either option below	/:		
(1) Affidavit	MARGARET DELANEY Notary Public State of Texas ID # 13112546-9 My Comm. Expires 05-26-2025			
NOTARY STAMP/SEAL				
Sworn to and subscribed	before me by <u>Clarance JOVK</u> this the	23M	day of A	pril.
$20 \frac{25}{20}$, to certify	which, witness my hand and seal of office.	110	Labor	
Signature of officer administer	ing oath Printed name of officer administering oath	NO	Title of officer	administering oath
	OR	1 a star		
(2) Unsworn Declaration	n			
My name is	, and my date of birth is			
	, and my date of birth is			· · ·
	(street) (city) (s		(zip code)	(country)
Executed in	County, State of , on the day of (month	1)	_, 20 (year)	
	Signature of Candio	date/Office	eholder (Decl	arant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

		-		
FILER N	LER NAME 20 Filer ID (Ethics C			
Clare	nce L Jorif			
				SUBTOTAL AMOUNT
-	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	5,900.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS				
3. SCHEDULE B: PLEDGED CONTRIBUTIONS				
SCHEDULE E: LOANS				
M	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			
	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$	
Ħ	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			
SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS				
	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			
	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			
SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED				
		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS SCHEDULE B: PLEDGED CONTRIBUTIONS SCHEDULE E: LOANS SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO SCHEDULE F2: UNPAID INCURRED OBLIGATIONS SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUI SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A SCHEDULE H: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	Clarence L Jorif SCHEDULE SUBTOTALS NAME OF SCHEDULE SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS SCHEDULEA2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS SCHEDULE B: PLEDGED CONTRIBUTIONS SCHEDULE E: LOANS SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE F2: UNPAID INCURRED OBLIGATIONS SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4: EXPENDITURES MADE FROM PERSONAL FUNDS SCHEDULE F5: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS SCHEDULE F4: EXPENDITURES MADE FROM PERSONAL FUNDS SCHEDULE F5: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED	Clarence L Jorif SCHEDULE SUBTOTALS NAME OF SCHEDULE SCHEDULE SUBTOTALS NAME OF SCHEDULE SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS SCHEDULE B: PLEDGED CONTRIBUTIONS SCHEDULE B: PLEDGED CONTRIBUTIONS SCHEDULE E: LOANS SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE F2: UNPAID INCURRED OBLIGATIONS SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4: EXPENDITURES MADE FROM PERSONAL FUNDS SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS SCHEDULE G: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED

MONET	ARY POLITICAL CONTR	IBUTIONS	SCHEDULE A1
If the reque	sted information is not applicable, DO NC	OT include this page in the	report.
The	Instruction Guide explains how to complet	e this form.	1 Total pages Schedule A1: 6
2 FILER NAME Clarence	L Jorif		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#) Dewayne Cain		7 Amount of contribution (\$)
01/24/2024	6 Contributor address; City; 305 Stonebridge Drive Ro		1,000.00
8 Principal occu Retired	pation / Job title (See Instructions)	9 Employer (See Instruct Entrepreneur	tions)
Date	Full name of contributor out-of-sta	ate PAC (ID#:)	Amount of contribution (\$)
02/13/2024	Contributor address; City; 401 E Boydstun Avenue R		100.00
Principal occup Test Engine	eation / Job title (See Instructions)	Employer (See Instruc L3Harris C3ISR	tions)
Date	Full name of contributor out-of-sta	ate PAC (ID#:)	Amount of contribution (\$)
02/18/2025			150.00
Principal occup Retired	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor out-of-sta	ate PAC (ID#:)	Amount of contribution (\$)
02/18/2025	Contributor address; City;	State; Zip Code	200.00
Principal occup Lawyer	35 Bessdale Court Sp	Employer (See Instruct Exxon Mobil	tions)
	ATTACH ADDITIONAL COF	PIES OF THIS SCHEDULE AS N Instruction guide for additional	
Forms provided by	exas Ethics Commission www.	ethics.state.tx.us	Revised 1/1/2025

MONET	ARY POLITICAL CONTRIBU	JTIONS	SCHEDULE A1				
If the reques	If the requested information is not applicable, DO NOT include this page in the report.						
The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1: 6				
2 FILER NAME Clarence	L Jorif		3 Filer ID (Ethics Commission Filers)				
4 Date	5 Full name of contributor out-of-state PA William Miranda	7 Amount of contribution (\$)					
02/24/2024	6 Contributor address; City; 39706 Cobbler Court, Murri	State; Zip Code eta, Ca 92562	100.00				
8 Principal occu Retired	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)				
Date	Full name of contributor out-of-state PA Lynn H Tenney	C (ID#:)	Amount of contribution (\$)				
02/27/2024	Contributor address; City;	State; Zip Code TX 75087	100.00				
Principal occup Retired	ation / Job title (See Instructions)	Employer (See Instruct	tions)				
Date	Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)				
03/01/2025		State; Zip Code	1,000.00				
Principal occup Owner	Dation / Job title (See Instructions)	Employer (See Instruct Williamson Found	· · · · · · · · · · · · · · · · · · ·				
Date	Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)				
03/03/2025	Contributor address; City;	State; Zip Code	100.00				
	1002 Ivy Lane Rockwall	TX 75087					
Principal occur Retired	pation / Job title (See Instructions)	Employer (See Instruc	tions)				
	ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see Inst						

MONET	ARY POLITICAL CONTRIBUT	IONS	SCHEDULE A1				
If the reques	If the requested information is not applicable, DO NOT include this page in the report.						
The	Instruction Guide explains how to complete this fo	rm.	1 Total pages Schedule A1: 6				
2 FILER NAME Clarence	L Jorif		3 Filer ID (Ethics Commission Filers)				
4 Date	5 Full name of contributor out-of-state PAC (ID Marcia & Harold Eavenson	#:)	7 Amount of contribution (\$)				
03/03/2025	03/03/2025 6 Contributor address; City; State; Zip Code Rockwall TX 75087		200.00				
8 Principal occu Retired	pation / Job title (See Instructions) 9	Employer (See Instructi	ions)				
Date	Full name of contributor out-of-state PAC (ID	#:)	Amount of contribution (\$)				
03/10/2025		State; Zip Code	100.00				
Principal occup Retired	pation / Job title (See Instructions)	Employer (See Instructi	ions)				
Date	Full name of contributor out-of-state PAC (ID	#:)	Amount of contribution (\$)				
03/09/2025	Contributor address; City; 72 Belmont Court Florence		150.00				
Principal occup Optometris	pation / Job title (See Instructions)	Employer (See Instruction Vision Consultant					
Date	Full name of contributor out-of-state PAC (ID)#:)	Amount of contribution (\$)				
03/12/2025	Contributor address; City;	State; Zip Code	200.00				
	1634 Peppertree Lane Lansi	-					
Principal occup President	pation / Job title (See Instructions)	Employer (See Instruct Greenlee Consult					
	ATTACH ADDITIONAL COPIES OF If contributor is out-of-state PAC, please see Instruct						

SCHEDULE A1 If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Clarence L Jorif 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:__ **Jeffrey Shelton** 03/12/2025 50.006 Contributor address; City; State: Zip Code 1080 Jessica Lane Prosper TX 75078 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Retired Full name of contributor out-of-state PAC (ID#: Date Amount of contribution (\$) Brenda Cross 03/08/2025 150.00 City; Contributor address: State: Zip Code 406 E Rusk Rockwall TX 75087 Principal occupation / Job title (See Instructions) Employer (See Instructions) Realtor Ebby Halliday Full name of contributor out-of-state PAC (ID#: Date Amount of contribution (\$) Susan Reeves 03/08/2025 100.00 Contributor address: City; State; Zip Code 402 W Boydston Avenue Rockwall TX 75087 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:_ Sean E Bradley 03/08/2025 100.00Contributor address; State; Zip Code City: 605 Mountcastle Drive Rockwall TX 75087 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Bradley Capitol Enterprises LLC** President 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

MONET	ARY POLITICAL CONTRIBU	JTIONS	SCHEDULE A1
If the reques	sted information is not applicable, DO NOT in	clude this page in the	report.
The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1: 6
2 FILER NAME Clarence	L Jorif		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PA	7 Amount of contribution (\$)	
03/08/2025	6 Contributor address; City; 108 Mischief Lane Rockw	250.00	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
	Director of Government Relations	International Lea	dership of Texas
Date	Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)
03/08/2025	Contributor address; City;	State; Zip Code	500.00
	3410 Ridgecross Drive Rock	wall 1X 75087	
Principal occupation / Job title (See Instructions) Employer (See Instructions) Insurance Broker Hamby Insurance			
Date		C (ID#:)	Amount of contribution (\$)
03/08/2025	Madelyn Hill Contributor address; City;		200.00
	14 Park Central Circle Rock	wall TX 75087	
Principal occup Counselor	pation / Job title (See Instructions)	Employer (See Instruct Texas Online Pre	,
Date		C (ID#:)	Amount of contribution (\$)
03/15/2025	Contributor address; City;	State; Zip Code	750.00
	608 Cliff View Court Rocky	vall TX 75087	
Principal occup Retired	vation / Job title (See Instructions)	Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see Instr		
Forms provided by T	exas Ethics Commission www.ethics	s.state.tx.us	Revised 1/1/2025

	ARY POLITICAL CONTRIBU		SCHEDULE A1
The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1: 6
2 FILER NAME Clarence	L Jorif		3 Filer ID (Ethics Commission Filers)
4 Date 03/24/2025	 Full name of contributor out-of-state PAR Stanford J Fichtman Contributor address; City; 796 Isenberg Street #11G Hore 	7 Amount of contribution (\$) 100.000	
	pation / Job title (See Instructions)	9 Employer (See Instruc Research Corp of Th	_{tions)} ne University of Hawaii
Date 03/24/2025	Manny Ovalle		Amount of contribution (\$)
Principal occup Retired	ation / Job title (See Instructions)	Employer (See Instruct	tions)
Date 03/29/2025	Full name of contributor out-of-state PAR Jerry Beare Contributor address; City; 190 Ozark Street Greenv	State; Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc Beare Global Str	-
Date 03/30/2025	Full name of contributor out-of-state PAR Kevin Thueson Contributor address; City; 3910 Ravenbank Drive Roc	C (ID#:) State; Zip Code kwall TX 75087	Amount of contribution (\$)
	pation / Job title (See Instructions) ice Manager	Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see Instr		

SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment		Office Overh Polling Expe Printing Exp Salaries/Wa	ense ages/Contract Labor	Travel In District Travel Out Of Distri	pment & Related Expense
1 Total pages Schedule F1:	2 FILER NAME Clarence L Jorif	An - 192 - 193 - 193 - 193 - 193 - 193 - 193 - 193 - 193 - 193 - 193 - 193 - 193 - 193 - 193 - 193 - 193 - 193		3 Filer ID (Ethic	s Commission Filers)
4 4 Date	5 Payee name		-		
02/19/2025	Keeper's Press				
6 Amount (\$)	7 Payee address;		City;	State;	Zip Code
2,454.46	520 Loma Vista		Heath	ТХ	75032
8	(a) Category (See Categories listed at the top of this	s schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expense		Campaign S	Signs and Ya	rd Signs
	(C) Check if travel outside of Texas. Complete	Schedule T.	Check if Austi	n, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name		Office sought		Office held
Date	Payee name				
02/21/2025	Walmart				
Amount (\$)	Payee address;		City;	State;	Zip Code
10.61	782 E Interstate 30		Rockwall	ТХ	75087
	Category (See Categories listed at the top of this	schedule)	Description		
PURPOSE OF EXPENDITURE	Other		Cable Ties		
	Check if travel outside of Texas. Complete	Schedule T.	Check if Austi	n, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name		Office sought		Office held
Date	Payee name				
03/14/2025	LOUDER.ai				
Amount (\$)	Payee address;		City;	State;	Zip Code
500.00	36 Water Street		Newburyport	MA	01950
	Category (See Categories listed at the top of this	schedule)	Description		
PURPOSE OF EXPENDITURE	Consulting Expense		Social Med	ia Expense	
	Check if travel outside of Texas. Complete	Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name		Office sought		Office held
	ATTACH ADDITIONAL COPIES	S OF THIS S	CHEDULE AS NEE	EDED	

SCHEDULE F1

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

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 The Instruction Guide explains	Office Over Polling Exp Printing Ex Salaries/W	kpense /ages/Contract Labor	Travel In District Travel Out Of Distri	pment & Related Expense
1 Total pages Schedule F1: 4		AME ce L Jorif			3 Filer ID (Ethic	cs Commission Filers)
4 Date	5 Payee na					
03/15/2025	John V	Woram				
6 Amount (\$)	7 Payee ad	ldress;		City;	State;	Zip Code
250.00	1515 I	Ripasso Way		Rockwall	ТХ	75032
8	(a) Categor	y (See Categories listed at the top of this s	schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Cons	ulting Expense		Campaign N	lanagement	- RPM
	(C)	Check if travel outside of Texas. Complete Sc	chedule T.	Check if Austin	n, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
Date	Payee na	ame				
03/17/2025	Minute	eman Press Rockwall				
Amount (\$)	Payee ac	ldress;		City;	State;	Zip Code
66.13	1104	B Ridge Road		Rockwall	TX	75087
	Category	/ (See Categories listed at the top of this so	chedule)	Description		
PURPOSE OF EXPENDITURE	Adver	tising Expense		Business C	ards	
		Check if travel outside of Texas. Complete Sc	chedule T.	Check if Austin	n, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
Date	Payee n	ame				
03/18/2025	Valen	tine Direct Marketing L	.LC			
Amount (\$)	Payee ac	ldress;		City;	State;	Zip Code
730.69	14243	Proton Road		Farmers Brand	ch TX	75244
	Category	/ (See Categories listed at the top of this so	chedule)	Description		
PURPOSE OF EXPENDITURE	Consu	Iting Fee		Voters Mail	ing List	
		Check if travel outside of Texas. Complete Sc	chedule T.	Check if Austin	n, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	DED	

SCH	EDU	LE	F1
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If the requested information is not applicable, DO NOT include this page in the report.

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 The Instruction Guide explain			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)			
1 Total pages Schedule F1:	F1: 2 FILER NAME Clarence L Jorif				3 Filer ID (Ethics Commission Filers)			
4 Date	5 Payee name							
03/25/2025	Minuteman Press Rockwall							
6 Amount (\$)	7 Payee address; City;				State;	Zip Code		
428.89	1104 B Ridge Road Rockwall			TX	75087			
8	(a) Category (See Categories listed at the top of this schedule) (b) Description							
PURPOSE OF EXPENDITURE	Advertising Expense Campaign				Banners			
	(c)	Check if travel outside of Texas. Complete So	n, TX, officeholder livir	TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	inplete OILL I direct			Office sought		Office held		
Date	Payee na	ame ,						
03/25/2025	Minuteman Press Rockwall							
Amount (\$)	Payee address;			City;	State;	Zip Code		
87.83	1104 B Ridge Road Rockwall		TX	75087				
	Category (See Categories listed at the top of this schedule)			Description				
PURPOSE OF EXPENDITURE	Adverti	sing Expense		Campaign I				
-	Check if travel outside of Texas. Complete Schedule T. Check if Aust			tin, TX, officeholder living expense				
Complete ONLY if direct Candidate / Officeholder name Office expenditure to benefit C/OH Candidate / Officeholder name Officeholder name Officeholder name			Office sought		Office held			
Date	Payee n	ame						
03/27/2025	Chilren's Advocacy Center for Rockwall County							
Amount (\$)	Payee address; City;		State;	Zip Code				
300.00	1350 E Washington Street		Rockwall	TX	75087			
	Category	/ (See Categories listed at the top of this set	chedule)	Description				
PURPOSE OF EXPENDITURE	Event Expense 9th Annual			Go Blue for Kids Gala				
	Check if travel outside of Texas. Complete Schedule T. Check if Au			Check if Austi	tin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED								

SCH	EDUL	E F1
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If the requested information is not applicable, DO NOT include this page in the report.

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Office Over Polling Exp e Printing Ex Salaries/W	pense ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)			
1 Total pages Schedule F1: 4	2 FILER NAME Clarence L Jorif		3 Filer ID (Ethics Commission Filers)				
4 Date	5 Payee name						
03/28/2025	Apple						
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code			
37.88	One Apple Park Way	Cupertino	CA CA	95014			
8	(a) Category (See Categories listed at the top						
PURPOSE OF EXPENDITURE	Other	Teleprompt	prompter for Video				
	(C) Check if travel outside of Texas. Com	plete Schedule T.	Check if Austir	in, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OF					Office held		
Date	Payee name						
03/28/2025	Rockwall County Republican Women						
Amount (\$)	Payee address;		City;	State;	Zip Code		
30.00	408 S Goliad Street		Rockwall	ТХ	75087		
	Category (See Categories listed at the top of this schedule) Description						
PURPOSE OF EXPENDITURE	Event Expense Republican Candidate Meet &				eet & Greet		
	Check if travel outside of Texas. Complete Schedule T. Check if Aus			lin, TX, officeholder living expense			
Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH			Office sought	Office sought Office held			
Date	Payee name						
03/29/2025	Cotton Patch Cafe						
Amount (\$)	Payee address; City;		City;	State;	Zip Code		
190.00	909 E I-30		Rockwall	TX	75087		
	Category (See Categories listed at the top of	f this schedule)	Description				
PURPOSE OF EXPENDITURE	Event Expense Meet 8			Greet			
	Check if travel outside of Texas. Com	Check if Austin, TX, officeholder living expense					
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name		Office sought		Office held		
	ATTACH ADDITIONAL COI	PIES OF THIS	SCHEDULE AS NEE	EDED			

	EXPENDITURES MADE BY CREDIT CARD f the requested information is not applicable, DO NOT include this page in the report.				SCHEDULE F4			
	EXPI	ENDITURE CAT	regories	FOR BOX 1	10(a)			
Advertising Expense Event Expense Loan Repayment/Reimbursement Accounting/Banking Fees Office Overhead/Rental Expense Consulting Expense Food/Beverage Expense Polling Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor			Expense t Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expens Travel In District Travel Out Of District Other (enter a category not listed above) 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 EX	PENDITURES CHARGED TO A	CREDIT CARD				\$	1,554	1.45
5 CREDIT CARD ISSUER	Name of financial institut	Name of financial institution American Express						
6 PAYMENT	(a) Amount Charged	(b) Date Expenditu	ure Charged	(c) Date(s) Cre	edit Card Issue	r Paid		
	\$ 1,554.45	02/01/2	2025	N/A				
7 PAYEE	(a) Payee name	Representation and a second	(b) Payee ad	dress;	City	Ι,	State,	Zip Code
	American E	xpress	PO Bo	ox 6031	Carol St	ream	IL	60197-6031
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule)			n			
Political	Event Expense			Reagan Day Gala				
Non-Political	(C) Check if travel out	(C) Check if travel outside of Texas. Complete Schedule T. Check if Austin				TX, officehol	lder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office Sought Office Held							
PAYMENT	(a) Amount Charged	(b) Date Expenditu	ure Charged	(c) Date(s) Cro	edit Card Issue	r Paid		
PAYEE	(a) Payee name		(b) Payee ad	dress;	City	',	State,	Zip Code
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories lis	(a) Category (See Categories listed at the top of this schedule) (b) Description			n			
Non-Political	(C) Check if travel outside of Texas. Complete Schedule T. Check if Austin				n, 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 Expenditu	ure Charged	(c) Date(s) Cri	edit Card Issue	r Paid		
PAYEE	(a) Payee name		(b) Payee ad	dress;	City	',	State,	Zip Code
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories listed at the top of this schedule)			(b) Descriptio	ท	veloperantipoperantipoperante		· · · · · · · · · · · · · · · · · · ·
Non-Political	(C) 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 r	name	Off	fice Sought		Of	fice Held	
	ATTACH ADDIT	IONAL COPIE	s of this	SCHEDULI	E AS NEED	ED		langh (prior tables sind den syndrop ny mproprior and prior
Forms provided by Texas Eth	nics Com Reset	Form	ics.s	Réset Pa	ige		F	Revised 1/1/2025