

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: 14
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr	FIRST Clarence	MI L
	NICKNAME	LAST Jorif	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
	609 S Goliad Street #1502 Rockwall TX 75087		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (469)	PHONE NUMBER 580-2214	EXTENSION
	Date Received RECEIVED <i>12:40 PM</i> APR 03 2025 <i>BY: K. Leagne</i>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr	FIRST Kerry	MI M
	NICKNAME	LAST Shepherd	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY; STATE; ZIP CODE
	127 Deverson Drive Rockwall TX 75087		
8 CAMPAIGN TREASURER PHONE	AREA CODE (801)	PHONE NUMBER 336-7521	EXTENSION
	Date Hand-delivered or Date Postmarked 04/03/25		
9 REPORT 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)		
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month 1	Day 16	Year 25
		THROUGH	Month 4 / Day 3 / Year 25
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month 5	Day 3	Year 25
		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) City of Rockwall Mayor Pro Tem / Council Member Place 3	13 OFFICE SOUGHT (if known) City of Rockwall Mayor	
14 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	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2

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

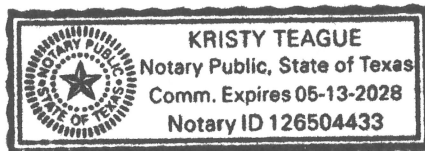
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Clarence L. Jorif this the 3rd day of April, 2025, to certify which, witness my hand and seal of office.

Kristy Teague Signature of officer administering oath
KRISTY TEAGUE Printed name of officer administering oath
NOTARY PUBLIC 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. ■ 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. ■ 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. ■ 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 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#: _____) Anonymous Contributor address; City; State; Zip Code	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/18/2025	Full name of contributor out-of-state PAC (ID#: _____) Linda Duran 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 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 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 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 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 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 03/08/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Victor Carrillo <hr/> 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 <hr/> Contributor address; City; State; Zip Code 3410 Ridgexcross 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 <hr/> 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 <hr/> 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

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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	200.00
	6 Contributor address; City; State; Zip Code [REDACTED] Rockwall TX 75087	
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	100.00
	Contributor address; City; State; Zip Code 6510 Warwick Drive Rockwall TX 75087	
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	150.00
	Contributor address; City; State; Zip Code 72 Belmont Court Florence KY 41042	
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	200.00
	Contributor address; City; State; Zip Code 1634 Peppertree Lane Lansing MI 48912	
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

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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	50.00
	6 Contributor address; City; State; Zip Code 1080 Jessica Lane Prosper TX 75078	
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	150.00
	Contributor address; City; State; Zip Code 406 E Rusk Rockwall TX 75087	
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	100.00
	Contributor address; City; State; Zip Code 402 W Boydston Avenue Rockwall TX 75087	
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	100.00
	Contributor address; City; State; Zip Code 605 Mountcastle Drive Rockwall TX 75087	
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Bradley Capitol Enterprises LLC
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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#: _____) Anonymous Contributor address; City; State; Zip Code	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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

<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		
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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	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: 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; State; Zip Code Heath TX 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. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
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; State; Zip Code Rockwall TX 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. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
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; State; Zip Code Newburyport MA 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. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
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	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: 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; State; Zip Code Rockwall TX 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. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
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; State; Zip Code Rockwall TX 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. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
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; State; Zip Code Farmers Branch TX 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. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
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	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: 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 Children'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	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: 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; One Apple Park Way		City; Cupertino	State; CA
			Zip Code 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; 408 S Goliad Street		City; Rockwall	State; TX
			Zip Code 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; 909 E I-30		City; Rockwall	State; TX
			Zip Code 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	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)

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
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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
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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