

# 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 **102**

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR FIRST MI  
**Mr Daniel**  
NICKNAME LAST SUFFIX  
**Clanton**

OFFICE USE ONLY

Date Received

RECEIVED

APR 29 2022

City Manager's / City  
Secretary's Office

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
**2401 Robinwood Lane Denton Texas 76209**

Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
**( 940 ) 231-5933**

Date Hand-delivered or Date Postmarked

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR FIRST MI  
**MRS Chrissie**  
NICKNAME LAST SUFFIX  
**Clanton**

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
**2401 Robinwood Lane, Denton Texas 76209**

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
**( 940 ) 231-5932**

9 REPORT TYPE

☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign  
treasurer appointment  
(Officeholder Only)  
☐ July 15 ☒ 8th day before election ☐ Exceeded Modified  
Reporting Limit ☐ Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month Day Year Month Day Year  
**3 / 29 / 22 THROUGH 4 / 27 / 22**

11 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year Primary Runoff Other  
Description  
**5 / 7 / 22** ☒ General ☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

14 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

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

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

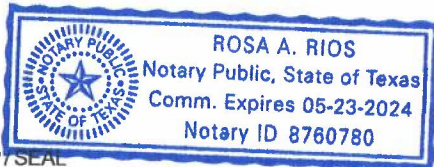
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ —
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,525
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ —
	4. TOTAL POLITICAL EXPENDITURES	\$ 6,904.43
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4,445.32
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ —

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.

*Daniel Clinton*  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Daniel Clinton this the 29<sup>th</sup> day of April, 2022, to certify which, witness my hand and seal of office.

Rosa A. Rios Rosa A. Rios Notary Public  
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

Daniel Clanton

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 5,525
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 6,904.43
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 5,824.75
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: <u>5</u>
2 FILER NAME <u>Daniel Clanton</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>4/12</u>	5 Full name of contributor out-of-state PAC (ID#: _____) <u>Hayes, Barry, White, Van Zant.</u>	7 Amount of contribution (\$) <u>1,000.00</u>
6 Contributor address; City; State; Zip Code <u>512 Helwig Denton TX 76201</u>		
8 Principal occupation / Job title (See Instructions) —		9 Employer (See Instructions) —
Date <u>4/12</u>	Full name of contributor out-of-state PAC (ID#: _____) <u>Jim Mc Natt Family LP</u>	Amount of contribution (\$) <u>1,000.00</u>
Contributor address; City; State; Zip Code <u>4401 N Interstate 35 Denton TX 76207</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>3/29</u>	Full name of contributor out-of-state PAC (ID#: _____) <u>Glen Carlton</u>	Amount of contribution (\$) <u>100.00</u>
Contributor address; City; State; Zip Code <u>Denton TX</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) <u>John Rasney</u>	Amount of contribution (\$) <u>\$50.00</u>
Contributor address; City; State; Zip Code <u>Denton TX</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></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:
2 FILER NAME <b>Daniel Clanton</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4/12</b>	5 Full name of contributor out-of-state PAC (ID#: <b>Hubster McClelland</b>	7 Amount of contribution (\$) <b>200.00</b>
6 Contributor address; City; State; Zip Code <b>2729 Hartlee Ct Denton TX 76208</b>		
8 Principal occupation / Job title (See Instructions) <b>—</b>		9 Employer (See Instructions) <b>—</b>
Date <b>4/8</b>	Full name of contributor out-of-state PAC (ID#: <b>MC Centre</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>Krum TX 76249</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4/8</b>	Full name of contributor out-of-state PAC (ID#: <b>Russell</b>	Amount of contribution (\$) <b>50.00</b>
Contributor address; City; State; Zip Code <b>Denton TX 76209</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4/13</b>	Full name of contributor out-of-state PAC (ID#: <b>Morris</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>500 IH 35E Denton TX 76205</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Daniel Clanton</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/4</i>	5 Full name of contributor out-of-state PAC (ID#: _____) <i>Ronald Carter</i> <hr/> 6 Contributor address; City; State; Zip Code <i>Denton TX</i>	7 Amount of contribution (\$)  <i>4,000.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>4/9</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Sharon Draper</i> <hr/> Contributor address; City; State; Zip Code <i>Denton TX</i>	Amount of contribution (\$)  <i>200.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) <i>Robert/Bette Sherman</i> <hr/> Contributor address; City; State; Zip Code <i>Denton TX</i>	Amount of contribution (\$)  <i>250.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) <i>Suzanne Feltner</i> <hr/> Contributor address; City; State; Zip Code <i>Denton TX</i>	Amount of contribution (\$)  <i>100.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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:
2 FILER NAME <i>Daniel Cantor</i>		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#: _____) <i>Lewis Toland</i> 6 Contributor address; City; State; Zip Code <i>Denton TX</i>	7 Amount of contribution (\$) <i>\$150.00</i>
8 Principal occupation / Job title (See Instructions) —		9 Employer (See Instructions) —
Date	Full name of contributor out-of-state PAC (ID#: _____) <i>Jennifer Grellhesl</i> Contributor address; City; State; Zip Code <i>Denton TX</i>	Amount of contribution (\$) <i>\$50.00</i>
Principal occupation / Job title (See Instructions) —		Employer (See Instructions) —
Date	Full name of contributor out-of-state PAC (ID#: _____) <i>Cora Wakefield</i> Contributor address; City; State; Zip Code <i>Denton TX</i>	Amount of contribution (\$) <i>100.00</i>
Principal occupation / Job title (See Instructions) —		Employer (See Instructions) —
Date	Full name of contributor out-of-state PAC (ID#: _____) <i>MARK J. Mullen</i> Contributor address; City; State; Zip Code <i>TX</i>	Amount of contribution (\$) <i>25.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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:
2 FILER NAME <i>Daniel Clanton</i>		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#: _____) <i>Daton Allen</i>	7 Amount of contribution (\$) <i>\$1,000.00</i>
6 Contributor address; City; State; Zip Code <i>Denton TX</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) <i>Jack Becken</i>	Amount of contribution (\$) <i>\$50.00</i>
Contributor address; City; State; Zip Code <i>Denton TX</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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  
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: <b>1</b>	2 FILER NAME <b>Daniel Cleaton</b>	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name <b>V. STA PRAT</b>	
6 Amount (\$) <b>428.18</b>	7 Payee address; <b>_____</b>	City; State; Zip Code
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	(b) Description <b>Signs/Cards</b>
	(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 <b>4/13</b>	Payee name <b>VISTA PRAT.</b>	
Amount (\$) <b>524.90</b>	Payee address; <b>_____</b>	City; State; Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Signs, Cards/T-Shirts.</b>
	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 <b>4/27</b>	Payee name <b>Anedote Fees</b>	
Amount (\$) <b>126.60</b>	Payee address; <b>_____</b>	City; State; Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Fees</b>	Description <b>fees</b>
	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 PERSONAL FUNDS

## SCHEDULE G

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.

<b>1</b> Total pages Schedule G:	<b>2</b> FILER NAME: <i>Daniel Clanton</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date: <i>4/15/2022</i>	<b>5</b> Payee name: <i>USTA pro.</i>	
<b>6</b> Amount (\$): <i>5,824.75</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule): <i>Advertising</i>	
	<b>(b)</b> Description: <i>mailers.</i>	
<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name	
	Office sought	
	Office held	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
Reimbursement from political contributions intended <input type="checkbox"/>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	
	Description	
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		
Date	Candidate / Officeholder name	
	Office sought	
	Office held	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
Reimbursement from political contributions intended <input type="checkbox"/>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	
	Description	
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		
Date	Candidate / Officeholder name	
	Office sought	
	Office held	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
Reimbursement from political contributions intended <input type="checkbox"/>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	
	Description	
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		
Date	Candidate / Officeholder name	
	Office sought	
	Office held	

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