

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 <i>10</i>		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr	FIRST Daniel	MI	OFFICE USE ONLY Date Received		
	NICKNAME	LAST Clanton	SUFFIX			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 2401 Robinwood Lane Denton Texas 76209			RECEIVED APR 29 2022 City Manager's / City Secretary's Office		
Change of Address						
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (940)	PHONE NUMBER 231-5933	EXTENSION	Date Hand-delivered or Date Postmarked		
6 CAMPAIN TREASURER NAME	MS / MRS / MR MRS	FIRST Chrissie	MI	Receipt # Amount \$		
	NICKNAME	LAST Clanton	SUFFIX	Date Processed		
7 CAMPAIN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY; 2401 Robinwood Lane, Denton Texas 76209			STATE; ZIP CODE		
8 CAMPAIN TREASURER PHONE	AREA CODE (940)	PHONE NUMBER 231-5932	EXTENSION			
9 REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)		
	<input type="checkbox"/> July 15	<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month 3	Day / 29	Year / 22	Month 4	Day / 27	Year / 22
11 ELECTION	ELECTION DATE Month 5	Day / 7	Year / 22	ELECTION TYPE Primary <input checked="" type="checkbox"/> General Runoff Special Other Description		
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.					
Additional Pages	COMMITTEE TYPE GENERAL	COMMITTEE NAME				
	SPECIFIC	COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

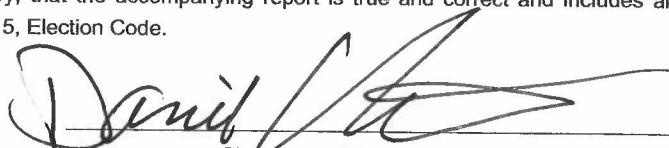
FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

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)	\$ <u>—</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>15,525</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>—</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>6,904.43</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>4,445.32</u>
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>—</u>
OUTSTANDING LOAN TOTALS		

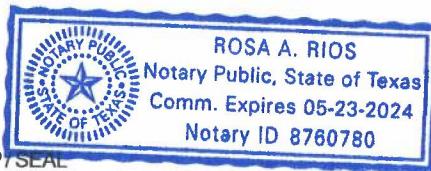
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Daniel Clayton this the 29th day of April, 20 22, to certify which, witness my hand and seal of office.

Rosa A. Rios Signature of officer administering oath

Rosa A. Rios 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	20 Filer ID (Ethics Commission Filers)
Daniel Clawton	
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: <i>5</i>
2 FILER NAME <i>Daniel Carlton</i>			3 Filer ID (Ethics Commission Filers)
4 Date <i>4/12</i>	5 Full name of contributor <i>Hayes, Berry, White, Van Zant.</i>	out-of-state PAC (ID#:)	7 Amount of contribution (\$) <i>1,000.00</i>
	6 Contributor address; <i>52 Hwy 287 Denton TX 76201</i>	City; State; Zip Code	
8 Principal occupation / Job title (See Instructions) <i>—</i>		9 Employer (See Instructions) <i>—</i>	
Date <i>4/12</i>	Full name of contributor <i>Jim McNatt Family LP</i>	out-of-state PAC (ID#:)	Amount of contribution (\$) <i>1,000.00</i>
	Contributor address; <i>4401 N Interstate 35 Denton TX 76207</i>	City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>3/29</i>	Full name of contributor <i>Glenn Carlton</i>	out-of-state PAC (ID#:)	Amount of contribution (\$) <i>100.00</i>
	Contributor address; <i>Denton TX</i>	City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <i>John Rainey</i>	out-of-state PAC (ID#:)	Amount of contribution (\$) <i>150.00</i>
	Contributor address; <i>Denton TX</i>	City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 <i>Daniel Clanton</i>			3 Filer ID (Ethics Commission Filers)
4 Date <i>4/12</i>	5 Full name of contributor <i>Hubster McClelland</i>	out-of-state PAC (ID#:)	7 Amount of contribution (\$) <i>200.00</i>
6 Contributor address; <i>2729 Hartlee ct Denton TX 76208</i>	City; State; Zip Code		
8 Principal occupation / Job title (See Instructions) <i>—</i>	9 Employer (See Instructions) <i>—</i>		
Date <i>4/8</i>	Full name of contributor <i>M.C. Entine</i>	out-of-state PAC (ID#:)	Amount of contribution (\$) <i>100.00</i>
Contributor address; <i>Krum TX 76249</i>	City; State; Zip Code		
Principal occupation / Job title (See Instructions)	Employer (See Instructions)		
Date <i>4/8</i>	Full name of contributor <i>Russell</i>	out-of-state PAC (ID#:)	Amount of contribution (\$) <i>50.00</i>
Contributor address; <i>Denton TX 76209</i>	City; State; Zip Code		
Principal occupation / Job title (See Instructions)	Employer (See Instructions)		
Date <i>4/13</i>	Full name of contributor <i>Morris</i>	out-of-state PAC (ID#:)	Amount of contribution (\$) <i>100.00</i>
Contributor address; <i>500 IH 35E Denton TX 76205</i>	City; State; Zip Code		
Principal occupation / Job title (See Instructions)	Employer (See Instructions)		

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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<p>The Instruction Guide explains how to complete this form.</p>				<p>1 Total pages Schedule A1:</p>
<p>2 FILER NAME <i>Daniel Clanton</i></p>				<p>3 Filer ID (Ethics Commission Filers)</p>
<p>4 Date <i>4/4</i></p>	<p>5 Full name of contributor <i>Ronald Carter</i></p>	<p>out-of-state PAC (ID#:</p>		<p>7 Amount of contribution (\$)</p>
	<p>6 Contributor address; <i>Denton TX</i></p>	<p>City;</p>	<p>State;</p>	<p>Zip Code</p>
				<p><i>\$1000.00</i></p>
<p>8 Principal occupation / Job title (See Instructions)</p>			<p>9 Employer (See Instructions)</p>	
<p>Date <i>4/9</i></p>	<p>Full name of contributor <i>Sharon Draper</i></p>	<p>out-of-state PAC (ID#:</p>		<p>Amount of contribution (\$)</p>
	<p>Contributor address; <i>Denton TX</i></p>	<p>City;</p>	<p>State;</p>	<p>Zip Code</p>
				<p><i>200.00</i></p>
<p>Principal occupation / Job title (See Instructions)</p>			<p>Employer (See Instructions)</p>	
<p>Date</p>	<p>Full name of contributor <i>Robert/Bette Sherman</i></p>	<p>out-of-state PAC (ID#:</p>		<p>Amount of contribution (\$)</p>
	<p>Contributor address; <i>Denton TX</i></p>	<p>City;</p>	<p>State;</p>	<p>Zip Code</p>
				<p><i>250.00</i></p>
<p>Principal occupation / Job title (See Instructions)</p>			<p>Employer (See Instructions)</p>	
<p>Date</p>	<p>Full name of contributor <i>Suzanne Feltor</i></p>	<p>out-of-state PAC (ID#:</p>		<p>Amount of contribution (\$)</p>
	<p>Contributor address; <i>Denton TX</i></p>	<p>City;</p>	<p>State;</p>	<p>Zip Code</p>
				<p><i>100.00</i></p>
<p>Principal occupation / Job title (See Instructions)</p>			<p>Employer (See Instructions)</p>	
<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

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<p>The Instruction Guide explains how to complete this form.</p>			<p>1 Total pages Schedule A1:</p>
<p>2 FILER NAME <i>Daniel Chandler</i></p>			<p>3 Filer ID (Ethics Commission Filers)</p>
<p>4 Date</p>	<p>5 Full name of contributor</p> <p><i>Lewis Toland</i></p>	<p>out-of-state PAC (ID#:</p>	<p>7 Amount of contribution (\$)</p> <p><i>\$150.00</i></p>
	<p>6 Contributor address:</p> <p><i>Denton TX</i></p>	<p>City; State; Zip Code</p>	
<p>8 Principal occupation / Job title (See Instructions)</p> <p><i>—</i></p>		<p>9 Employer (See Instructions)</p> <p><i>—</i></p>	
<p>Date</p>	<p>Full name of contributor</p> <p><i>Jennifer Greathouse</i></p>	<p>out-of-state PAC (ID#:</p>	<p>Amount of contribution (\$)</p> <p><i>\$50.00</i></p>
	<p>Contributor address:</p> <p><i>Denton TX</i></p>	<p>City; State; Zip Code</p>	
<p>Principal occupation / Job title (See Instructions)</p> <p><i>—</i></p>		<p>Employer (See Instructions)</p> <p><i>—</i></p>	
<p>Date</p>	<p>Full name of contributor</p> <p><i>Cora Wakefield</i></p>	<p>out-of-state PAC (ID#:</p>	<p>Amount of contribution (\$)</p> <p><i>100.00</i></p>
	<p>Contributor address:</p> <p><i>Denton TX</i></p>	<p>City; State; Zip Code</p>	
<p>Principal occupation / Job title (See Instructions)</p> <p><i>—</i></p>		<p>Employer (See Instructions)</p> <p><i>—</i></p>	
<p>Date</p>	<p>Full name of contributor</p> <p><i>Mark Mullens</i></p>	<p>out-of-state PAC (ID#:</p>	<p>Amount of contribution (\$)</p> <p><i>25.00</i></p>
	<p>Contributor address:</p> <p><i>TX</i></p>	<p>City; State; Zip Code</p>	
<p>Principal occupation / Job title (See Instructions)</p> <p><i>—</i></p>		<p>Employer (See Instructions)</p> <p><i>—</i></p>	

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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 Clinton</i>			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <i>Denton Allen</i>	out-of-state PAC (ID#:)	7 Amount of contribution (\$) <i>\$1,000.00</i>
	6 Contributor address; <i>Denton TX</i>	City; State; Zip Code	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date	Full name of contributor <i>Jack Beekin</i>	out-of-state PAC (ID#:)	Amount of contribution (\$) <i>\$50.00</i>
	Contributor address; <i>Denton TX</i>	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)	
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	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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Daniel Clawton</i>	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name <i>V. STA PROT</i>		
6 Amount (\$) <i>428.18</i>	7 Payee address: —	City: _____ State: _____ Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description <i>Signs/Cards</i>	
	(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 <i>4/3</i>	Payee name <i>Vista Prot.</i>		
Amount (\$) <i>524.90</i>	Payee address: —	City: _____	State: _____ Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>Signs, Cards/T-Shirts.</i>	
	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 <i>4/27</i>	Payee name <i>Antedote Fees</i>		
Amount (\$) <i>126.60</i>	Payee address: —	City: _____	State: _____ Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fees</i>	Description <i>fees</i>	
	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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

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

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