#### CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 10 MS / MRS / MR 3 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** Mr Clarence L NAME Date Received SUFFIX NICKNAME LAST Jorif ADDRESS / PO BOX: 4 CANDIDATE / APT / SUITE # CITY: STATE: ZIP CODE **OFFICEHOLDER** MAILING 609 S Goliad Street #1502 Rockwall TX 75087 **ADDRESS** Change of Address PHONE NUMBER AREA CODE EXTENSION 5 CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (469)07/14/25 580-2214 PHONE Receipt # Amount \$ MS / MRS / MR FIRST MI 6 CAMPAIGN **TREASURER** Kerry M Date Processed Mr NAME NICKNAME LAST SUFFIX Date Imaged Shepherd STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; ZIP CODE CAMPAIGN TREASURER Rockwall TX 127 Deverson Drive 75087 **ADDRESS** (Residence or Business) AREA CODE PHONE NUMBER **EXTENSION** 8 CAMPAIGN **TREASURER** PHONE (801 336-7521 9 REPORT TYPE 15th day after campaign 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) **Exceeded Modified** Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD Month Day Month Day Year COVERED 7 15 / 25 26 25 THROUGH ELECTION DATE **ELECTION TYPE** 11 ELECTION Primary Runoff Other Month Day Year Description Special General 3 25 . OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE City of Rockwall Mayor City of Rockwall Mayor Pro Tem / Council Member Place 3 THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM 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. **POLITICAL** COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

	N FINANCE REPORT	COVER	SHEET PG 2		
15 C/OH NAME Mr Clarence L Jor		Filer ID (Eth	ics Commission Filers)		
17 CONTRIBUTION TOTALS	<ol> <li>TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</li> </ol>	\$	0.00		
,	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	8,060.00		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	0.00		
	4. TOTAL POLITICAL EXPENDITURES	\$	8,668.59		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA OF REPORTING PERIOD	\$ \$	865.61		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	2,049.95		
	wear, or affirm, under penalty of perjury, that the accompanying report is true and uired to be reported by me under Title 15, Election Code.	correct and	includes all information		
	a. L. Jos	L			
Signature of Candidate or Officeholder					
Please complete either option below:					

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed to	pefore me by	rence L. Ja	RIF thi	s the	day of	July,
Kristy V	which, witness my hand and seal of control of the c	RISTY TEAGL	<b>LE</b> ng oath			4 Public administering oath
		OR				
(2) Unsworn Declaratio	n					
My name is		, ar	nd my date of b	oirth 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/Off	iceholder (Decl	arant)
					(	,

## **SUBTOTALS - C/OH**

# FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Co			mmission Filers)	
	Clarence L Jorif				
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE				
1.	SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS		\$	700.00	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$		
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS				
4.	SCHEDULE E: LOANS	\$			
5.	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			1,061.28	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$		
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS				
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD				
9.	9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS				
10.	0. 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 CONTRIBUT TO FILER	IONS RETURNED	\$		

## 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 th	nis form.	1 Total pages Schedule A1:
2 FILER NAME Clarence	L Jorif		3 Filer ID (Ethics Commission Filers)
4 Date	Don Laws	PAC (ID#:)	7 Amount of contribution (\$)
05/05/2025	6 Contributor address; City; 1620 Shores Boulevard Rod	500.00	
8 Principal occu Owner	pation / Job title (See Instructions)	9 Employer (See Instruct District 24 IT	tions)
Date 05/05/2025	Full name of contributor out-of-state F	AC (ID#:)	Amount of contribution (\$)
03/03/2023	Contributor address; City;  56 W Louise Street Long Be		200.00
Principal occupation / Job title (See Instructions)  Executive Director  Employer (See Instructions)  Norwalk Chamber			*
Date	Full name of contributor out-of-state F	AC (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor out-of-state P	AC (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occupation / Job title (See Instructions)  Employer (See Instru			tions)
			,
	ATTACH ADDITIONAL COPIES		

### 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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/M  The Instruction Guide explains how to c	vages/Contract Labor complete this form.	Other (enter a cat	egory not liste	d above)
1 Total pages Schedule F1:	2 FILER NAME Clarence L Jorif		3 Filer ID (Etl	nics Commis	sion Filers)
4 Date 04/24/2025	5 Payee name LOUDER.ai				
6 Amount (\$)	7 Payee address;	City;	State;	Zip C	ode
5.00	36 Water Street	Newburyp	oort	MA	01950
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Consulting Expense	Social Media	a Expense		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder liv	ring expense	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office he	eld
Date	Payee name				
04/28/2025	Apple				
Amount (\$)	Payee address;	City;	State;	Zip C	ode
2.15	One Apple Park Way	Cupertino	CA	950	14
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Other	Communica	ition Expen	se	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder liv	ing expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office he	eld
Date	Payee name				
04/28/2025	Cluckin Great Chicken				
Amount (\$)	Payee address;	City;	State;	Zip C	ode
9.52	1810 S Goliad Street	Rockwal	I	TX	75087
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Food/Beverage Expense	1			
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	, TX, officeholder liv	ng expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office h	eld
4	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED		

### SCHEDULE F1

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### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Vages/Contract Labor	Travel Out Of Dist Other (enter a cate		d above)	
Total pages Schedule F1:	2 FILER NAME Clarence L Jorif		3 Filer ID (Eth	ics Commis	sion Filers)	
1 Date	5 Payee name					
04/29/2025	Braums Store					
Amount (\$)	7 Payee address;	City;	State;	Zip C	ode	
8.75	1820 S Goliad Street	Rockwal	1	TX	75087	
3	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE OF EXPENDITURE	Food/Beverage Expense					
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder livi	ng expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	sought Office held			
Date	Payee name					
04/29/2025	Cluckin Great Chicken					
Amount (\$)	Payee address;	City;	State;	Zip C	ode	
8.43	1810 S Goliad Street	Rockwall	TX	7	5087	
	Category (See Categories listed at the top of this schedule)	Description		<del></del>		
PURPOSE OF EXPENDITURE	Food/Beverage Expense					
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held				
Date	Payee name					
04/30/2025	Braums Store					
Amount (\$)	Payee address;	City;	State;	Zip C	ode	
8.75	1820 S Goliad Street	Rockwal	Ι .	TX	75087	
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Food/Beverage Expense					
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living	ng expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office he	eld	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEI	DED			

### SCHEDULE F1

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### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to c	omplete this form			
1 Total pages Schedule F1:			3 Filer ID (Et	nics Commi	ssion Filers)
	5 Payee name				
05/03/2025	Braums Store				
6 Amount (\$)	7 Payee address;	City;	State;	Zip	Code
7.45	1820 S Goliad Street	Rockwal	H	TX	75087
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Food/Beverage Expense				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder liv	ving expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	/	Office h	neld
Date	Payee name				
05/03/2025	China Taste				
Amount (\$)	Payee address;	City;	State;	Zip (	Code
183.59	2310 Greencrest Boulevard	Rockwa	all	TX	75087
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Food/Beverage Expense	,			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	in, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held			eld
Date	Payee name				
05/03/2025	Tom Thumb				
Amount (\$)	Payee address;	City;	State;	Zip (	Code
19.99	3070 N Goliad Street	Rockwa	11	TX	75087
	Category (See Categories listed at the top of this schedule)	Description		***************************************	
PURPOSE OF EXPENDITURE	Event Expense	Decorations	5		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder liv	ing expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office I	held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED		

### SCHEDULE F1

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### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Candidate/Officeholder/Politica Credit Card Payment		Nages/Contract Labor	Travel Out Of Distric Other (enter a categ	ct ory not listed above)	
1 Total pages Schedule F1:	2 FILER NAME Clarence L Jorif	3	Filer ID (Ethic	s Commission Filers)	
l Date	5 Payee name	antina para ang ataung at magan na ang at mang at magan ang at mang at mang at mang at mang at mang at mang at D			
05/06/2025	Rosa's Cafe	4			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
107.28	2245 S Goliad Street	Rockwall	TX	75032	
3	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Food/Beverage Expense				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living	g expense	
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
05/10/2025	WIX				
Amount (\$)	Payee address;	City;	State;	Zip Code	
82.04	235 W 23rd Street	New York	٨	IY 10011	
	Category (See Categories listed at the top of this schedule)	Description		The Conference of the Conferen	
PURPOSE OF EXPENDITURE	Advertising Expense	Social Media	Expense		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, 1	ΓX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office sought Office held		
Date	Payee name				
05/11/2025	Sugar Kissed Balloons				
Amount (\$)	Payee address;	City;	State;	Zip Code	
240.00	133 Southwood Drive	Rockwall	T.	X 75032	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Event Expense	Decorations			
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin, T	X, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	ED		

### SCHEDULE F1

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### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Candidate/Officeholder/Politica Credit Card Payment	, and the second	Vages/Contract Labor	Other (enter a catego	
1 Total pages Schedule F1:	2 FILER NAME Clarence L Jorif		3 Filer ID (Ethics	Commission Filers)
4 Date 05/14/2025	5 Payee name Apple			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
2.99	One Apple Park Way	Cupertin	0 0	A 95014
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Other	Communica	ation Expens	е
	(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
Date	Payee name			
05/25/2025	Apple		×	
Amount (\$)	Payee address;	City;	State;	Zip Code
2.15	One Apple Park Way	Cupertin	o C	A 95014
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Other	Communica	ation Expens	е
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
05/30/2025	Jersey Mike's			
Amount (\$)	Payee address;	City;	State;	Zip Code
368.05	3035 Ridge Road, Suite 109	Rockwal	I T	75032
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Food/Beverage Expense			,
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

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Credit Card Payment	The Instruction Guide explains how to c	complete this form.	Other (enter a categor	ory not listed above)	
1 Total pages Schedule F1:	2 FILER NAME Clarence L Jorif		3 Filer ID (Ethic	s Commission Filers)	
4 Date 06/14/2025	5 Payee name Apple				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
2.99	One Apple Park Way	Cupertino	CA	95014	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Other	Communic	ation Expens	e	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
06/25/2025	Apple				
Amount (\$)	Payee address;	City;	State;	Zip Code	
2.15	One Apple Park Way	Cupertino	CA	95014	
1	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Other	Communication Expense			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
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 Austi	n, TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED		