

# 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:

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

Mr  
NICKNAME

Clyde  
LAST

A  
SUFFIX

Andrew

Jewell

**OFFICE USE ONLY**

Date Received

2020 OCT -5 AM 10:52

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

PO Box 2442, Cedar Hill, TX 75106

Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(214) 499-6065

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

Mrs  
NICKNAME

Amber  
LAST

L  
SUFFIX

Jewell

7 CAMPAIGN  
TREASURER  
ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

1201 Witherspoon Rd, Cedar Hill, TX 75104

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(214) 499-6065

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 \$500 limit

Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month

Day

Year

07 / 01 / 2020

THROUGH

Month

Day

Year

09 / 24 / 2020

11 ELECTION

ELECTION DATE

Month

Day

Year

11 / 03 / 2020

Primary

Runoff

ELECTION TYPE

Other  
Description

General

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Dallas County Commissioner  
District 3

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

Clyde A. Jewell

15 Filer ID (Ethics Commission Filers)

16 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

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$0

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$527.00

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$0

4. TOTAL POLITICAL EXPENDITURES

\$1,161.55

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

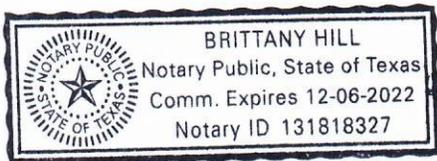
\$23.97

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$147.03

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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]*  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Clyde A. Jewell, this the 5<sup>th</sup> day of October, 20 20, to certify which, witness my hand and seal of office.

*[Signature]*  
Signature of officer administering oath

Brittany Hill  
Printed name of officer administering oath

Notary Public  
Title of officer administering oath

# SUBTOTALS - C/OH

**FORM C/OH  
COVER SHEET PG 3**

19 FILER NAME

*Clyde A. Jewell*

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$527.00
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$0
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$0
4.	<input checked="" type="checkbox"/>	SCHEDULE E: LOANS	\$147.03
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$1,161.55
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$0
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$0
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$0
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$0
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$0
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$0
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$0

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **3**

2 FILER NAME

**Clyde A. Jewell**

3 Filer ID (Ethics Commission Filers)

4 Date

**07/19/20**

5 Full name of contributor

**Kevin Hale**

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

**\$20.00**

6 Contributor address;

City; State; Zip Code

**8523 Strathmore, Dallas, TX 75238**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

**07/21/20**

Full name of contributor

**Nelson Range**

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**\$5.00**

Contributor address;

City; State; Zip Code

**1205 Downwood Dr, Burleson, TX 76028**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**07/24/20**

Full name of contributor

**Arthur Thomas IV**

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**\$10.00**

Contributor address;

City; State; Zip Code

**7113 Avery Rd, Live Oak, TX 78233**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**08/06/20**

Full name of contributor

**Brianna Coyle**

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**\$10.00**

Contributor address;

City; State; Zip Code

**97-20 101 Ave, Ozone Park, NY 11416**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

3

2 FILER NAME

Clyde A. Jewell

3 Filer ID (Ethics Commission Filers)

4 Date

08/06/20

5 Full name of contributor

Joe Roberts

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$50.00

6 Contributor address;

City; State; Zip Code

2235 Homeway Cir, Dallas, TX 75228

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

08/07/20

Full name of contributor

Curry Taylor

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

2813 Willow Ridge Dr, Garland, TX 75044

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/01/20

Full name of contributor

Shane Newsom

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$50.00

Contributor address;

City; State; Zip Code

1749 Crestridge Dr, Garland, TX 75042

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/03/20

Full name of contributor

Libertarian Party Radical Caucus

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$250.00

Contributor address;

City; State; Zip Code

PO Box 1392, Clifton, CO 81520

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

3

2 FILER NAME

Clyde A. Jewell

3 Filer ID (Ethics Commission Filers)

4 Date

09/13/20

5 Full name of contributor

Jeff Daiell

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$7.00

6 Contributor address;

City; State; Zip Code

8701 S. Braeswood #178, Houston, TX 77031

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

09/19/20

Full name of contributor

Barry Smith

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$25.00

Contributor address;

City; State; Zip Code

2403 Hillburn, Dallas, TX 75227

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)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# LOANS

# SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E: **1**

2 FILER NAME

*Clyde A. Jewell*

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$ **0.00**

5 Date of loan

*08/26/20*

7 Name of lender

*Clyde A. Jewell*

out-of-state PAC (ID#: \_\_\_\_\_ )

9 Loan Amount (\$)

\$ **30.00**

6 Is lender a financial institution?

Y  N

8 Lender address; City; State; Zip Code

*1201 Witherspoon Rd, Cedar Hill, TX 75104*

10 Interest rate

**0%**

11 Maturity date

**11/04/2020**

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

none

15 Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address; City; State; Zip Code

not applicable

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

*09/19/20*

Name of lender

*Clyde A. Jewell*

out-of-state PAC (ID#: \_\_\_\_\_ )

Loan Amount (\$)

\$ **117.03**

Is lender a financial institution?

Y  N

Lender address; City; State; Zip Code

*1201 Witherspoon Rd, Cedar Hill, TX 75104*

Interest rate

**0%**

Maturity date

**11/04/2020**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

not applicable

Principal Occupation (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## 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: <b>1</b>	2 FILER NAME <b>Clyde A. Jewell</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>08/27/20</b>	5 Payee name <b>NOW Magazines LLC</b>
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6 Amount (\$) <b>\$720.50</b>	7 Payee address; City; State; Zip Code <b>413 W. Main Street, Waxahachie, TX 75165</b>
----------------------------------	---

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Advertising expense</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>magazine ad</b>
------------------------------------	--	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>09/22/20</b>	Payee name <b>BigPromotions.net</b>
-------------------------	--

Amount (\$) <b>\$441.05</b>	Payee address; City; State; Zip Code <b>381 Casa Linda Plz #200, Dallas, TX 75218</b>
--------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising expense</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>yard signs</b>
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**