

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

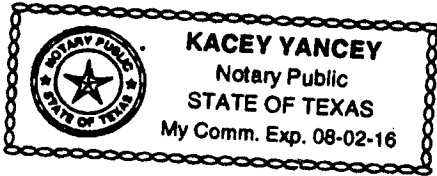
FORM C/OH COVER SHEET PG 2

14 C.OH NAME <u>W. Clyde Lemon</u>	15 ACCOUNT # (Ethics Commission Filers)
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16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> 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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME <hr/> COMMITTEE ADDRESS <hr/> COMMITTEE CAMPAIGN TREASURER NAME <hr/> COMMITTEE CAMPAIGN TREASURER ADDRESS <hr/>

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 10.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,760.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ —
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,530.22
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,153.28
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ —

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.

Waymon C. Lemon
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Waymon C. Lemon, this the 5th day of October, 20 13, to certify which, witness my hand and seal of office.

Kacey Yancey
Signature of officer administering oath

Kacey Yancey
Printed name of officer administering oath

Notary Public
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A: 1 of 4	
2 FILER NAME W. Clyde Lemon				3 ACCOUNT # (Ethics Commission Filers)	
4 Date 7/24/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GARY P. PEARSON	7 Amount of contribution (\$) 50.00	8 In-kind contribution description (if applicable)		
6 Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)			
9 Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)		
Date 7/31/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles R. Bellomy	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions) Architect			Employer (See Instructions) Hemes Architects		
Date 8/7/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fred Carvin	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 8/14/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fred King	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 9/6/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Transport Workers Union PAC	Amount of contribution (\$) 2,000.00	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)			
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.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 of 4

2 FILER NAME

W. Clyde Lemon

3 ACCOUNT # (Ethics Commission Filers)

4 Date

9/10/13

5 Full name of contributor out-of-state PAC (ID# _____)

Harmon Gregg

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

6 Contributor address: City: State: Zip Code

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

9/8/13

Full name of contributor out-of-state PAC (ID# _____)

Charles Hunter

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/8/13

Full name of contributor out-of-state PAC (ID# _____)

Donald Queen

Amount of contribution (\$)

150.00

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/8/13

Full name of contributor out-of-state PAC (ID# _____)

Nate Humphrey

Amount of contribution (\$)

200.00

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/10/13

Full name of contributor out-of-state PAC (ID# _____)

William Rooper

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 3 of 4	
2 FILER NAME W. Clyde Lemon		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/9/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Don R. McAdams	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 9/10/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WALTER DAVIS	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/25/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CLARA PRUITT	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/27/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VIVIAN HARRISON	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/3/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arturo y Helinda Garcia	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

4 of 4

2 FILER NAME

W. Clyde Lemon

3 ACCOUNT # (Ethics Commission Filers)

4 Date

10/3/13

5 Full name of contributor out-of-state PAC (ID#: _____)

Ray Phillips

7 Amount of contribution (\$)

50.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10/3/13

Full name of contributor out-of-state PAC (ID#: _____)

Leroy Holmes

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/3/13

Full name of contributor out-of-state PAC (ID#: _____)

Betty Lewis

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/3/13

Full name of contributor out-of-state PAC (ID#: _____)

Jeffrey Bricker

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/3/13

Full name of contributor out-of-state PAC (ID#: _____)

Waverly Nelley

Amount of contribution (\$)

\$ 200.00

In-kind contribution description (if applicable)

Space Rental Reception

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

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.

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 1 of 4	2 FILER NAME W. Clyde Lemon	3 ACCOUNT # (Ethics Commission Filers)
4 Date 7/18/13	5 Payee name U. S. Postmaster	
6 Amount (\$) 46.00	7 Payee address; City; State; Zip Code 401 Franklin Houston, TX 77201	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Postage	(b) Description (If travel outside of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 8/1/13	Payee name Houston F. S.D.	
Amount (\$) 300.00	Payee address; City; State; Zip Code 4400 W. 18th St Houston, TX	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Filing fee	Description (if travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 8/1/13	Payee name Chase Bank	
Amount (\$) \$ 5.00	Payee address; City; State; Zip Code 712 Main St Houston, TX 77002	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (if travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 8/22/13	Payee name Alpha merit Foundation	
Amount (\$) 100.00	Payee address; City; State; Zip Code 1919 Ruth Houston, TX 77004	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Back to School Donations	Description (if travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 4 of 4	2 FILER NAME W. Clyde Lemon	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 9/23/13	5 Payee name Baptist Ministers of Houston UZmity
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6 Amount (\$) 200.00	7 Payee address; City; State; Zip Code 7817 Carlhoun Houston, TX 77033
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Blackwalkers/Printing	(b) Description (If travel outside of Texas, complete Schedule T)
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9 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 (If travel outside of Texas, complete Schedule T)	
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 (If travel outside of Texas, complete Schedule T)	
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 (If travel outside of Texas, complete Schedule T)	
Complete ONLY 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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1 of 2	2 FILER NAME W. Clyde Lemon	3 ACCOUNT # (Ethics Commission Filers)
4 Date 8/31/13	5 Payee name Cracker Barrel	
6 Amount (\$) 33.25 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 11019 Shadow Creek Pkwy Pearland, TX 77584	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Solicitation/Fundraising food	(b) Description (If travel outside of Texas, complete Schedule T)
Date 8/31/13	Payee name Office Depot	
Amount (\$) 27.58 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 3000 SILVERTAKE VILLAGE DR PEARLAND, TX 77584	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Supplies	Description (If travel outside of Texas, complete Schedule T)
Date 9/29/13	Payee name U. S. Postmaster	
Amount (\$) 46.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 401 Franklin Houston, TX 77201	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Postage	Description (If travel outside of Texas, complete Schedule T)
Date 9/29/13	Payee name U. S. Postmaster	
Amount (\$) 23.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 401 Franklin Houston, TX 77201	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Postage	Description (If travel outside of Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The instruction Guide explains how to complete this form.

1 Total pages Schedule G: <i>2 of 2</i>		2 FILER NAME <i>W. Clyde Lemmon</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>10/3/13</i>		5 Payee name <i>SAM'S CLUB</i>			
6 Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended <i>71.85</i>		7 Payee address; City; State; Zip Code <i>1615 S. LOOP W. HOUSTON, TX 77054</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>Food/Beverage Fundraising</i>		(b) Description (If travel outside of Texas, complete Schedule T)	
Date <i>10/3/13</i>		Payee name <i>Big Lots</i>			
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended <i>19.17</i>		Payee address; City; State; Zip Code <i>8210 Kirby Dr. Houston, TX 77054</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Solicitation/Fundraising Expense</i>		Description (If travel outside of Texas, complete Schedule T)	
Date <i>10/3/13</i>		Payee name <i>Kroger Foods</i>			
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended <i>60.90</i>		Payee address; City; State; Zip Code <i>1990 Old Spanish Trail Houston, TX</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Food Beverage Fundraising</i>		Description (If travel outside of Texas, complete Schedule T)	
Date		Payee name			
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.

1 Total pages Schedule T: *1 of 1*

2 FILER NAME *W. Clyde Lemon*

3 ACCOUNT # (Ethics Commission Filers)

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee
Waverly Valley Attorney at Law

5 Contribution / Expenditure reported on:

- Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G
- Schedule H Schedule N COH-UC COH-T PAC-C PAC-E

6 Dates of travel

7 Name of person(s) traveling

8 Departure city or name of departure location

9 Destination city or name of destination location

10 Means of transportation

11 Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

- Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G
- Schedule H Schedule N COH-UC COH-T PAC-C PAC-E

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

- Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G
- Schedule H Schedule N COH-UC COH-T PAC-C PAC-E

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

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