

**CANDIDATE / OFFICEHOLDER  
 CAMPAIGN FINANCE REPORT**

**FORM C/OH  
 COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.

1 ACCOUNT #  
 (Ethics Commission Filers)

2 Total pages filed:

12

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI  
 W. CLYDE  
 NICKNAME LAST SUFFIX  
 LEMON

OFFICE USE ONLY

Date Received

13OCT2

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
 P.O. Box 331207 Houston, TX 77233

change of address

Date Hand-delivered or Postmarked

Receipt #

Amount

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
 (832) 647-3953

Date Processed

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI  
 JAMES  
 NICKNAME LAST SUFFIX  
 DOUGLAS

Date Imaged

7 CAMPAIGN TREASURER ADDRESS (residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
 5318 Calhoun Houston, TX 77021

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
 (713) 747-4737

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 THROUGH Month Day Year  
 10 / 5 / 2013 THROUGH 10 / 25 / 2013

11 ELECTION

ELECTION DATE ELECTION TYPE  
 Month Day Year  Primary  Runoff  General  Special  
 11 / 5 / 2013

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Trustee District 1194  
 H. S. D.

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# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH  
COVER SHEET PG 2**

14 C/OH NAME

*W. Clyde Lemon*

15 ACCOUNT # (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

GENERAL

SPECIFIC

additional pages

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION  
TOTALS

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

\$ 100.00

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

\$ 3,750.00

EXPENDITURE  
TOTALS

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

\$ —

4. TOTAL POLITICAL EXPENDITURES

\$ 4214.33

CONTRIBUTION  
BALANCE

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

\$ 702.43

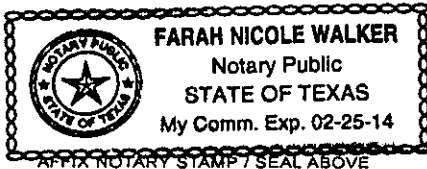
OUTSTANDING  
LOAN TOTALS

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

\$ —

18 AFFIDAVIT

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.



AFFIX NOTARY STAMP / SEAL ABOVE

*Waymon C. Lemon*  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Waymon C. Lemon, this the 25th day of October, 20 13, to certify which, witness my hand and seal of office.

*Farah Nicole Walker*  
Signature of officer administering oath

Farah Nicole Walker  
Printed name of officer administering oath

Personal Banker  
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: <i>1 of 3</i>	
2 FILER NAME <i>W. Clyde Lemon</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>10/7/13</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Charlie Mitchell</i>	7 Amount of contribution (\$) <i>100.00</i>	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) <i>Retired</i>		10 Employer (See Instructions)	
Date <i>10/7/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>CWA Political Action PAC</i>	Amount of contribution (\$) <i>2,000.00</i>	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 <i>10/7/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Duane Tubert</i>	Amount of contribution (\$) <i>50.00</i>	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 <i>10/14/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Terrence Smith</i>	Amount of contribution (\$) <i>450.00</i>	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 <i>10/2/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Latona Wilson</i>	Amount of contribution (\$) <i>\$ 50.00</i>	In-kind contribution description (if applicable) <i>Lunch for volunteers</i>
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: <i>2 of 3</i>	
2 FILER NAME <i>W. Clyde Lemon</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>10/12/13</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Communication Workers Local 6222</i>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable) <i>200.00 office space</i>
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 <i>10/4/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Prince Cartwright Jr.</i>	Amount of contribution (\$) <i>\$ 100.00</i>	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) <i>Attorney at Law</i>		Employer (See Instructions)	
Date <i>10/19/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Baptist Ministers of Houston</i>	Amount of contribution (\$) <i>\$ 200.00</i>	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 <i>10/19/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Freddie and Dazy Maunra</i>	Amount of contribution (\$) <i>\$ 500.00</i>	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) <i>Retired</i>		Employer (See Instructions)	
Date <i>10/21/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Paul + Dee Brennan</i>	Amount of contribution (\$) <i>\$ 100.00</i>	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 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	Printing Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees		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:		2 FILER NAME <i>W. Clyde Lemon</i>		3 ACCOUNT # (Ethics Commission Filers) <i>1 of 3</i>	
4 Date <i>10/7/13</i>		5 Payee name <i>Jessie Sallie</i>			
6 Amount (\$) <i>\$230.00</i>		7 Payee address; City; State; Zip Code <i>7923 Cabot Houston, TX 77078</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>Consulting Expense (signs)</i>		(b) Description (If travel outside of Texas, complete Schedule T) <i>Placement</i>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	
Date <i>10/4/13</i>		Payee name <i>Postmark</i>			
Amount (\$) <i>7.17</i>		Payee address; City; State; Zip Code <i>401 Franklin St Houston, TX 77201</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Postage</i>		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 <i>10/8/13</i>		Payee name <i>Opinion Analysts</i>			
Amount (\$) <i>282.71</i>		Payee address; City; State; Zip Code <i>906 Rio Grande St Austin, TX 78701</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>DATA - Research</i>		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 <i>10/9/13</i>		Payee name <i>Office Depot</i>			
Amount (\$) <i>34.63</i>		Payee address; City; State; Zip Code <i>3000 Silver Lake Village Dr Pearland, TX 77584</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>office supplies</i>		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:	2 FILER NAME <i>W. Clyde Lemon</i>	3 ACCOUNT # (Ethics Commission Filers) <i>S of S</i>
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4 Date <i>10/23/13</i>	5 Payee name <i>Sprint to Print</i>
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6 Amount (\$) <i>388.00</i>	7 Payee address; City; State; Zip Code <i>8748 Clapp Rd Houston, TX 77080</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Printing - Signs</i>	(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

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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: <b>1</b>	2 FILER NAME <b>W. Clyde Lemon</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>10/1/13</b>	5 Payee name <b>A. Phillip Randolph Institute</b>
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6 Amount (\$) <b>20.00</b>	7 Payee address; City; State; Zip Code <b>P.O. Box 841366 Pearland, TX 77584</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) <b>Donation Event Reception</b>	(b) Description (See instructions regarding type of information required.) <b>Fall fest 2013</b>
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Date <b>10/17/13</b>	Payee name <b>Madison High School</b>
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Amount (\$) <b>30.00</b>	Payee address; City; State; Zip Code <b>13719 White Heather Houston, TX 77045</b>
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PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) <b>Parade Entry Fee</b>	(b) Description (See instructions regarding type of information required.) <b>Homecoming</b>
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Date <b>10/18/13</b>	Payee name <b>GAM's Club</b>
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Amount (\$) <b>32.41</b>	Payee address; City; State; Zip Code <b>15800 South Fry, Pearland, TX 77584</b>
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PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) <b>Advertising</b>	(b) Description (See instructions regarding type of information required.) <b>Parade Give Aways</b>
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
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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: <u>1</u>
2 FILER NAME <u>W. Clyde Lemon</u>		3 ACCOUNT # (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee <u>Latoria Wilson</u>		
5 Contribution / Expenditure reported on: <input checked="" type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> 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 <u>Communication Workers of America Local 6222</u>		
Contribution / Expenditure reported on: <input checked="" type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> 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: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> 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)	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		