1

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
2003 JUL 15 PM 1:22

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

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: 4

OFFICE USE ONLY
Date Received
Date Hand-delivered or Date Postmarked
Receipt # | Amount
Date Processed
Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME
TITLE | FIRST: GEORGE | MI: B.
NICKNAME: BRAD | LAST: CLEAR | SUFFIX

4 CANDIDATE / OFFICEHOLDER ADDRESS
☐ Change of Address
ADDRESS / PO BOX: 8424 | APT / SUITE #: JACLYN | CITY: PARK | STATE: S.A., TX | ZIP CODE: 78250

5 CAMPAIGN TREASURER NAME
TITLE | FIRST: ROLAND | MI
NICKNAME | LAST: RODRIGUEZ | SUFFIX

6 CAMPAIGN TREASURER ADDRESS (Residence or business)
STREET ADDRESS (NO PO BOX PLEASE): 1211 VISTA DEL RIO | APT / SUITE #: | CITY: S.A., | STATE: TX | ZIP CODE: 78216

7 CAMPAIGN TREASURER PHONE
AREA CODE: (210) | PHONE NUMBER: 785-4004 | EXTENSION: N/A

8 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)

9 PERIOD COVERED
Month Day Year: 4/24/03 THROUGH Month Day Year: 6/30/03

10 ELECTION
ELECTION DATE Month Day Year: 5/7/05
ELECTION TYPE: ☐ Primary ☐ Runoff ☒ General ☐ Special

11 OFFICE
OFFICE HELD (if any): N/A

12 OFFICE SOUGHT (if known): CITY COUNCIL DIST. 6

13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS
•• Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ••
Name: N/A
Address / PO Box; Apt. / Suite #; City; State; Zip Code: N/A
☐ additional pages

GO TO PAGE 2

2

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME GEORGE BRADFORD CLEAR

15 ACCOUNT # (Ethics Commission filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

•• This box is for notice of political expenditures 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

COMMITTEE NAME: N/A

COMMITTEE ADDRESS: N/A

COMMITTEE CAMPAIGN TREASURER NAME: N/A

COMMITTEE CAMPAIGN TREASURER ADDRESS: N/A

☐ additional pages

CITY OF SAN ANTONIO RECEIVED CITY CLERK JUL 15 PM 1:22

17 NO REPORTABLE ACTIVITY

☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION TOTALS

	1. TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ 75.00
	2. **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 1175.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ 87.98
	4. **TOTAL POLITICAL EXPENDITURES**	$ 1759.15
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ Q

19 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.

NOTARY PUBLIC STATE OF TEXAS
Peggy S Neeley
My Commission Expires
March 18, 2007

George Bradford Clear
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said George Bradford Clear, this the 15 day of July, 2003, to certify which, witness my hand and seal of office.

Signature of officer administering oath | Peggy S Neeley Printed name of officer administering oath | Notary Title of officer administering oath

Printed on recycled paper

Revised 05/11/2000

3

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
2003 JUL 15 PM 1:22

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 1

2 FILER NAME: GEORGE BRADFORD CLEAR

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
4/28/3	DR. DANNY KELLUM JR. 7323 MARBACH S.A., TX 78227	500.00	N/A
Principal occupation (Optional):	Employer (Optional):		
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5/1/3	JACK EFRON 10010 SAN PEDRO S.A., TX 78216	100.00	N/A
Principal occupation (Optional):	Employer (Optional):		
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/29/3	NANCY KELLUM 3 PARMAN PLACE S.A., TX 78230	500.00	N/A
Principal occupation (Optional):	Employer (Optional):		
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
Principal occupation (Optional):	Employer (Optional):		
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
Principal occupation (Optional):	Employer (Optional):		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

RECEIVED
CITY OF SAN ANTONIO
2003 JUL 15 PM 1:22

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $

5 Date of loan

6 Is lender a financial Institution? Y N

7 Name of lender ☐ out-of-state PAC (ID#:_____)

8 Lender address; City; State; Zip Code

9 Loan Amount ($)

10 Interest rate

11 Maturity date

12 Description of Collateral ☐ none

13 GUARANTOR INFORMATION ☐ not applicable

14 Name of guarantor

15 Guarantor address; City; State; Zip Code

16 Amount Guaranteed ($)

17 Principal Occupation

18 Employer

Date of loan

Is lender a financial Institution? Y N

Name of lender ☐ out-of-state PAC (ID#:_____)

Lender address; City; State; Zip Code

Loan Amount ($)

Interest rate

Maturity date

Description of Collateral ☐ none

GUARANTOR INFORMATION ☐ not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed ($)

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
2003 JUL 15 PM 1:22

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 1

2 FILER NAME GEORGE BRADFORD CLEAR

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
4/28/03	RIGHT IMAGES 2027 SABLE LANE, S.A., TX 78217	543.91

8 Purpose of payment (See instructions regarding type of information required.): CARDS FOR MAIL-OUT

9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name: N/A; Office sought; Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4/28/03	U.S. POST OFC. DEZEVALA + I-10 S.A., TX 78249	925.00

Purpose of payment (See instructions regarding type of information required.): POSTAGE FOR MAIL-OUT

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name: N/A; Office sought; Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
5/2/3	H.E.B. 6000 WEST AVENUE, S.A., TX 78213	145.90

Purpose of payment (See instructions regarding type of information required.): FOOD FOR ELECTION PARTY DAY

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name: N/A; Office sought; Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
5/3/3	JASONS DELI (CHARGE) 9933 IH-10 W S.A., TX 78230	56.36

Purpose of payment (See instructions regarding type of information required.): FOOD FOR ELECTION NIGHT

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name: N/A; Office sought; Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED