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: 11

OFFICE USE ONLY

Date Received

RECEIVED JUL 16 2001 CITY SECRETARY

Date Hand-delivered or Date Postmarked

Receipt # | Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

TITLE | FIRST: DeWAYNE | MI

NICKNAME | LAST: LARK | SUFFIX

4 CANDIDATE / OFFICEHOLDER ADDRESS

☐ Change of Address

ADDRESS / PO BOX: P.O. Box 530832 | APT / SUITE #: | CITY: Houston | STATE: TX | ZIP CODE 77253

5 CAMPAIGN TREASURER NAME

TITLE | FIRST: RITA | MI: R

NICKNAME | LAST: WASHINGTON | SUFFIX

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): 5814 HERON | APT / SUITE #: | CITY: Houston | STATE: TX | ZIP CODE 77033

7 CAMPAIGN TREASURER PHONE

AREA CODE (713) | PHONE NUMBER 734-1074 | EXTENSION

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 / / 01 THROUGH Month Day Year: 7 / 16 / 01

10 ELECTION

ELECTION DATE Month Day Year: 11 / 06 / 01

ELECTION TYPE: ☐ Primary ☐ Runoff ☒ General ☐ Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known): City Council

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

Texas Ethics Commission P O Box 12070 Austin, Texas 78711-2070 (512)463-5800 - 1-800-32[illegible]8506

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME: DEWAYNE LARK

15 ACCOUNT # (Ethics Commission Form)

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

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	$ 475.00
2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 3,010.00

EXPENDITURE TOTALS

3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ 99.57
4.	**TOTAL POLITICAL EXPENDITURES**	$ 2,141.42

OUTSTANDING LOAN TOTALS

5.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 650.00

19 AFFIDAVIT

BETTY J. FLOOD
MY COMMISSION EXPIRES
JUNE 11, 2005

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.

DeWayne Lark
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said DeWayne Lark, this the 16 day of July, 2021, to certify which, witness my hand and seal of office.

Betty J. Flood	BETTY J. FLOOD	Notary
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath

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

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: 3

2 FILER NAME: DeWAYNE LARK

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)
5/14/01	Norman Adams HOUSTON, TX	$1,000.00	

9 Principal occupation (Optional)	10 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)
5/14/01	RITA WASHINGTON HOUSTON, TX	$250.00	

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)
5/17/01	George Reiter HOUSTON, TX	$300.00	

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)
5/17/01	Bruce Hotze HOUSTON, TX	$250.00	

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)
5/17/01	Deborah Wallace HOUSTON, TX	$70.00	

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.

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

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:

2 FILER NAME: De Wayne Lack

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor / 6 Contributor address: City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
5/17/01	☐ out-of-state PAC (ID#:) Michael Lack Houston, TX	$120.00	

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor / Contributor address: City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5/17/01	☐ out-of-state PAC (ID#:) Dan Lack Houston, TX	$70.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor / Contributor address: City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5/17/01	☐ out-of-state PAC (ID#:) Winson Smith Houston, TX	$50.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor / Contributor address: City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5/29/01	☐ out-of-state PAC (ID#:) Trina Lack Houston, TX	$500.00	

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor / Contributor address: City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5/29/01	☐ out-of-state PAC (ID#:) M. B. Mechem Houston, TX	$50.00	

Principal occupation (Optional)	Employer (Optional)

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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:

2 FILER NAME

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)
7/2/01	Harold Williams Houston, TX	$50.00	

9 Principal occupation (Optional)	10 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)
7/2/01	William Galanis Houston, TX	$500.00	

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)

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)

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PLEDGED CONTRIBUTIONS

SCHEDULE B1
(FOR FORMS C/OH, SC-C/OH, SC-SPAC, & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule B1: 4

2 FILER NAME: DeWAYNE LARK

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $

5 Date	6 Full name of pledgor / 7 Pledgor address; City; State; Zip Code	8 Amount of pledge ($)	9 In-kind description (if applicable)
5/18/01	WILLIE WRIGHT	$500.00	

10 Principal occupation (optional) | 11 Employer (optional)

Date	Full name of pledgor / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
5/18/01	Dan + Effie Lark, Houston, TX	$500.00	

Principal occupation (optional) | Employer (optional)

Date	Full name of pledgor / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
5/18/01	Michael Lark, Houston, TX	$500.00	

Principal occupation (optional) | Employer (optional)

Date	Full name of pledgor / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
5/18/01	Tana Lark, Houston, TX	$500.00	

Principal occupation (optional) | Employer (optional)

Date	Full name of pledgor / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
5/18/01	Wilson Smith, Houston, TX	$500.00	

Principal occupation (optional) | Employer (optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
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PLEDGED CONTRIBUTIONS

SCHEDULE B1
(FOR FORMS C/OH, SC-C/OH, SC-SPAC, & SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this Schedule B1:

2 FILER NAME: De WAYNE LARK

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $

5 Date	6 Full name of pledgor / 7 Pledgor address; City; State; Zip Code	8 Amount of pledge ($)	9 In-kind description (if applicable)
5/18/01	E. C. WILLIS Houston, TX	$500.00	

10 Principal occupation (optional) | 11 Employer (optional)

Date	Full name of pledgor / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
5/18/01	George Reiter Houston, TX	$500.00	

Principal occupation (optional) | Employer (optional)

Date	Full name of pledgor / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
5/18/01	Marvin James Houston, TX	$500.00	

Principal occupation (optional) | Employer (optional)

Date	Full name of pledgor / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
5/18/01	Freddie Wallace Houston, TX	$500.00	

Principal occupation (optional) | Employer (optional)

Date	Full name of pledgor / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
5/18/01	Deborah Wallace	$500.00	

Principal occupation (optional) | Employer (optional)

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PLEDGED CONTRIBUTIONS

SCHEDULE B1
(FOR FORMS C/OH, SC-C/OH, SC-SPAC, & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule B1:

2 FILER NAME: De Wayne Lark

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $

5 Date	6 Full name of pledgor / 7 Pledgor address: City: State: Zip Code	8 Amount of pledge ($)	9 In-kind description (if applicable)
5/18/01	Marc Senft Houston TX	$500.00	
10 Principal occupation (optional)	11 Employer (optional)		
Date	Full name of pledgor / Pledgor address: City: State: Zip Code	Amount of pledge ($)	In-kind description (if applicable)
5/18/01	William C. Appleewhite Houston TX	$500.00	
Principal occupation (optional)	Employer (optional)		
Date	Full name of pledgor / Pledgor address: City: State: Zip Code	Amount of pledge ($)	In-kind description (if applicable)
5/18/01	DeBerratt Shaffer Houston TX	$500.00	
Principal occupation (optional)	Employer (optional)		
Date	Full name of pledgor / Pledgor address: City: State: Zip Code	Amount of pledge ($)	In-kind description (if applicable)
5/18/01	Aubrey Jefferson Houston TX	$1000.00	
Principal occupation (optional)	Employer (optional)		
Date	Full name of pledgor / Pledgor address: City: State: Zip Code	Amount of pledge ($)	In-kind description (if applicable)
5/18/01	Jo Ricky Sharpless Houston TX	$1,000.00	
Principal occupation (optional)	Employer (optional)		

☐ out-of-state PAC (ID#:

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PLEDGED CONTRIBUTIONS

SCHEDULE B1
(FOR FORMS C/OH, SC-C/OH, SC-SPAC, & SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this Schedule B1:

2 FILER NAME: De Wayne Lark

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $

5 Date	6 Full name of pledgor / 7 Pledgor address: City: State: Zip Code	8 Amount of pledge ($)	9 In-kind description (if applicable)
5/18/01	Rita Washington Houston TX	9,500.00	

10 Principal occupation (optional) | 11 Employer (optional)

Date	Full name of pledgor / Pledgor address: City: State: Zip Code	Amount of pledge ($)	In-kind description (if applicable)

Principal occupation (optional) | Employer (optional)

Date	Full name of pledgor / Pledgor address: City: State: Zip Code	Amount of pledge ($)	In-kind description (if applicable)

Principal occupation (optional) | Employer (optional)

Date	Full name of pledgor / Pledgor address: City: State: Zip Code	Amount of pledge ($)	In-kind description (if applicable)

Principal occupation (optional) | Employer (optional)

Date	Full name of pledgor / Pledgor address: City: State: Zip Code	Amount of pledge ($)	In-kind 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.

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: 1

2 FILER NAME: DeWayne Lark

3 ACCOUNT # (Ethics Commission filers)

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

5 Date of loan: 4/12/01

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

9 Loan Amount ($): $650.00

6 Is lender a financial institution? Y (N)

8 Lender address: City: Houston State: TX Zip Code

10 Interest rate: 10%

11 Maturity date: 12/6/01

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

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

Loan Amount ($)

Is lender a financial institution? Y N

Lender address: City: State: Zip Code

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: MACHINE OPERATOR

Employer: U.S.P.S.

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 1

2 FILER NAME: DeWAYNE LARK

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address: City, State, Zip Code	7 Amount ($)
5/11/01	BESTINE FORBES HOUSTON, TX	$250.00

8 Purpose of payment (See instructions regarding type of information required.): Deposit - Campaign Kickoff Dinner

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address: City, State, Zip Code	Amount ($)
5/18/01	H.E.S.S. CLUB HOUSTON, TX	$695.24

Purpose of payment (See instructions regarding type of information required.): Balance - Campaign Kickoff Dinner

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

Date	Payee name / Payee address: City, State, Zip Code	Amount ($)
6/9/01	CBS HOUSTON, TX	$828.12

Purpose of payment (See instructions regarding type of information required.): Campaign Signs

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

Date	Payee name / Payee address: City, State, Zip Code	Amount ($)
6/9/01	CBS HOUSTON, TX	$368.06

Purpose of payment (See instructions regarding type of information required.): Campaign Badges

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED