

# 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 <input checked="" type="checkbox"/> MR	FIRST <i>Jimmie</i>	MI <i>P</i>	OFFICE USE ONLY		
	NICKNAME	LAST <i>Allred</i>	SUFFIX <i>JR</i>	Date Received <i>01-12-26</i> <i>by Angela Trajin</i>		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE: ZIP CODE		
<sup>PO Box 161</sup> <sup>bailey</sup> <sup>TX 75413</sup>						
<input type="checkbox"/> Change of Address						
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE <i>(903)</i>	PHONE NUMBER <i>227-4945</i>	EXTENSION			
6 CAMPAIGN TREASURER NAME	MS / <input checked="" type="checkbox"/> MRS MR	FIRST <i>Lana</i>	MI <i>L</i>	Date Hand-delivered or Date Postmarked <i>01-12-26</i>		
	NICKNAME	LAST <i>Allred</i>	SUFFIX	Receipt # <i>01-12-26</i> Amount \$ <i>01-12-26</i>		
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): <i>PO Box 161</i>		APT / SUITE #: <i>bailey</i>	CITY: STATE: ZIP CODE <i>TX 75413</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE <i>(972)</i>	PHONE NUMBER <i>342</i>	EXTENSION <i>0560</i>			
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)					
10 PERIOD COVERED	Month <i>9</i>	Day <i>129</i>	Year <i>2025</i>	Month <i>01</i>	Day <i>15</i>	Year <i>2026</i>
11 ELECTION	Month <i>03</i>	Day <i>03</i>	Year <i>2026</i>	THROUGH ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)		
14 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.					
<input type="checkbox"/> Additional Pages		COMMITTEE TYPE	COMMITTEE NAME			
		<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS			
		<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME			
			COMMITTEE CAMPAIGN TREASURER ADDRESS			

GO TO PAGE 2

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

19 FILER NAME	20 Filer ID (Ethics Commission Filers)	
<i>Jimmie Alford</i>		
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3500-	
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>0</i>	
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <i>0</i>	
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$ <i>0</i>	
5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1716.50	
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <i>0</i>	
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>0</i>	
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>0</i>	
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>0</i>	
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ <i>0</i>	
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>0</i>	
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <i>0</i>	

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1:
2 FILER NAME <u>Jimmye Allard</u>			3 Filer ID (Ethics Commission Filers)
4 Date <u>9/29/25</u>	5 Full name of contributor <u>Jimmye &amp; Lora Allard</u>	<input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) <u>\$2000 -</u>
6 Contributor address; <u>3427 CR 4845 Leonard TX 75652</u>	City; State; Zip Code		
8 Principal occupation / Job title (See Instructions) <u>Teacher/Speech Therapist</u>	9 Employer (See Instructions) <u>Wolfe City ISD</u>		
Date <u>12/1/25</u>	Full name of contributor <u>Jimmye &amp; Lora Allard</u>	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <u>\$1000 -</u>
Contributor address; <u>3427 CR 4845 Leonard TX 75652</u>	City; State; Zip Code		
Principal occupation / Job title (See Instructions)	Employer (See Instructions)		
Date <u>12/15/25</u>	Full name of contributor <u>Brenda Jackson</u>	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <u>\$500 -</u>
Contributor address; <u>1269 FM 898 Bonham TX 75418</u>	City; State; Zip Code		
Principal occupation / Job title (See Instructions)	Employer (See Instructions)		
Date	Full name of contributor .....	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; .....	City; State; Zip Code	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

•• Complete only if "Report Type" on page 1 is marked "Final Report" ••

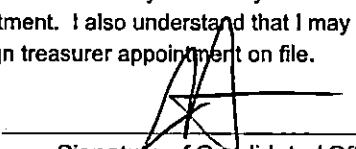
1 C/OH NAME

Jimmie Allard

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

  
Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

•• Complete A & B below only if you are not an officeholder. ••

## A. CAMPAIGN FUNDS

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

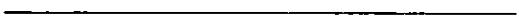
I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

## B. ASSETS

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

  
Signature of Candidate

5 OFFICEHOLDER

•• Complete this section only if you are an officeholder ••

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

  
Signature of Officeholder

## FROM POLITICAL CONTRIBUTIONS

If the requested information is not applicable, DO NOT include this page in the report.

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
 Accounting/Banking  
 Consulting Expense  
 Contributions/Donations Made By  
 Candidate/Officeholder/Political Committee  
 Credit Card Payment

Event Expense  
 Fees  
 Food/Beverage Expense  
 Gift/Awards/Memorials Expense  
 Legal Services

Loan Repayment/Reimbursement  
 Office Overhead/Rental Expense  
 Polling Expense  
 Printing Expense  
 Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
 Transportation Equipment & Related Expense  
 Travel In District  
 Travel Out Of District  
 Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
3	Jimmie Allred			
4 Date	5 Payee name			
11/12/25	Fannin Co Republican Party			
6 Amount (\$)	7 Payee address:	City: State: Zip Code		
750-	PO Box 83	Randolph TX 75475		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	Fees	Filing Expense		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name	Office sought	Office held
Date	Payee name			
10/16/25	Staples			
Amount (\$)	Payee address:	City:	State:	Zip Code
138.65	6834 Wesley ST STE. D	Greenville TX 75402		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Printing Expense	Guide To Texas Laws For County Officials		
	<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
Date	Payee name			
9/30/25	Sign Works			
Amount (\$)	Payee address:	City:	State:	Zip Code
216.50	505 Mulberry ST	Leonard TX 75452		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Printing Expense	Campaign Signs		
	<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
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

If the requested information is not applicable, DO NOT include this page in the report.

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
 Accounting/Banking  
 Consulting Expense  
 Contributions/Donations Made By  
 Candidate/Officeholder/Political Committee  
 Credit Card Payment

Event Expense  
 Fees  
 Food/Beverage Expense  
 Gift/Awards/Memorials Expense  
 Legal Services

Loan Repayment/Reimbursement  
 Office Overhead/Rental Expense  
 Polling Expense  
 Printing Expense  
 Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
 Transportation Equipment & Related Expense  
 Travel In District  
 Travel Out Of District  
 Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

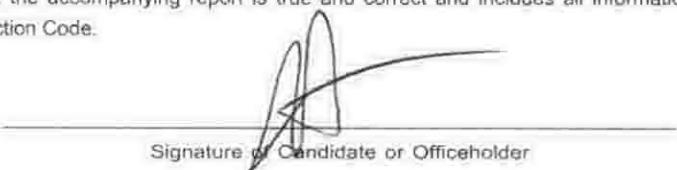
1 Total pages	Schedule F1: <u>3</u>	2 FILER NAME <u>Tommie Allred</u>	3 Filer ID (Ethics Commission Filers)
4 Date	<u>1/15/26</u>	5 Payee name <u>Zazzle</u>	
6 Amount (\$)	<u>71.69</u>	7 Payee address: <u>1800 Seaport Blvd</u>	City: <u>Redwood City</u> State: <u>CA</u> Zip Code <u>94063</u>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u>		(b) Description <u>Cards</u>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought
Date	Payee name		
<u>1/11/26</u>	<u>Zazzle</u>		
Amount (\$)	Payee address:	City:	State: Zip Code
<u>56.35</u>	<u>1800 Seaport Blvd</u>	<u>Redwood City</u>	<u>CA 94063</u>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	<u>Advertising Expense</u>	<u>Cards</u>	
	<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 held
Date	Payee name		
<u>10/28/25</u>	<u>Zazzle</u>		
Amount (\$)	Payee address:	City:	State: Zip Code
<u>82.91</u>	<u>1800 Seaport Blvd</u>	<u>Redwood City</u>	<u>CA 94063</u>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	<u>Advertising Expense</u>	<u>Cards</u>	
	<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 held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

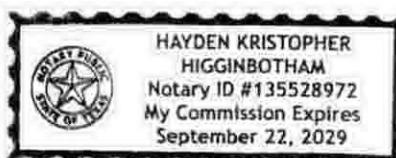
15 C/OH NAME	Jimmie Allred	
16 Filer ID (Ethics Commission Filers)		
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 3500 -
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3500 -
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 1716.50
	4. TOTAL POLITICAL EXPENDITURES	\$ 1716.50
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1783.50
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0
OUTSTANDING LOAN TOTALS		

18 SIGNATURE 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 of Candidate or Officeholder

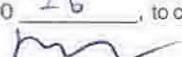
Please complete either option below:

(1) Affidavit



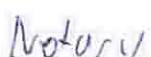
NOTARY STAMP/SEAL

Sworn to and subscribed before me by Jimmie Allred Jr. this the 12th day of January, 2026, to certify which, witness my hand and seal of office.



Signature of officer administering oath

Printed name of officer administering oath

  
Notary

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.

(street)

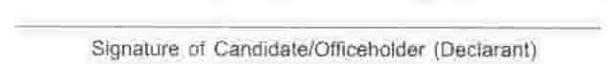
(city)

(state)

(zip code)

(country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.  
(month) (year)

  
Signature of Candidate/Officeholder (Declarant)