

# 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:

## OFFICE USE ONLY

Date Received 01-12-26  
by Angela Trozin

Date Hand-delivered or Date Postmarked

01-12-26

Receipt #

Amount \$

Date Processed

01-12-26

Date Imaged

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS ☒ MR

FIRST

Jimmie

MI

P

NICKNAME

Alfred

SUFFIX

JR

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX:

APT / SUITE #:

CITY:

STATE:

ZIP CODE

PO Box 161

Bailey

TX 75413

☐ Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(903)

227-4945

6 CAMPAIGN  
TREASURER  
NAME

MS / ☒ MRS ☐ MR

FIRST

Lana

MI

L

NICKNAME

Alfred

SUFFIX

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #:

CITY:

STATE:

ZIP CODE

PO Box 161

Bailey

TX

75413

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(972)

342

0560

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 Modified  
Reporting Limit

☐

Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month

Day

Year

9 / 29 / 2025

THROUGH

Month

Day

Year

01 / 15 / 2026

11 ELECTION

ELECTION DATE

Month

Day

Year

03 / 03 / 2026

ELECTION TYPE

☒

Primary

☐

Runoff

☐

Other  
Description

☐

General

☐

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.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

GO TO PAGE 2

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

**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 <i>Jimmie Allred</i>				3 Filer ID (Ethics Commission Filers)	
4 Date <i>9/29/25</i>		5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jimmie + Lana Allred</i>		7 Amount of contribution (\$) <i>\$2000-</i>	
		6 Contributor address; City; State; Zip Code <i>3427 CR 4845 Leonard TX 75452</i>			
8 Principal occupation / Job title (See Instructions) <i>Teacher / Speech Therapist</i>			9 Employer (See Instructions) <i>Wolfe City ISD</i>		
Date <i>12/1/25</i>		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jimmie + Lana Allred</i>		Amount of contribution (\$) <i>\$1000-</i>	
		Contributor address; City; State; Zip Code <i>3427 CR 4845 Leonard TX 75452</i>			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date <i>12/15/25</i>		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Brenda Jettan</i>		Amount of contribution (\$) <i>\$500-</i>	
		Contributor address; City; State; Zip Code <i>1769 FM 898 Bonham TX 75418</i>			
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 Allred*

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]*  
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

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: <b>3</b>		2 FILER NAME <b>Jimmie Allred</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>11/12/25</b>		5 Payee name <b>Fannin Co Republican Party</b>			
6 Amount (\$) <b>750-</b>		7 Payee address; <b>PO Box 83</b>		City; <b>Randolph</b>	State; <b>TX</b>
				Zip Code <b>75475</b>	
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Fees</b>		(b) Description <b>Filing Expense</b>		
	(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 <b>10/6/25</b>		Payee name <b>Staples</b>			
Amount (\$) <b>138.65</b>		Payee address; <b>6834 Wesley ST STE D</b>		City; <b>Greenville TX</b>	State; <b>TX</b>
				Zip Code <b>75402</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>		Description <b>Guide To TEXAS Laws For County OFFICERS</b>		
	<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 <b>9/30/25</b>		Payee name <b>Sign Works</b>			
Amount (\$) <b>216.50</b>		Payee address; <b>505 Mulberry ST</b>		City; <b>Leonard TX</b>	State; <b>TX</b>
				Zip Code <b>75452</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>		Description <b>Campaign Signs</b>		
	<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

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: <b>3</b>	2 FILER NAME <b>Jimmie Alford</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>1/5/26</b>	5 Payee name <b>Zazzle</b>	
6 Amount (\$) <b>71.69</b>	7 Payee address; <b>1800 Seaport Blvd Redwood City CA 94063</b> City: State: Zip Code	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	(b) Description <b>Cards</b>
	(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 <b>1/11/26</b>	Payee name <b>Zazzle</b>	
Amount (\$) <b>56.35</b>	Payee address; <b>1800 Seaport Blvd Redwood City CA 94063</b> City: State: Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Cards</b>
	<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 <b>10/28/25</b>	Payee name <b>Zazzle</b>	
Amount (\$) <b>82.91</b>	Payee address; <b>1800 Seaport Blvd Redwood City CA 94063</b> City: State: Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Cards</b>
	<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

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

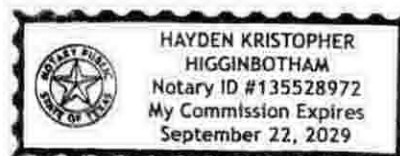
15 C/OH NAME <u>Jimmie Allred</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>3500 -</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES,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

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 Pierre Allred Jr. this the 12th day of January, 2026, to certify which, witness my hand and seal of office.

[Signature] Hayden Higginbotham Notary

Signature of officer administering oath Printed name of officer administering oath 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)