APPOINTMENT OF A CAMPAIGN TREASURER BY A SPECIFIC-PURPOSE COMMITTEE

FORM STA

lf y	See STA Instruction Guide for detailed instructions. If you are involved in a School District Bond Election, you must file Form STA with the local filing authority BEFORE sending a file-stamped copy to the Texas Ethics Commission.						
2	COMMITTEE NAME	Friends for Better County Law Enforcement	OFFICE USE ONLY				
3	COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 901 CR 488, Spur, TX 79370	Date Received 5/15/24				
4	CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MI Lesa NICKNAME LAST SUFFIX Arnold	Date Hand-delivered or Postmarked				
5	CAMPAIGN TREASURER STREET ADDRESS (residence or business)	STREET ADDRESS; APT / SUITE #; CITY; STATE; ZIP CODE 901 CR 488, Spur, TX 79370	Receipt # Amount \$ Date Processed Date Imaged				
6	MAILING ADDRESS same as above	ADDRESS / PO BOX; APT / SUITE#; CITY; STATE; ZIP CODE					
7	CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (806.000) 789-4555					
8	PERSON APPOINTING TREASURER	Ricky West	SUFFIX				
9	SIGNATURE	I understand that I have been appointed as the campaign trea committee and that I am responsible for filing all required report fines for failure to do so. I am aware of the restrictions in title 15 of the from corporations and labor organizations.	s and that I may be subject to				
10	ASSISTANT CAMPAIGN TREASURER (see instructions)	FIRST MI LAST	SUFFIX				
11	ASSISTANT CAMPAIGN TREASURER ADDRESS	ADDRESS / PO BOX; APT / SUITE#; CITY;	STATE; ZIP CODE				
12	ASSISTANT CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION () THIS /	FILED FOR RECORD				
		CONTINUE ON PAGE 2	DANAY CARNES				

SPECIFIC-PURPOSE COMMITTEE: PURPOSE AND MODIFIED REPORTING DECLARATION

FORM STA PG 2

3 COMMITTEE NAME					
Fri	ends for Better County Law Er	nforcement			
14 COMMITTEE PURPOSE	CANDIDATE / OFFICEHOLDER NAME Jay Allen				
SUPPORT CANDIDATE					
OPPOSE CANDIDATE	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) Dickens County Sher	riff			
ASSIST OFFICEHOLDER					
	BALLOT IDENTIFICATION OF MEASURE / #	ELECTION DATE Month Day Year			
SUPPORT MEASURE					
OPPOSE MEASURE	DESCRIPTION				
15 MODIFIED REPORTING DECLARATION	COMPLETE THIS SECTION ONLY IF Y MODIFIED REPORTIN				
	 This declaration must be filed no late before the first election to which the de 				
	••The modified reporting declaration is valid for (An election cycle includes a primary election, a general ele				
	The committee does not intend to accept more that contributions or make more than \$1,080 in political efiling fees) in connection with any future election with committee understands that if either one of those lin committee's campaign treasurer will be required to and, if necessary, a runoff report.	expenditures (excluding hin the election cycle. The mits is exceeded, the			
	Year of election(s) or election cycle to Signature which declaration applies	e of Campaign Treasurer			

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

TEC Filers may send this form to the TEC electronically at treasappoint@ethics.state.tx.us

or mail to
Texas Ethics Commission
P.O. Box 12070
Austin, TX 78711-2070

Non-TEC Filers must file this form with the local filing authority DO NOT SEND TO TEC

For more information about where to file go to: https://www.ethics.state.tx.us/filinginfo/QuickFileAReport.php

This appointment is effective on the date it is filed with the appropriate filing authority.

APPOINTMENT OF A CAMPAIGN TREASURER BY A SPECIFIC-PURPOSE COMMITTEE

FORM STA

DANAY CARNES

_					Control of the Contro			
If y	See STA Instruction Guide for detailed instructions. If you are involved in a School District Bond Election, you must file Form STA with the local filing authority BEFORE sending a file-stamped copy to the Texas Ethics Commission.					1 Total pages filed:	3	
2	COMMITTEE NAME	Friends	for Better Cour	ty Law E	nforcemer	nt		JSE ONLY
3	COMMITTEE	ADDRESS / PO BOX;	APT/SUITE#,	СПҮ,	STATE; 2	ZIP CODE	Filer ID # Date Received	
	ADDRESS	901 County R Spur, Texas 7			n.			5124
4	CAMPAIGN TREASURER NAME	Lesa	FIRST			MI SUFFIX		
		Arnold	LAG1			JOIT IX	Date Hand-delivered or F	Postmarked
5	CAMPAIGN	STREET ADDRESS;	APT / SUITE			ZIP CODE	Receipt #	Amount \$
	TREASURER STREET	901 County H	oad 488, Spur,	, rexas /	9370		Date Processed	
	ADDRESS (residence or business)						Date Imaged	
6	MAILING ADDRESS	ADDRESS / PO BOX;	APT/SUITE#;	СПУ;	STATE; 2	ZIP CODE		
	same as above							
7	CAMPAIGN TREASURER PHONE	(806.000)	789-4555		EXTENSION			
8	PERSON APPOINTING TREASURER	Ricky W	est	MI	l	AST		SUFFIX
9	SIGNATURE	committee and fines for failure	nat I have been a that I am respons to do so. I am awa ns and labor organi	sible for filin are of the res	g all require trictions in tit	ed reports le 15 of the	and that I may	be subject to on contributions
10	ASSISTANT CAMPAIGN TREASURER (see instructions)	FIRST		МІ	ı	AST		SUFFIX
11	ASSISTANT CAMPAIGN TREASURER ADDRESS	ADDRESS / PO BOX;	APT/SUITE#;		CITY		STATE,	ZIP CODE
12	ASSISTANT CAMPAIGN	AREA CODE	PHONE NUMBER		EXTENSION			
	TREASURER PHONE	()					FILED FOR RE	CORD
						THIS	DAY OF	2021
-			CONTIN	UE ON PAG	E 2	AT	4:55 O'CLO	CK D M

SPECIFIC-PURPOSE COMMITTEE: PURPOSE AND MODIFIED REPORTING DECLARATION

FORM STA

		<u> </u>
13 COMMITTEE NAM	⊧ iends for Better County La	w Enforcement
14 COMMITTEE PURPOSE	candidate/officeHolderName Nathan Ja	y Allen
SUPPORT CANDIDATE	'	
OPPOSE CANDIDATE	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) County S	Sheriff
ASSIST OFFICEHOLDER	i	
	BALLOT IDENTIFICATION OF MEASURE / #	ELECTION DATE
SUPPORT MEASURE		Month 05/28/2024
OPPOSE MEASURE	DESCRIPTION	
15 MODIFIED REPORTING DECLARATION	COMPLETE THIS SECTION ON MODIFIED RE	
	••This declaration must be filed before the first election to which	I no later than the 30th day h the declaration applies. ••
	••The modified reporting declaration is (An election cycle includes a primary election,	
	The committee does not intend to accept recontributions or make more than \$1,080 in filling fees) in connection with any future elector committee understands that if either one of committee's campaign treasurer will be recand, if necessary, a runoff report.	political expenditures (excluding ection within the election cycle. The those limits is exceeded, the
	Year of election(s) or election cycle to which declaration applies	Signature of Campaign Treasurer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

TEC Filers may send this form to the TEC electronically at treasappoint@ethics.state.tx.us

or mail to
Texas Ethics Commission
P.O. Box 12070
Austin, TX 78711-2070

Non-TEC Filers must file this form with the local filing authority DO NOT SEND TO TEC

For more information about where to file go to: https://www.ethics.state.tx.us/filinginfo/QuickFileAReport.php

This appointment is effective on the date it is filed with the appropriate filing authority.

SPECIFIC-PURPOSE COMMITTEE:

FORM STA

STATEMENT AUTHORIZING DIRECT CAMPAIGN EXPENDITURES FROM CORPORATION OR LABOR ORGANIZATION POLITICAL CONTRIBUTIONS UNDER SECTION 252.0031, ELECTION CODE

PG 3

16 COMMITTEE NAME	Friends for Better County Law Enforcement					
17 AFFIRMATION (If applicable)	I swear, or affirm, under penalty of perjury that the following statement is in all things true and correct:					
The political committee named above is not established or controlled by a candidate or an officeholder, and will not use any political contribution from a corporation or a labor organization to make a political contribution to: (1) a candidate for elective office or an officeholder, or (2) a political committee that has not included in its campaign treasurer appointment a Statement Authorizing Direct Campaign Expenditures from Corporation or Labor Organization Political Contributions declaring the same.						
	PLEASE COMPLETE <u>EITHER</u> OPTION (1) OR (2) BELOW:					
(1) Affidav	(1) Affidavit Jurat: Signature of Committee Representative					
Nota	ry Stamp/Seal					
	Sworn to and subscribed before me by, this the day of, 20, to certify which, witness my hand and seal of office.					
Signature of officer	administering oath Printed Name of officer administering oath Title of officer administering oath					
OR						
l '	Declaration Jurat: 250 ARWID, and my date of birth is 07-17-60					
My Address is	901 CR 488 Spur TX 19370 USA (street) (city) (state) (zip code) (country)					

Filers may send this form to the TEC electronically at treasappoint@ethics.state.tx.us or by mail to: Texas

Ethics Commission, P.O. Box 12070, Austin, TX 78711-2070

Non-TEC Filers must file this form with the local filing authority

Signature of Committee Representative (Declarant)

Executed in Dickens County, State of Texas, on the 15 day of MAY, 20 24

SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC COVER SHEET PG 1

			
The SPAC Instruction Guid	de explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 COMMITTEE NAME			OFFICE USE ONLY
Friends for f	Better County Law ENFO	orcement_	Date Received
4 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CIT QUI CR488, Spur,	TY; STATE; ZIP CODE	
Change of Address		,	
		1	Date Hand-delivered or Date Postmarked
5 CAMPAIGN TREASURER	MS / MRS / MR FIRST	MI	Receipt # Amount \$
NAME	NICKNAME LAST	SUFFIX	Date Processed
	ARNOld	<u></u>	Date Imaged
6 CAMPAIGN TREASURER STREETADDRESS	STREET ADDRESS (NO PO BOX PLEASE): APT / SUIT	1	ZIP CODE
(Residence or Business)		,	
7 CAMPAIGN	STREET ADDRESS OR PO BOX; APT / SUIT	TE #; 'CITY; STATE;	ZIP CODE
TREASURER MAILING ADDRESS	901 CR 488, Spu	LT, TX 7937	5
Change of Address			
8 CAMPAIGN TREASURER	AREA CODE PHONE NUMBER	EXTENSION	
PHONE	(806) 789-4555		
9 REPORTTYPE		Oth day before election	Exceeded Modified Reporting Limit
		unoff	Dissolution Report (Attached PAC-FR) 10th day after campaign treasurer termination
10 PERIOD COVERED	Month Day Year		Month Day Year
	05/05/24	THROUGH	05/15/24
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year Primary	Runoff O	ther
	05/28/24 General	Special C	Description ————————————————————————————————————
	00.70.7	ACE 0	
	GO TO P	AGE 2	

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME	-v (Better Cou	INT LAW ENFORCEMENT	Filer ID (Ethics Commission Filers)			
14 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.)		CANDIDATE	NATHON "Joy " A	leN			
		OFFICEHOLDER	OFFICE SOUGHT (candidate), OFFICE HELD (office hold	er)			
SUPPORT (Candidate or Measur OPPOSE (Candidate or Measur			Month	ECTION DATE Day Year 28 / 24			
ASSIST (Officeholder)	i i	MEASURE	DESCRIPTION				
15 CONTRIBUTION TOTALS	1.	PLEDGES, LOANS, O	POLITICAL CONTRIBUTIONS (OTHER THAN R GUARANTEES OF LOANS, OR DE ELECTRONICALLY)	\$ -			
	2.	TOTAL POLITICAL (OTHER THAN PLEDG	CONTRIBUTIONS ES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,50000			
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$			
	4.	TOTAL POLITICAL E	EXPENDITURES	\$ 508.25			
CONTRIBUTION BALANCE	5.	OF THE REPORTING		\$ 991.13			
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AN	IOUNT OF ALL OUTSTANDING LOANS AS OF THE	\$ 0.00			
		•	nalty of perjury, that the accompanying repired to be reported by me under Title 15, El				
			Signature of Campaign Tree	easurer (Declarant)			
		Please c	omplete either option below:				
(1) Affidavit AFFIX NOTARY STAMP	SEALAI	BOVE					
				this the			
			ich, witness my hand and seal of office.	, unsute			
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath							
(2) Unsworn Declarat	ion		OR				
	My name is Lesa Arnold and and my date of birth is 07-17-60.						
My address is <u>901</u> Executed in <u>Dicke</u>	<u>uz</u> 202	(street)County, State of	(city) (xas on the 15 day of May	(state) (zip code(country)			
		· -	(month)	(year)			
			Signature of Campai	gn Treasurer (Declarant)			
i e e e e e e e e e e e e e e e e e e e							

SUBTOTALS-SPAC

FORM SPAC COVER SHEET PG 3

17	COMMITTEE NAME 18 Filer ID (Ethics Cor	nmission Filers)
	Friends for Better County haw Enforcement	
19	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$1,50000
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	SCHEDULE E: LOANS	\$
8.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$508.25
9.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
10.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
11.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
12.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
13.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
14.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

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.							
FRIENDS FOR Better COUNTY AW ENFORCEMENT	3 Filer ID (Ethics Commission Filers)						
4 Date 5 Full name of contributor	7 Amount of contribution (\$)						
5/5/24 Contributor address; City; State; Zip Code	#10000						
113 W. Hill Sour TX 79370							
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	tions)						
Date Full name of contributor	Amount of contribution (\$)						
Contributor address; City; State; Zip Code	\$100.00						
5/5/24 113 W. HILL Spur TX 79370							
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)						
Date Full name of contributor	Amount of contribution (\$)						
Contributor address; City; State; Zip Code	\$ 100°°						
5-9-24 3702 75th St, Lubbock, 1x79423							
Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions)							
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)						
5/9/24 BRW Cattle - Ricky Wivian West Contributor address; City: State; Zip Code	#17700						
1261 St. Duy 70, Dickens, Tr 7922	1 400						
Principal occupation / Job title (See Instructions) Employer (See Instructions) Disparcher, Pancher refired							
,							
ATTACH ADDITIONAL CODIES OF THE COURTNIE ACA							

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

ii dio request	ou monitorio not approunte, no monitorio ma programa	·						
The	The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:							
2 FILER NAME	For Better County LAW ENForceme	3 Filer ID (Ethics Commission Filers)						
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)						
5/13/24	6 Contributor address; City; State; Zip C	de \$500°0						
	box 38 Affon TX 79Z	26						
	pation / Job title (See Instructions) 9 Employer (S	ee Instructions)						
Date	Full name of contributor uut-of-state PAC (ID#:	Amount of contribution (\$)						
5/14/24	Lesa HRNOld Contributor address; City; State; Zip C	200°						
	901 CR 488, Spur, 1x 793	70						
Principal occup ReHre		ee Instructions)						
Date	Full name of contributor	Amount of contribution (\$)						
5/14/24	Contributor address; City; State; Zip Co	# 100°						
	981 CB 470 Spur, TX 793	70						
Principal occup Retire		ee Instructions)						
Date	Full name of contributor) Amount of contribution (\$)						
	Contributor address; City; State; Zip Co	de						
Principal occup	ation / Job title (See Instructions) Employer (S	ee Instructions)						
	<u></u>							
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED								

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form.						
A Table Octobrilla Ede	O FUED MANE		3 Filer ID (Ethics Commis	sion Filers)		
1 Total pages Schedule F1:	FRIENDS FOR BEHER COUNTY LAW	ENTocement	•	-		
4 Date	5 Payee name	Í				
5-7-Z4	The Lexas Sour	1				
6 Amount (\$)	7 Payee address;	City;	State; Zip 0	Code		
# 119,70	Box 430,	Spur	TX 79	370		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE OF		1 (4)	Δ.,			
EXPENDITURE	Havertising Expense	Newspa	per Hd			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name "NATHAN "JAY" Allen	Office sought	Sheriff Office h	eld		
Date	Payee name					
5-11-74	LAWRENCE BROS.					
Amount (\$)	Payee address;	City;	State; Zip (Code		
		T				
155.21	601 Burlington	Spur,	TX 79	370		
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE		notarage	s, chips, bu	201		
OF EXPENDITURE	EVENT Expense	,				
LAI ERBITORE						
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense			
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office h	eld		
expenditure to benefit C/OF	"NATHAN "JAU" AlleN	(ou Nite	. Sheriff			
			1910111			
Date	Payee name					
5/11/24	Sam's Club		···			
Amount (\$)	Payee address;	City;	State; Zip (Code		
85.17		hubbo	ock, TX 1			
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE		namer	2000ls non	Kles		
OF EXPENDITURE	Event Expense	pa pa	20001			
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense			
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office 1	held		
expenditure to benefit C/Oł	thitt sum and i	Court	Jn.:55			
	WALNAN JAY HIVEN	COUNTY	theritt.	•		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

Solicitation/Fundraising Expense

Candidate/Officeholder/Political Credit Card Payment	-	Salanes/Wages/C		Other (enter a catego	ry not listed above)
uroun out a ymon	The Instruction Guid	e explains how to complet	te this form.		
1 Total pages Schedule F1:	2 FILER NAME FRIENDS FOT BEH	er Count haw	ENFOREME) `	Commission Filers)
4 Date 5-14-24	5 Payee name	BROS.	•		
6 Amount (\$)	7 Payee address;		City;	State;	Zip Code
#2850	601 Burling	ton	Spur ,	TX /	79370
8 PURPOSE	(a) Category (See Categories listed at th		Description Ados bu	INS. WE	el ners
OF EXPENDITURE	Event Exp	ense !	8-		
	(c) Check if travel outside of Texas.		Check if Austin,	TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	" Allen	OUNTY	Sherif	Office held
Date	Payee name	·	•		
5-15-24	The Texas	5 pur '			
Amount (\$)	Payee address;		City;	State;	Zip Code
# 11970	P.O. Box 4	30, Š	pur,	TX 79	376
PURPOSE	Category (See Categories listed at the	top of this schedule)	Description		
OF EXPENDITURE	Advertising	1	lewspa	rper f	ld.
	Check if travel outside of Texas.	Complete Schedule T.	Check if Austin, 1	TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Ay"Allen	Office sought	, Sher	Office held
Date	Payee name			1	
Amount (\$)	Payee address;		City;	State;	Zip Code
	Category (See Categories listed at the	top of this schedule)	Description	-	•
PURPOSE OF					•
EXPENDITURE	Check if travel outside of Texas.	Complete Schedule T.	Check if Austin.	TX, officeholder living	expense
Complete ONLY if direct	Candidate / Officeholder nam		Office sought		Office held
expenditure to benefit C/OH		1			
	ATTACH ADDITIONAL	COPIES OF THIS SCHE	EDULE AS NEED	ED	