# APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

## FORM CTA PG 1

			<del></del>		
	See	CTA Instruction Guide for detailed instructions.		1 Total pages file	ed:
2	CANDIDATE	MS/MRS/MR) FIRST	MI	OFFICE	USE ONLY
	NAME	Nathan	<u> </u>	Filer ID #	
		NICKNAME LAST	SUFFIX	Date Received	
		Jav Allen		·	
3	CANDIDATE	ADDRESS / PO BOX; APT / SUITE #; CITY; STA	~~~~		
	MAILING ADDRESS	Gaa W 1st St Spur T	X 79370		<u>.</u>
		Spur, TX 79370		Date Hand-delivered	or Postmarked
		,			
4	CANDIDATE	AREA CODE PHONE NUMBER EXT	ENSION	Receipt#	Amount\$
	PHONE	(806) 777-8713		Date Processed	(B-62)
		(800) /// 8713.		Date 1 tocessed	
5	OFFICE HELD (if any)		•	Date Imaged	
6	OFFICE			•	
	SOUGHT (if known)	Sheriff			
7	CAMPAIGN TREASURER	MSMRS/MR FIRST MI NICE	CNAME	LAST	SUFFIX
	NAME	Deborah L "Deb	ablie"	Allen.	
		Debotari L 3			· · ·
8	CAMPAIGN TREASURER	STREET ADDRESS; APT / SUITE #; CITY	<b>(;</b>	STATE;	ZIP CODE
	STREET	622 W 1st St. Sp	ur'	TX	79370
۱ ,	ADDRESS	600 W 1- 37.	-		
"	residence or business)				
9	CAMPAIGN	AREA CODE PHONE NUMBER EXT	ENSION		
	TREASURER PHONE	(806) 777-9823			•
	•	1//-/083			•
10	CANDIDATE			<del></del>	·
-	SIGNATURE	I am aware of the Nepotism Law, Chapter	573 of the Te	xas Governi	ment Code.
					. 4:410, 1 E -4
		I am aware of my responsibility to file time the Election Code.	eιy repoπs as	s requirea by	rine io ot
	,	I am aware of the restrictions in title 15 of from corporations and labor organizations		Code on cont	tributions
		$\rho$		•	·
	10 FILED	FOR REPORT I		7-18-0	4003
	THIS (10 DAY C	F 1600 Signature of Candidate		Date Signe	ed
$\vdash$	DAN	AY CARNES GO TO PAGE 2			
ı	· COUNTY CI FRE	DICKENS CO., TSYAS			

#### **CANDIDATE / OFFICEHOLDER** FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: 7 The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR FIRST 3 CANDIDATE/ OFFICE USE ONLY **OFFICEHOLDER** Nathan . J NAME Date Received SUFFIX LAST NICKNAME Allen Jay ADDRESS / PO BOX; APT / SUITE #: CITY; STATE; ZIP CODE 4 CANDIDATE/ **OFFICEHOLDER** 79370 TX 622 W. 1st St Spur MAILING **ADDRESS** Change of Address PHONE NUMBER **EXTENSION** AREA CODE 5 CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (806) 777-8713 PHONE Receipt # Amount S FIRST MI MS / MRS / MR 6 CAMPAIGN **TREASURER** Deborah Date Processed NAME NICKNAME LAST SUFFIX Date Imaged Allen Debbie ZIP CODE STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE: 7 - CAMPAIGN **TREASURER** 79370 TX Spur 622 W. 1st St **ADDRESS** (Residence or Business) EXTENSION AREA CODE PHONE NUMBER 8 CAMPAIGN TREASURER PHONE ( 806 ) 777-9823 9 REPORT TYPE 15th day after campaign 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) **Exceeded Modified** Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit Month 10 PERIOD COVERED 7 / 18 /23 THROUGH **ELECTION TYPE** ELECTION DATE 11 ELECTION **V** Primary Runoff Other Description Year Month Day General Special 3/513 OFFICE SOUGHT (if known) 12 OFFICE OFFICE HELD (if any) Sheriff 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 OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. 14 NOTICE FROM **POLITICAL** COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

CAMPAIG	I FINANCE REPORT			<del></del>	
15 C/OH NAME Nat	han J Allen		16 Filer	ID (Ethics Co	mmission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICA     PLEDGES, LOANS, OR GUARA     CONTRIBUTIONS MADE ELEC	L CONTRIBUTIONS (OTHER THA INTEES OF LOANS, OR TRONICALLY)	AN .	\$	0
	2. TOTAL POLITICAL CONTRIE (OTHER THAN PLEDGES, LOAR	BUTIONS NS, OR GUARANTEES OF LOANS	3)	\$ 35	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICA	L EXPENDITURE.		\$ 1	0.00
	4. TOTAL POLITICAL EXPEND	ITURES		\$ 1,20	06.71
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUT OF REPORTING PERIOD	IONS MAINTAINED AS OF THE LA	AST DAY	\$	0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF LAST DAY OF THE REPORTING	FALL OUTSTANDING LOANS AS O	OF THE	* * (	)
18 SIGNATURE I re	swear, or affirm, under penalty of perjury, the quired to be reported by me under Title 15, E	nat the accompanying report is trelection Code.	ue and co	rrect and incl	udes all information
		P			
		you all	<u> </u>		
		√ Signature of C	Candidate (	or Onicenola	er
	Please comp	lete either option belo	w:		
My My My My My Exp		this th	e 12 th	day of	Tanuary
Stella	Carter Stella C	arter	·	11 sta	24
Signature of officer administ	tering oath Printed name of off	icer administering oath		Title of office	r administering oath
OR					
(2) Unsworn Declarat	ion				
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 (mo	nth)	, 20 (year)	٠
		Signature of Can	didate/Offic	ceholder (Dec	elarant)

## **SUBTOTALS - C/OH**

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
Nathan J Allen	
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS	\$ 350.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL C	contributions \$ 374.40
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICA	L CONTRIBUTIONS \$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL F	unds \$ 1,380.07
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	A BUSINESS OF C/OH \$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL C	CONTRIBUTIONS \$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIB TO FILER	UTIONS RETURNED \$

## MONETARY POLITICAL CONTRIBUTIONS

### SCHEDULE A1

	nstruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
FILER NAME	than J Allen		3 Filer ID (Ethics Commission Filers)
Date 11/19/23	5 Full name of contributor	State; Zip Code  TX 79370	7 Amount of contribution (\$) \$350.00
Principal occur	ation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date	Full name of contributor	C (ID#:	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occur	eation / Job title (See Instructions)	Employer (See Instruc	ctions)

### 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

Event Expense Fees
Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Porming Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel on District

redit Card Payment		A 4 41 1 . F		
	The Instruction Guide explains how to c	omplete this form.	3 Filer ID (Ethics	Commission Filers)
Total pages Schedule F1: 2	Nathan J Allen		O THOMAS	
Date 5 8/31/23	Payee name The Texas Spur			
Amount (\$) 7	Payee address;	City;	State;	Zip Code
\$140.40	24 Burlington St	Spur	TX	79370
(a	a) Category (See Categories listed at the top of this schedule)	(b) Description		<u> </u>
PURPOSE OF EXPENDITURE	Advertising Expense	Newspaper Ads		
(c	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in. TX, officeholder living	у ехрепзе
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name		· · · · · · · · · · · · · · · · · · ·	
11/28/23	The Texas Spur			······································
Amount (\$)	Payee address;	City;	State;	Zip Code
\$234.00	424 Burlington St	Spur	TX	79370
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Newspa	per Ads	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name		<u> </u>	
			•	
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 Aus	tin, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS		FOED	

### SCHEDULE G

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

•			
,	EXPENDITURE CATEG	ORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made i Candidate/Officeholder/Politic Credit Card Payment	Fees Food/Beverage Expense By Git/Awards/Memorials Expense al Committee Legal Services	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Git/Awards/Memorials Expense Printing Expense	
1 Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
2	Nathan J Allen		
4 Date	5 Payee name Vista Print		
8/16/23			State; Zip Code
6 Amount (\$) \$420.56 Reimbursement from political contributions intended	7 Payee address: Online	City;	State, Elposte
8	(a) Category (See Categories listed at the top of this sch		
PURPOSE OF EXPENDITURE	Printing Expense	Campaig	n Signs & Business Cards
	(c) Check if travel outside of Texas. Complete Sche		Austin, TX, officeholder living expense  Office held
9 Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
11/15/23	Vista Print		
Amount (\$) \$444.19 Reimbursement from	Payee address; Online	City	; State; Zip Code
political contributions intended			
PURPOSE	Category (See Categories listed at the top of this sci	nedule) Description	1
OF EXPENDITURE	Printing Expense	Campa	aign Signs
EXPENDITOR	Check if travel outside of Texas. Complete School	edule T. Check i	f Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/		Office sought	Office held
Date	Payee name		
11/28/23	Vista Print		
Amount (\$) \$331.96	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended	Online		
	Category (See Categories listed at the top of this so	tedule) Description	1
PURPOSE OF EXPENDITURE	Printing Expense	Campai	gn Signs
	Check if travel outside of Texas, Complete Sch	<del></del>	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

## SCHEDULE G

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

	EXPENDITURE CATE	GORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic Credit Card Payment	al Committee Legal Services	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense			
1 Total pages Schedule G:	2 FILER NAME	<u> </u>	3 Filer ID (Ethics Commission Filers)		
2	Nathan J Allen	<u> </u>			
4 Date	5 Payee name				
11/19/23	Amazon.com				
6 Amount (\$) \$75.72 Reimbursement from potitical contributions intended	7 Payee address; City; State; Zip Online				
8	(a) Category (See Categories listed at the top of this s	schedule) (b) Description			
PURPOSE OF EXPENDITURE	Miscellaneous	Campaign S	n Sign Metal Frames		
	(c) Check if travel outside of Texas, Complete So	thedule T. Check if Austi	in, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name	<u> </u>			
11/23/23	Amazon.com				
Amount (\$) \$54.07	Payee address;	City;	State; Zip Code		
Reimbursement from political contributions intended	Online				
PURPOSE	Category (See Categories listed at the top of this	l l			
OF EXPENDITURE	Miscellaneous	Campaigr	n Sign Metal Frames		
	Check if travel outside of Texas. Complete S	chedule T. Check if Aust	tin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
11/28/23	Amazon.com				
Amount (\$) \$54.07	Payee address;	City;	State; Zip Code		
Reimbursement from political contributions intended	Online				
	Category (See Categories listed at the top of this	schedule) Description			
PURPOSE OF EXPENDITURE	Miscellaneous	Campaign	Sign Metal Frames		
	Check if travel outside of Texas, Complete S	chedule T. Check if Aus	lin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NEE	EDED		

#### **CANDIDATE / OFFICEHOLDER** FORM C/OH **COVER SHEET PG 1** CAMPAIGN FINANCE REPORT 2 Total pages filed: 1 Filer ID (Ethics Commission Filers) The C/OH Instruction Guide explains how to complete this form. MI MS / MRS / MR 3 CANDIDATE/ OFFICE USE ONLY **OFFICEHOLDER** Nathan NAME Date Received SUFFIX NICKNAME 2/26/24 Allen <u>Jay</u> ZIP CODE 4 CANDIDATE/ ADDRESS / PO BOX: APT / SUITE #; CITY: STATE; **OFFICEHOLDER** 79370 TX 622 W. 1st St Spur MAILING **ADDRESS** Change of Address EXTENSION AREA CODE PHONE NUMBER Date Hand-delivered or Date Postmarked 5 CANDIDATE/ **OFFICEHOLDER** (806) 777-8713 PHONE Receipt # Amount \$ М MS / MRS / MR FIRST CAMPAIGN **TREASURER** Deborah Date Processed NAME LAST SUFFIX NICKNAME Date Imaged Allen Debbie STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE: ZIP CODE CAMPAIGN TREASURER TX 79370 622 W. 1st St Spur **ADDRESS** (Residence or Business) 8 CAMPAIGN **EXTENSION** AREA CODE PHONE NUMBER **TREASURER** PHONE (806) 777-9823 9 REPORT TYPE 15th day after campaign 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) **Exceeded Modified** Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit Year 10 PERIOD Month Day COVERED 16 /24 THROUGH 26 **ELECTION TYPE ELECTION DATE** 11 ELECTION Primary Runoff Other Month Day Year Description General Special 5 13 OFFICE SOUGHT (if known) OFFICE HELD (if any) 12 OFFICE Sheriff THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE I OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S REFERDITURES. 14 NOTICE FROM POLITICAL COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

CAMPAIGI	I FINANCE REFORT			
15 C/OH NAME		16 Filer	ID (Ethics C	ommission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$	0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$	0
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$	0
	4. TOTAL POLITICAL EXPENDITURES		\$	583.20
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY	\$	0
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	FTHE	\$	0
	wear, or affirm, under penalty of perjury, that the accompanying report is true quired to be reported by me under Title 15, Election Code.	e and cor	rrect and inc	ludes all information
	0 011			
	- Jay alle			
	✓ Signature of Cal	ndidate o	or Officehold	<b>ie</b> r
	Please complete either option below	<b>/</b> :		
(1) Affidavit	STEPHANIE LYNN BURCHETT NOTARY PUBLIC, STATE OF TEXAS DE 1 3 4 6 0 7 5 4 9 COMM. EXP. 10-17-2027			
MOTADY STANDISEA				
NOTARY STAMP/SEA		110		1
Swom to and subscribed	before me by () this the	<u> </u>	day of	bruary.
20 / to certify	which, witness my hand and seal of office.		2	`-
NO NO	Stephanie Burchett		<u> 5.2</u>	20pm
Signature of officer administe	ring oath Printed name of officer administering oath		Title of office	er administering oath
	OR			
(2) Unsworn Declaration	on			
Mv name is	, and my date of birth is			
My address is				<del></del>
·		state)	(zip code)	(country)
Executed in	County, State of, on the day of		_, 20	<u>.</u>
	(month	1)	(year)	
	Signature of Candid	fate/Office	eholder (Dec	clarant)

## SUBTOTALS - C/OH

19 FILER NAME	20 Filer ID (Ethics Commis	ssion Filers)
Nathan J Allen		
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS	s	
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4. SCHEDULE E: LOANS	\$	
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS \$	
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS \$	
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	·
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	NDS \$	583.20
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH \$	
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS \$	
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	TIONS RETURNED \$	

#### SCHEDULE G

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

Polling Expense Travel In District
Printing Expense Travel Out Of District
Salaries/Wages/Contract Labor Other (enter a category not listed above)

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Credit Card Payment	The instruction Guide explains how to	complete this form.			
1 Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics C	Commission Filers)	
1	Nathan J Allen				
4 Date	5 Payee name				
2/5/24	The Texas Spur				
6 Amount (\$) \$209.60	7 Payee address;	City;	State;	Zip Code	
Reimbursement from political contributions intended	424 Burlington St	Spur	TX	79370	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Advertising Expense	Newspape	r Ad		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin.	TX, officeholder living exp		
9 Complete ONLY if disease	Candidate / Officeholder name	Office sought	(	Office held	
Complete ONLY if direct expenditure to benefit C/OH	Nathan J Allen	Sheriff	<u> </u>		
Date	Payee name				
2/20/24	Nathan J Allen				
Amount (\$) \$373.60	Payee address;	City;	State;	Zip Code	
Reimbursement from political contributions intended	424 Burlington St	Spur	TX	79370	
	Category (See Categories listed at the top of this schedule)	Description	<u> </u>	<del></del>	
PURPOSE OF EXPENDITURE	Advertising Expense	Newspaper Ads (x2)			
-	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held	
expenditure to benefit C/C	Nathan J Allen	Sheriff			
Date	Payee name				
Amount (\$)	Payee address;	City;	State;	Zip Code	
Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description ,			
EAFERDITORE	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living ex	pense	
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	ED		

#### **CANDIDATE / OFFICEHOLDER** FORM C/OH **COVER SHEET PG 1 CAMPAIGN FINANCE REPORT** 2 Total pages filed: 1 Filer ID (Ethics Commission Filers) The C/OH Instruction Guide explains how to complete this form. ما MI MS / MRS / MR FIRST 3 CANDIDATE/ OFFICE USE ONLY OFFICEHOLDER Nathan NAME Date Received may 20, with SUFFIX NICKNAME Allen <u>Jay</u> STATE; ZIP CODE ADDRESS / PO BOX; APT / SUITE #; CITY; 4 CANDIDATE/ 79370 OFFICEHOLDER 622 W. 1st St TX Spur MAILING **ADDRESS** Change of Address EXTENSION AREA CODE PHONE NUMBER Date Hand-delivered or Date Postmarked 5 CANDIDATE/ OFFICEHOLDER (806)777-8713 PHONE Amount \$ Receipt # FIRST MI MS / MRS / MR 6 CAMPAIGN TREASURER

NAME	<u> </u>	Deporan	L	Date Processed	Į
14 001	NICKNAME	LAST	SUFFIX	Date Imaged	$\dashv$
	Debbie	Allen			-
7 CAMPAIGN	STREET ADDRESS (	NO PO BOX PLEASE); APT / SUITE #;	CITY;	STATE; ZIP CODE	٦
TREASURER ADDRESS	622 W. 1st S	t	Spur	TX 79370	۱
(Residence or Business)					4
8 CAMPAIGN TREASURER	AREA CODE	PHONE NUMBER	EXTENSION		Ì
PHONE	(806)	777-9823			
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	Month	Day Year	Month	Day Year	
COVERED	2 /	<b>/</b> 26 <b>/</b> 24	THROUGH 5	/ 20 / 24	
11 ELECTION	ELECTION DA	TE	ELECTION TYPE		- {
	Month Day	Year Primary	Runoff Uther Description		ļ
	5 / 28 /	<b>24</b> General [	Special		-
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if know	π)	$\neg$
			Sheriff	·	
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFICE	EHOLDER. THESE EXPENDITURES MAY I	HAVE BEEN MADE WITHOUT THE CAN	MADE BY POLITICAL COMMITTEES TO SUPPOR IDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OF THEY RECEIVE NOTICE OF SUCH EXPENDITURES	R
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			_
Additional Pages	GENERAL	COMMITTEE ADDRESS		-	
	SPECIFIC	COMMITTEE CAMPAIGN TREASUR	ER NAME		7
		COMMITTEE CAMPAIGN TREASUR	RER ADDRESS	<u> </u>	$\dashv$
		·		TILENES BERECORD	
		GO TO PA	GE 2	HIS TAY OF CLOCK	-7
		GO TO PA		TANAY CARNES	
Forms provided by Texas E	thics Commission	www.ethics.stat	e.tx.us .	COUNTY CLERK, DICKENS CO2	)Ei

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 5.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 119.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	T DAY \$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$
1	swear, or affirm, under penalty of perjury, that the accompanying report is true quired to be reported by me under Title 15, Election Code.	and correct and includes all information
	Lasten	
	Signature of Car	ndidate or Officeholder
	Please complete either option below	:
	STATE PARTY.	OTELLA CARTER
(1) Affidavit		STELLA CARTER My Notary ID # 7424067 Expires June 18, 2024
NOTARY STAMP/SEA		
Sworn to and subscribed	before me by lay allu this the	30 to day of May
20 <u>34</u> , to certify	which, witness my hand and seal of office.	
Signature of officer administr	ering oath Printed name of officer administering oath	Title of officer administering oath
Signature of onicer admittist	OR	The state of the s
(2) Unsworn Declarat	ion	
My name is	, and my date of birth is	
My address is		
	(street) (city) (s	tate) (zip code) (country)
Executed in	County, State of, on the day of(month)	, 20 (year)
	Signature of Candid	ate/Officeholder (Declarant)

## **SUBTOTALS - C/OH**

19	FILER NAME 20 Filer ID (Ethics Co	ommission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 114.00
10	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

#### SCHEDULE G

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

Candidate/Officeholder/Politic Credit Card Payment	cal Committee Legal Services Salaries  The Instruction Guide explains how to	/Wages/ContractLabor complete this form.	Other (enter a category	not listed above)
1 Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics (	Commission Filers)
1	Nathan J Allen			
4 Date	5 Payee name			
2/29/24	The Texas Spur			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$114.00  Reimbursement from political contributions intended	424 Burlington St	Spur	TX	79370
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	•	
OF EXPENDITURE	Advertising Expense	Newspaper	Ad	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living exp	pense
9 Complete CNIV is dispet	Candidate / Officeholder name	Office sought		Office held
Complete ONLY if direct expenditure to benefit C/OH	Nathan J Allen	Sheriff		
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
EXI ZINDITOTAL	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living ex	pense
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought	C	Office held
Date	Payee name			· <del>-</del>
Amount (\$)	Payee address;	City;	State;	Zip Code
Reimbursement from political contributions intended				
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description	<u> </u>	
EXPENDITURE		<u> </u>		
	Checkif travel outside of Texas, Complete Schedule T.		TX, officeholder living exp	ense Office held
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		omos rieju
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	ED	

The Texas Spur P. O. Box 430 Spur, TX 79370-0430 +1 8062713381 business@wtx.news

## Invoice



Jay and Debbie Allen 622 W. 1st St.

Spur, TX 79370

	(2) □ ₹6				k e	
INVOICE#	: DATE	TOTAL DUE	DUE DATE	TERMS	ENCLOSED	
16777	02/29/2024	\$0.00	03/15/2024	Net 15		ا ا

DATE	ACTIVITY	DESCRIPTION	AMOUNT
02/29/2024	Advertising:AD Print, display	Advertising in newspaper, display, by column inch Political ad, 4 col. x 5 in., March 15, 2024, The Texas Spur, 20 @ \$5.70	114.00
		return a copy of this invoice SUBTOTAL	114.00
with your pays	nent, to ensure correct	t posting.	0.00
			0.00
		TAL	114.00
		PAYMENT	

REC NO: 200096

# Dickens County, Texas Danay Carnes, County Clerk

P.O. Box 120 Dickens, Texas 79229 (806)623-5531

DATE: 03/12/2024

TIME: 02:23pm

RECEIVED FROM: JAY

REGISTER NO: DC CASHIER: DCARNES

ITEM DESCRIPTION	CLERK/CAUSE # QTY FEES	S PAID
COPIES	5	\$5.00
	TOTAL FEES PAID	\$5.00
	AMOUNT TENDERED	
	CASH	\$5.00
	TOTAL RECEIVED	\$5.00
	TRANSACTION SUMMARY	
	TOTAL RECEIVED	\$5.00
	TOTAL FEES PAID	\$5.00
	CHANGE DUE BACK	\$0.00

Thank You, Danay Carnes County Clerk

		EHOLDER EREPORT	COUNTY BY DA	DANAY CAR CLERK DICKI	ENSCOPETE X	ORM C/OH HEET PG 1
The C/OH Instruction G	ulde explains how to	o complete this form.	1 Filer ID (Ethics	Commission Filers)	2 Total pages file	<sup>ed:</sup> 6
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR	FIRST	<u> </u>	МІ	OFFICE	USE ONLY
NAME	NICKNAME  Jav	Nathan  LAST  Allen		SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; 622 W. 1st S	_	CITY: STATE Spur TX			
Change of Address  5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER 777-8713	EXTEN	ISION		or Date Postmarked
6 CAMPAIGN	MS / MRS / MR	FIRST		MI .	Receipt #	Amount S
TREASURER NAME	NICKNAME	Deborah LAST		SUFFIX	Date Processed  Date Imaged	
7 CAMPAIGN	Debbie STREET ADDRESS (N	Allen IO PO BOX PLEASE); APT / S	SUITE #, CI	TY;	STATE;	ZIP CODE
TREASURER ADDRESS	622 W. 1st	St	S	pur	TX	79370
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER 777-9823	EXTER	ASION		
9 REPORT TYPE	January 15	30th day before	election !	Runoff		fter campaign appointment er Only)
	July 15	8th day before e	iecuon i i	Exceeded Modified Reporting Limit	Final Repo	ort (Attach C/OH - FR)
10 PERIOD COVERED	Month 5/	Day Year / 21 / 24	THROUGH	Month 6	Day Yes 1	ur
11 ELECTION	Month Day	Year i Primary		Other Description		
12 OFFICE	OFFICE HELD (if any)		13 OFFIC	CE SOUGHT (if know	m)	
14 NOTICE FROM POLITICAL COMMITTEE(S)		E OF POLITICAL CONTRIBUTION EHOLDER, THESE EXPENDITUR AND OFFICEHOLDERS ARE REQU COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS	DEACHDED NAME			
	SPECIFIC	COMMITTEE CAMPAIGN TE	<u> </u>	s		
<del></del>		GO TO	PAGE 2			

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

CAMPAIG	N FINANCE REPORT	
15 C/OH NAME Nati	nan J Allen	Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ O
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 111.15
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DOF REPORTING PERIOD	DAY \$ 0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TI LAST DAY OF THE REPORTING PERIOD	* 0
18 SIGNATURE 1	swear, or affirm, under penalty of perjury, that the accompanying report is true a quired to be reported by me under Title 15, Election Code.	nd correct and includes all information
	Dan	
	Jay allen Signature of Candi	idate or Officeholder
	O Signature of Canon	
	mi I to state a matera believe	
	Please complete either option below:	
(1) Affidavit	My My	STELLA CARTER Notary ID # 7424067 pires June 18, 2028
NOTARY STAMP/SE	AL O	
Swom to and subscribe	d before me by Hay Allen this the	day of July.
/	y which, witness my hand and seal of office.	
Steera	Carter Stella Carter	Motary_
Signature of officer adminis	tering oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declara	lion	
My name is	, and my date of birth is	
	(street) (city) (sta	•
Executed in	County, State of, on the day of(month)	, 20 (year)
	Annual Control of the	Officeholder (Declarant)
	Signature of Candidat	te/Officeholder (Declarant)

## SUBTOTALS - C/OH

FILER NAME 20 Filer ID (Ethics Con	mmission Filers)
Nathan J Allen	
SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 
SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
SCHEDULE E: LOANS	\$
SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 111.15
SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$
	Nathan J Allen  SCHEDULE SUBTOTALS NAME OF SCHEDULE  SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS  SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS  SCHEDULE B: PLEDGED CONTRIBUTIONS  SCHEDULE E: LOANS  SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS  SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS  SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD  SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS  SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH  SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS  SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED

#### SCHEDULE G

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 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)

Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
1	Nathan J Allen		
4 Date	5 Payee name		
7/2/24	The Texas Spur		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$111.15		_	
Reimbursement from political contributions intended	424 Burlington St	Spur	TX 79370
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Newspape	er Ad
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
9	Candidate / Officeholder name	Office sought	Office held
Complete ONLY if direct expenditure to benefit C/OH	Nathan J Allen	Sheriff	
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description	
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C		Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			
PURPOSE	Category (See Categories listed at the top of this schedule)	Description	
OF			
EXPENDITURE	Check if travel outside of Texas, Complete Schedule T.	Check if Austir	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	DED

#### **Knox County News-Courier**

**Invoice** 

TOTAL DUE

P. O. Box 430 Spur, TX 79370-0430 +1 8062713381 business@wtx.news

INVOICE#



Jay and Debbie Allen 622 W. 1st St. Spur, TX 79370

DATE



TERMS

ENCLOSED

18470	07/02/2024	\$0.00	07/17/2024	Net 15	
DATE	ACTIVITY	DESCRIPTION			AMOUNT
07/04/2024	Advertising:AD Print, display	Advertising in newspay Sheriff Campaign Than	per, display, by column nk you ad, Texas Spur,	inch 07/04/2024, 19.5 @ \$5.70	111.15
Prefer to receiv	ve your invoices via e		SUBTOTAL		111.15
business@wtx	.news, and you'll also	have a one-click option f			0.00
paying online	via card.		TAL		111.15
		(	PAYMENT		111.15
			BALANCE DI	JE	\$0.00

DUE DATE

Paragraph Ranch LLC	
P. O. Box 515	7/2/2024
Spur, TX 79370	1:51 PM
(806) 252-6554	
Custom Amount	\$111.15
Custom Amount Sheriff Campaign, Thank you ad,	\$111.15
	\$111.15

Receipt 96mU Authorization 918856

MasterCard 4324