

APPOINTMENT OF A CAMPAIGN TREASURER BY A SPECIFIC-PURPOSE COMMITTEE

FORM STA
PG 1

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:

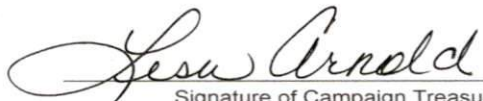
3

2 COMMITTEE NAME	Friends for Better County Law Enforcement					OFFICE USE ONLY		
						Filer ID #		
3 COMMITTEE ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	Date Received		
	901 County Road 488 Spur, Texas 79370					5/15/24		
4 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI					
	Lesa							
		NICKNAME	LAST	SUFFIX	Date Hand-delivered or Postmarked			
		Arnold					Receipt #	
							Amount \$	
5 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	STREET ADDRESS;		APT / SUITE #;	CITY;	STATE;	ZIP CODE	Date Processed	
	901 County Road 488, Spur, Texas 79370							
		Date Imaged						

6 MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE
<input type="checkbox"/> same as above					

7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(806.000)	789-4555	

8 PERSON APPOINTING TREASURER	FIRST	MI	LAST	SUFFIX
	Ricky West			

9 SIGNATURE	I understand that I have been appointed as the campaign treasurer for this specific-purpose committee and that I am responsible for filing all required reports and that I may be subject to fines for failure to do so. I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.			
	 Signature of Campaign Treasurer			

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
	()		

CONTINUE ON PAGE 2

FILED FOR RECORD
 THIS 15 DAY OF May 2024
 AT 4:55 O'CLOCK P M
 DANAY CARNES
 COUNTY CLERK, DICKENS CO., TEXAS
 BY Danny Carnes DEPUTY

**SPECIFIC-PURPOSE COMMITTEE:
PURPOSE AND MODIFIED REPORTING DECLARATION**

**FORM STA
PG 2**

13 COMMITTEE NAME

Friends for Better County Law Enforcement

14 COMMITTEE PURPOSE

- SUPPORT CANDIDATE
- OPPOSE CANDIDATE
- ASSIST OFFICEHOLDER

CANDIDATE / OFFICEHOLDER NAME

Nathan Jay Allen

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

County Sheriff

- SUPPORT MEASURE
- OPPOSE MEASURE

BALLOT IDENTIFICATION OF MEASURE / #

ELECTION DATE

Month / Day / Year
05/28/2024

DESCRIPTION

15 MODIFIED REPORTING DECLARATION

COMPLETE THIS SECTION ONLY IF YOU ARE CHOOSING MODIFIED REPORTING.

****This declaration must be filed no later than the 30th day before the first election to which the declaration applies. ****

****The modified reporting declaration is valid for one election cycle only. ****
(An election cycle includes a primary election, a general election, and any related runoffs.)

The committee does not intend to accept more than \$1,080 in political contributions or make more than \$1,080 in political expenditures (excluding filing fees) in connection with any future election within the election cycle. The committee understands that if either one of those limits is exceeded, the committee's campaign treasurer will be required to file pre-election reports and, if necessary, a runoff report.

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

FORM STA
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:

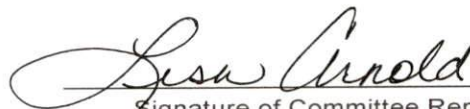


(Check if applicable)

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 EITHER OPTION (1) OR (2) BELOW:

(1) Affidavit Jurat:



Signature of Committee Representative

Notary 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

2) Unsworn Declaration Jurat:

My name is Lesa Arnold, and my date of birth is 07-17-60.

My Address is 901 CR 488, Spur, TX, 79370, USA
(street) (city) (state) (zip code) (country)

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



Signature of Committee Representative (Declarant)

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

SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC
COVER SHEET PG 1

The SPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <div style="text-align: center; font-size: 24px; margin-top: 5px;">3</div>
3 COMMITTEE NAME <div style="font-size: 24px; margin-top: 10px;">Friends for Better County Law Enforcement</div>		OFFICE USE ONLY	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 901 CR 488, Spur, TX 79370		Date Received
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI hesa	NICKNAME LAST SUFFIX Arnold	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 901 CR 488, Spur, TX 79370		Receipt # Amount \$
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 901 CR 488, Spur, TX 79370		Date Processed
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (806) 789-4555	Date Imaged	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Dissolution Report (Attached PAC-FR) <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer termination		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 05 / 05 / 24 05 / 15 / 24		
11 ELECTION	ELECTION DATE Month Day Year 05 / 28 / 24	ELECTION TYPE <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special Description _____	

GO TO PAGE 2

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC
COVER SHEET PG 2

12 COMMITTEE NAME FRIENDS for Better County LAW ENFORCEMENT 13 Filer ID (Ethics Commission Filers)

14 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.) <input checked="" type="checkbox"/> SUPPORT (Candidate or Measure) <input type="checkbox"/> OPPOSE (Candidate or Measure) <input type="checkbox"/> ASSIST (Officeholder)	<input checked="" type="checkbox"/> CANDIDATE	CANDIDATE / OFFICEHOLDER NAME <u>NATHAN "Jay" ALLEN</u>
	<input type="checkbox"/> OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) <u>County Sheriff</u>
	<input type="checkbox"/> MEASURE	BALLOT IDENTIFICATION / # ELECTION DATE Month Day Year <u>05 / 28 / 24</u>
		DESCRIPTION

15 CONTRIBUTION TOTALS	1. 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)	\$ 1,500.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 508.25
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 991.75
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 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.

Lesia Arnold
Signature of Campaign Treasurer (Declarant)

Please complete either option below:

(1) Affidavit

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, 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

(2) Unsworn Declaration

My name is Lesia Arnold, and my date of birth is 07-17-60
 My address is 901 CB488 (street), Spur (city), TX (state), 79370 (zip code)(country)
 Executed in Dickens County, State of Texas, on the 15 day of MAY, 2024 (month)(year)

Lesia Arnold
Signature of Campaign Treasurer (Declarant)

SUBTOTALS - SPAC

FORM SPAC COVER SHEET PG 3

17 COMMITTEE NAME		18 Filer ID (Ethics Commission Filers)
Friends for Better County Law Enforcement		
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,500 ⁰⁰
2.	<input type="checkbox"/> SCHEDULE A2 : NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2 : NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATON OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 508.25
9.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
10.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
11.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
12.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
13.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
14.	<input type="checkbox"/> 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.		1 Total pages Schedule A1: 2
2 FILER NAME Friends for Better County Law Enforcement		3 Filer ID (Ethics Commission Filers)
4 Date 5/5/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benny Ball	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 113 W. Hill Spur TX 79370		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 5/5/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Debbi Ball	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 113 W. Hill Spur TX 79370		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 5-9-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woody Allen	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 3702 75th St, Lubbock, TX 79423		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 5/9/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRW Cattle - Ricky + Vivian West	Amount of contribution (\$) \$400.00
Contributor address; City; State; Zip Code 1261 St. Hwy 70, Dickens, TX 79229		
Principal occupation / Job title (See Instructions) Dispatcher, Rancher / retired		Employer (See Instructions)

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.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2
2 FILER NAME Friends for Better County Law Enforcement		3 Filer ID (Ethics Commission Filers)
4 Date 5/13/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PK's Plumbing - Phill + Carol Kerr	7 Amount of contribution (\$) \$500⁰⁰
6 Contributor address; City; State; Zip Code Box 38 Afton TX 79220		
8 Principal occupation / Job title (See Instructions) Business Owner		9 Employer (See Instructions)
Date 5/14/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hesa Arnold	Amount of contribution (\$) \$200⁰⁰
Contributor address; City; State; Zip Code 901 CR 488, Spur, TX 79370		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 5/14/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bobby Baker	Amount of contribution (\$) \$100⁰⁰
Contributor address; City; State; Zip Code 981 CR 470 Spur, TX 79370		
Principal occupation / Job title (See Instructions) Retired		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)

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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| 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.

1 Total pages Schedule F1: 2	2 FILER NAME Friends for Better County Law Enforcement	3 Filer ID (Ethics Commission Filers)
4 Date 5-7-24	5 Payee name The Texas Spur	
6 Amount (\$) \$ 119.70	7 Payee address; City; State; Zip Code Box 430, Spur TX 79370	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Newspaper Ad
	(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 NATHAN "JAY" ALLEN	Office sought / Office held County Sheriff
Date 5-11-24	Payee name LAWRENCE BROS.	
Amount (\$) 155.21	Payee address; City; State; Zip Code 601 Burlington Spur, TX 79370	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description hotdogs, chips, buns
	<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 NATHAN "JAY" ALLEN	Office sought / Office held County Sheriff
Date 5/11/24	Payee name Sam's Club	
Amount (\$) 85.17	Payee address; City; State; Zip Code Hubbock, TX	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description paper goods, cookies
	<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 NATHAN "JAY" ALLEN	Office sought / Office held County Sheriff

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| 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.

1 Total pages Schedule F1: 2	2 FILER NAME FRIENDS for Better County Law Enforcement	3 Filer ID (Ethics Commission Filers)
4 Date 5-14-24	5 Payee name LAWRENCE BROS.	
6 Amount (\$) \$2850	7 Payee address; City; State; Zip Code 601 Burlington Spur, TX 79370	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description hotdog buns, weiners
	(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 Nathan "Jay" Allen	Office sought / Office held County Sheriff
Date 5-15-24	Payee name The Texas Spur	
Amount (\$) \$11970	Payee address; City; State; Zip Code P.O. Box 430, Spur, TX 79370	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Newspaper Ad.
	(c) <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 Nathan "Jay" Allen	Office sought / Office held County Sheriff
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	(c) <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

SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC
COVER SHEET PG 1

The SPAC Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

84

3 COMMITTEE NAME

Friends For Better County Law Enforcement

OFFICE USE ONLY

Date Received

May 20, 2024

4 COMMITTEE ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

901 CR 488, Spur, TX 79370

Change of Address

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

5 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI

Lesia

NICKNAME LAST SUFFIX

Arnold

6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

901 CR 488, Spur, TX 79370

7 CAMPAIGN TREASURER MAILING ADDRESS

STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

901 CR 488, Spur, TX 79370

Change of Address

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(806) 789-4555

9 REPORT TYPE

January 15

30th day before election

Exceeded Modified Reporting Limit

July 15

8th day before election

Dissolution Report (Attached PAC-FR)

Runoff

10th day after campaign treasurer termination

10 PERIOD COVERED

Month Day Year

05 / 16 / 24

THROUGH

Month Day Year

5 / 20 / 24

11 ELECTION

ELECTION DATE

Month Day Year

05 / 28 / 24

ELECTION TYPE

Primary

Runoff

Other

General

Special

Description _____

GO TO PAGE 2

FILED FOR RECORD
THIS 20th DAY OF May 2024
AT 3:5 O'CLOCK P M
DANAY CARNES
COUNTY CLERK, DICKENS CO., TEXAS
BY [Signature] DEPUTY
Revised 11/1/2024

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC
COVER SHEET PG 2

12 COMMITTEE NAME Friends for Better County Law Enforcement 13 Filer ID (Ethics Commission Filers)

14 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.) <input checked="" type="checkbox"/> SUPPORT (Candidate or Measure) <input type="checkbox"/> OPPOSE (Candidate or Measure) <input type="checkbox"/> ASSIST (Officeholder)	<input checked="" type="checkbox"/> CANDIDATE	CANDIDATE / OFFICEHOLDER NAME <u>Nathan "Jay" Allen</u>
	<input type="checkbox"/> OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) <u>County Sheriff</u>
	<input type="checkbox"/> MEASURE	BALLOT IDENTIFICATION / # ELECTION DATE Month Day Year <u>05/28/24</u>
		DESCRIPTION

15 CONTRIBUTION TOTALS	1. 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 EXPENDITURES	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>564.29</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>427.46</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

16 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.

Lesu Arnold
Signature of Campaign Treasurer (Declarant)

Please complete either option below:

(1) Affidavit

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, 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

(2) Unsworn Declaration

My name is Lesu Arnold, and my date of birth is 07-17-60
 My address is 901 CA 488 (street), Spur (city), TX (state), 79370 (zip code)(country)
 Executed in Dickens County, State of Texas, on the 20th day of MAY, 2024. (month) (year)

Lesu Arnold
Signature of Campaign Treasurer (Declarant)

SUBTOTALS - SPAC

FORM SPAC COVER SHEET PG 3

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

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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
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.

1 Total pages Schedule F1: 1 2 FILER NAME: Friends for Better County Law Enforcement 3 Filer ID (Ethics Commission Filers)

4 Date: 5-16-24 5 Payee name: United States Postal Service

6 Amount (\$): \$217.42 7 Payee address: online City; State; Zip Code

8 PURPOSE OF EXPENDITURE: Advertising Exp (a) Category (See Categories listed at the top of this schedule) (b) Description: Postage campaign flyer mailout

(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: Nathan "Jay" Allen Office sought: County Sheriff Office held

Date: 5-20-24 Payee name: Texas Spur Newspaper

Amount (\$): \$342.00 Payee address: Box 430, Spur, TX 79370 City; State; Zip Code

PURPOSE OF EXPENDITURE: Advertising Exp Category (See Categories listed at the top of this schedule) Description: Newspaper Ad

Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: Nathan "Jay" Allen Office sought: County Sheriff Office held

Date: 5-20-24 Payee name: USPS

Amount (\$): \$4.87 Payee address: online City; State; Zip Code

PURPOSE OF EXPENDITURE: Advertising Expense Category (See Categories listed at the top of this schedule) Description: postage campaign flyer mailout

Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: Nathan "Jay" Allen Office sought: County Sheriff Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL COMMITTEE
STATEMENT OF DISSOLUTION**

FILED FOR RECORD
THIS 13th DAY OF Sep. 2024
AT 11:31 O'CLOCK A.M.
DANAY CARNES
COUNTY CLERK, DICKENS CO., TEXAS
BY Danay Carnes DEPUTY
FORM PAG. DR

The Instruction Guide explains how to complete this form.
-- Complete only if "Report Type" on page 1 is marked "Dissolution" --

1 COMMITTEE NAME

2 Filer ID (Ethics Commission Filers)

Friends for Better County LAW ENFORCEMENT

3 Statement of Dissolution

I, the undersigned campaign treasurer, do not expect the occurrence of any further reportable activity by this political committee for this or any other campaign or election for which reporting under the Election Code is required. I declare that all of the information required to be reported by me has been reported. I understand that designating a report as a dissolution report terminates the appointment of campaign treasurer. I further understand that a political committee may not make or authorize political expenditures or accept political contributions without having an appointment of campaign treasurer on file.



Signature of Campaign Treasurer

**DO NOT SIGN UNLESS POLITICAL
COMMITTEE IS TO BE DISSOLVED**

Please complete either option below:

(1) Affidavit

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, 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

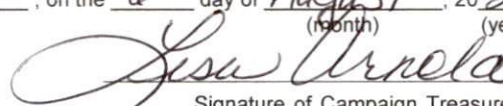
OR

(2) Unsworn Declaration

My name is *Lesa Arnold*, and my date of birth is *7-17-60*

My address is *901 CR 488* (street), *Spur TX 79370 USA* (city) (state) (zip code)(country)

Executed in *Dickens* County, State of *Texas*, on the *6th* day of *August*, 20 *24* (month) (year)



Signature of Campaign Treasurer (Declarant)

SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC
COVER SHEET PG 1

The SPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <div style="font-size: 2em; text-align: center;">3</div>
3 COMMITTEE NAME <div style="font-size: 1.5em; font-family: cursive;">Friends for Better County Law Enforcement</div>		OFFICE USE ONLY	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="font-size: 1.2em; font-family: cursive;">901 CR 488, Spur, TX 79370</div>		Date Received
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <div style="font-size: 1.2em; font-family: cursive;">Lesia</div>	Date Hand-delivered or Date Postmarked	
	NICKNAME LAST SUFFIX <div style="font-size: 1.2em; font-family: cursive;">Arnold</div>	Receipt #	Amount \$
		Date Processed	
		Date Imaged	
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="font-size: 1.2em; font-family: cursive;">901 CR 488, Spur, TX 79370</div>		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="font-size: 1.2em; font-family: cursive;">901 CR 488, Spur, TX 79370</div>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 1.2em; font-family: cursive;">(806) 789-4555</div>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input checked="" type="checkbox"/> Dissolution Report (Attached PAC-FR) <input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer termination		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <div style="font-size: 1.5em; font-family: cursive;">05 / 21 / 24 08 / 06 / 24</div>		
11 ELECTION	ELECTION DATE Month Day Year <div style="font-size: 1.2em; font-family: cursive;">05 / 28 / 24</div>	ELECTION TYPE <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special Description _____	

GO TO PAGE 2

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC
COVER SHEET PG 2

12 COMMITTEE NAME FRIENDS for Better County Law Enforcement 13 Filer ID (Ethics Commission Filers)

14 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.) <input checked="" type="checkbox"/> SUPPORT (Candidate or Measure) <input type="checkbox"/> OPPOSE (Candidate or Measure) <input type="checkbox"/> ASSIST (Officeholder)	<input checked="" type="checkbox"/> CANDIDATE	CANDIDATE / OFFICEHOLDER NAME <u>Nathan "Jay" Allen</u>
	<input type="checkbox"/> OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) <u>County Sheriff</u>
	<input type="checkbox"/> MEASURE	BALLOT IDENTIFICATION / # _____ ELECTION DATE Month Day Year <u>05/28/24</u>
	DESCRIPTION _____	

15 CONTRIBUTION TOTALS	1. 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)	\$ <u>31.28</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ _____
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>458.74</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0.00</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0.00</u>

16 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.

Lesa Arnold
Signature of Campaign Treasurer (Declarant)

Please complete either option below:

(1) Affidavit

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, 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

(2) Unsworn Declaration

My name is Lesa Arnold, and my date of birth is 07-17-60.
 My address is 901 CR 488, Spur TX, 79370.
(street) (city) (state) (zip code)(country)
 Executed in Dickens County, State of Texas, on the _____ day of _____, 2024.
(month) (year)

Lesa Arnold
Signature of Campaign Treasurer (Declarant)

SUBTOTALS - SPAC

FORM SPAC COVER SHEET PG 3

17 COMMITTEE NAME		18 Filer ID (Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 31.28
2. <input type="checkbox"/> SCHEDULE A2 : NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION		\$
5. <input type="checkbox"/> SCHEDULE C2 : NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION		\$
6. <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATON OR LABOR ORGANIZATION		\$
7. <input type="checkbox"/> SCHEDULE E: LOANS		\$
8. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 458.74
9. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
10. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
11. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
12. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
13. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
14. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| 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.

1 Total pages Schedule F1:	2 FILER NAME FRIENDS for Better County Law Enforcement		3 Filer ID (Ethics Commission Filers)	
4 Date 5-21-24	5 Payee name Hurricane Printing + Office Supply			
6 Amount (\$) \$458.74	7 Payee address; 1407 E. FM 1585, Lubbock, TX 79423		City;	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Postcards for mailout	
	(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 NATHAN "JAY" ALLEN		Office sought County Sheriff	Office held
Date	Payee name			
Amount (\$)	Payee address;		City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description	
	<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			
Amount (\$)	Payee address;		City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description	
	<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

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 FRIENDS for Better County Law Enforcement		3 Filer ID (Ethics Commission Filers)
4 Date 5-21-24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lesa Arnold	7 Amount of contribution (\$) # 31.28
6 Contributor address; City; State; Zip Code 901 CR 488 Spur TX 79370		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.