#### JUDICIAL CANDIDATE / OFFICEHOLDER FORM JC/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The JC/OH Instruction Guide explains how to complete this form. 9 MS / MRS / MR 3 CANDIDATE/ FIRST OFFICE USE ONLY OFFICEHOLDER MR ALLEN NAME Date Received NICKNAME LAST SUFFIX 14.4 FLETCHER IR. 4 CANDIDATE/ ADDRESS / PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE JAN 19 2024 OFFICEHOLDER P.O. BOX 215 LLANO **TEXAS 78643** MAILING LIANGE **ADDRESS** Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmarked **OFFICEHOLDER** PHONE Receipt # Amount \$ MS / MRS / MR 6 CAMPAIGN FIRST **TEXAS TREASURER** LON MR. NAME **Date Processed** NICKNAME LAST SUFFIX Date imaged MUSGROVE STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 7 CAMPAIGN CITY; STATE: ZIP CODE **TREASURER** 235 BROKEN SPUR RD. **ADDRESS** MOUNTAIN HOME TEXAS 78058 (Residence or Business) 8 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION **TREASURER** PHONE 9 REPORT TYPE X January 15 15th day after campaign 30th day before election Runoff treasurer appointment (Officeholder Only) July 15 Exceeded Modified 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month Day Year Day Year COVERED 12 / 11 / 2023 / 19 / 2024 01 THROUGH ELECTION DATE ELECTION TYPE 11 ELECTION X Primary Runoff Day Description 03 / 05 / 2024 General Special 13 OFFICE SOUGHT (if known) 12 OFFICE OFFICE HELD (if any) Justice of the Peace - Precinct 1 14 NOTICE FROM THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. POLITICAL COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM JC/OH COVER SHEET PG 2

15 JC/OH NAME ALLEN FLETCI	HER	16 Filer	r ID (Ethics C	ommission Filers)	
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAT PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	AN	\$ 0		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	S)	\$ 0		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$		
	4. TOTAL POLITICAL EXPENDITURES		\$ 5119	).69	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE L OF REPORTING PERIOD	AST DAY	\$		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS LAST DAY OF THE REPORTING PERIOD	OF THE	\$ 0		
required to be reported by me under Title 15, Election Code.  Signature of Candidate/Officeholder  Please complete either option below:					
(1) Affidavit  NOTARY STAMP/SEA	ų.				
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 administr	ering oath Printed name of officer administering oath		Title of office	er administering oath	
(2) Unsworn Declarati	ion				
My name is ALLEN			09/1955		
My address is 5200 SI	H 16 LLANO	<u>TX</u> ,_	·	78643	
	(street) (city)	(state)	(zip code)	(country)	
Executed inLLANC	County, State of TEXAS , on the 16TH day of JAI	nth)	2024	7	
	Signature of Can		ceholder (Dec	darant)	

### **SUBTOTALS - JC/OH**

## FORM JC/OH COVER SHEET PG 3

	19 FILER NAME ALLEN FLETCHER  20 Filer ID (Ethics Con				
21 SCH NAA	SUBTOTAL AMOUNT				
1. [	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 0			
2. [	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	<b>s</b> 0			
з. [	SCHEDULE B: PLEDGED CONTRIBUTIONS	<b>\$</b> 0			
4. [	SCHEDULE E: LOANS	<b>\$</b> 0			
5. [	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIB	BUTIONS \$ 0			
6. [	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0			
7. [	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONT	RIBUTIONS \$ 0			
8. [	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	<b>\$</b> 0			
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	<b>\$</b> \$5119.69			
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSI	NESS OF C/OH \$ 0			
11. [	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIL	BUTIONS \$ 0			
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED \$ 0			

### 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 (andre a reteriory not listed above)

Candidate/Officeholder/Politi Credit Card Payment	ical Committee	Legal Services		Nages/Contract Labor	Other (e	nter a category n	ot listed above)
		The Instruction Guide explain	s how to	complete this form.			
1 Total pages Schedule G:	2 FILER NA ALLEN	ME I FLETCHER			3 Filer	ID (Ethics Co	ommission Filers)
4 Date 12/11/2024	5 Payee nar	TOUNTY REPUBLICA	N PART	ſΥ			
6 Amount (\$)	7 Payee ad	dress;		City;		State;	Zip Code
\$375.00 Reimbursement from political contributions intended	672 AIRF	PORT ROAD		TOW		TEXAS	78672
8	(a) Category	(See Categories listed at the top of this so	chedule)	(b) Description			
PURPOSE OF EXPENDITURE	FEES			FILING FEE			
	(c)	Check if travel outside of Texas. Complete Sci	hedule T.	Check if Austin,	, TX, officel	nolder living expe	nse
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Ol	fice held
Date	Payee nar	ne					
01/02/2024	OFFICE	DEPOT					
Amount (\$)	Payee ad	dress;		City;		State;	Zip Code
\$74.45	4044.84	DDMON LIII I		•	AL I C		·
Reimbursement from political contributions intended	1311 MC	ORMON HILL		MARBLE F	ALLS	TEXAS	78654
DUDDOCE	Category	(See Categories listed at the top of this s	chedule)	Description			
PURPOSE OF EXPENDITURE	OTHE	R		OFFICE SUPPL	IES		
- Check if travel outside of Texas. Complete Schedule T. Check if Austin, T				, TX, officel	TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/		ate / Officeholder name		Office sought		Of	fice held
Date	Payee nar	ne					
01/09/2024	SPRINT	2PRINT					
Amount (\$)	Payee ad	dress;		City;		State;	Zip Code
\$2367.97  Reimbursement from political contributions intended	8748 CLA	AY RD. SUITE 300		HOUSTON		TEXAS	77080
PURPOSE	Category	(See Categories listed at the top of this se	chedule)	Description			-
OF EXPENDITURE	OTI	4E R		51GNS			
		Check if travel outside of Texas. Complete Sci	hedule T.	Check if Austin	, TX, officel	holder living expe	nse
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Of	ffice 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 CATEGORIES FOR BOX 8(a)**

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

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

Candidate/Officeholder/Politicedit Card Payment		expense  //Wages/Contract Labor  complete this form.	Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule G:	2 FILER NAME ALLEN FLETCHER		3 Filer ID (Ethics Commission Filers)		
4 Date 12/14/2024	5 Payee name AMAZON				
6 Amount (\$) \$19.04 Reimbursement from potitical contributions intended	7 Payee address;	City;	State; Zip Code		
B PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  OTHER  (c) Check if travel outside of Texas. Complete Schedule T.	(b) Description  NAME TAGS  Check if Austin	TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 01/10/2024	Payee name BUTTERY				
Amount (\$) \$284.50 Reimbursement from political contributions intended	Payee address; 201 W. MAIN	City; LLANO	State; Zip Code TEXAS 78643		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER	Description T-POSTS FOR	SIGNS		
	Check if travel outside of Texas. Complete Schedule T.	eT. Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought	Office held		
Date 01/14/2024	Payee name GOTPRINT.COM				
Amount (\$) \$155.07 Reimbursement from political contributions intended	Payee address; 7651 N. SAN FERNANDO RD.	City; BURBANK	State; Zip Code CA 91505		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER	Description RACK CARDS			
Complete ONLY if direct expenditure to benefit C/OH	Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name	Check if Austin, Office sought	, TX, officeholder living expense Office held		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	ED		

### 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 Git/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 (enters a category cod listed above)

Candidate/Officeholder/Politic Credit Card Payment	cal Committee Legal Services Salaries	Wages/Contract Labor	Other (enter a catego	ry not listed above)
Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule G:	2 FILER NAME ALLEN FLETCHER		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name	· · · · · · · · · · · · · · · · · · ·		
01/02/2024	SG HOSTING INC.			
6 Amount (\$) \$   \qu	7 Payee address; 700 N. FAIRFAX ST. SUITE 614	City; ALEXANDRI	State; A VA	Zip Code 22314
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	OTHER	DOMAIN		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living e	xpense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
01/02/2024	SG HOSTING INC.			
Amount (\$)	Payee address;	City;	State:	Zip Code
\$35.88	700 N. FAIRFAX ST. SUITE 614	ALEXANDR	·	22314
Reimbursement from political contributions intended				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	OTHER	WEB HOSTIN	G	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living e	expense
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
1/13/2024	KS CONSULTING			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$1750.00  Reimbursement from political contributions intended	19322 RED CANYON LN.	TOMBALL	TEXAS	77377
DUIDDCC T	Category (See Categories listed at the top of this schedule)	Description	· · · · · · · · · · · · · · · · · · ·	
PURPOSE OF EXPENDITURE	OTHER	MAILERS		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living e	xpense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDE	ED .	

### 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 Candidate/Officeholder/Politis Credit Card Payment	cal Committee Legal Services	Fees Office Overhead/Rental Expense Food/Beverage Expense Politing Expense Gift/Awards/Memorials Expense			
1 Total pages Schedule G:	2 FILER NAME ALLEN FLETCHER		3 Filer ID (Ethics Commission Filers)		
4 Date 1/12/2024	5 Payee name ACE HOME IMPROVEMENT				
\$32.42 Reimbursement from political contributions intended	7 Payee address; 2607 RM 1431	City; KINGSLAND	State; Zip Code TEXAS 78639		
8	(a) Category (See Categories listed at the top of this sch	nedule) (b) Description			
PURPOSE OF EXPENDITURE	OTHER	ZIP TIES FOR	SIGNS		
	(c) Check if travel outside of Texas. Complete Sche	dule T. Check if Austin	, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office hel				
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 sch	nedule) Description			
	Check if travel outside of Texas. Complete Schu	edule T. Check if Austin	, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held		
Date	Payee name				
Amount (\$)	Payee address;	City;	State; Zip Code		
political contributions intended					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch				
	Check if travel outside of Texas. Complete Scho	edule T. 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 NEED	ED		

# PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

### SCHEDULE H

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 Candidate/Officeholder/Politi Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memonals Expense Legal Services The Instruction Guide explain	Office Ov Polling Ex Printing E Salaries/	xpense Nages/Contract Labor	Solicitation/Fundraisi Transportation Equipi Travel In District Travel Out Of District Other (enter a catego	ment & Related Expense
1 Total pages Schedule H:	2 FILER N	AME			3 Filer ID (Ethics	Commission Filers)
4 Date	5 Business	name				
6 Amount (\$) 0	7 Business	address;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE		(See Categories listed at the top of this so		(b) Description		
Complete <u>QNLY</u> if direct expenditure to benefit C/O	Candida	ate / Officeholder name	eduje I.	Office sought	TX, officeholder living e	Office held
Date	Business	name				
Amount (\$)	Business	address;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this sci	h <del>e</del> dule)	Description		
		heck if travel outside of Texas. Complete Sch	edule T.	Check if Austin,	TX, officeholder living e	xpense
Complete ONLY if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held
Date	Business	name				
Amount (\$)	Business	address;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categones listed at the top of this so	hedule)	Description		
Complete ONLY if direct		Check if travel outside of Texas. Complete Schape	nectulie T.	Check if Austin.  Office sought	. TX, officeholder living e	Office held
expenditure to benefit C/C						
	ATT	ACH ADDITIONAL COPIES (	OF THIS	SCHEDULE AS NEE	DED	

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE !

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

	The Instruction Guide explains how to con	plete this form.				
1 Total pages Schedule I:	2 FILER NAME	3 File	er ID (Ethics Commission Filers)			
4 Date	5 Payee name					
6 Amount (\$)	7 Payee address;	City	State Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instruction required.)	ns regarding type of information			
Date	Payee name					
Amount (\$)	Payee address;	City	State Zip Code			
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instruction required.)	ns regarding type of information			
Date	Payee name					
Amount (\$)	Payee address;	City	State Zip Code			
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instruction required.)	ns regarding type of information			
Date	Payee name					
Amount (\$)	Payee address;	City	State Zip Code			
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructio required.)	ns regarding type of information			
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED				