

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <b>6</b>			
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR	FIRST <b>Nathan</b>	MI <b>J</b>	<b>OFFICE USE ONLY</b>  Date Received  <b>May 20, 2024</b>		
	NICKNAME	LAST <b>Allen</b>	SUFFIX			
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>	ADDRESS / PO BOX; <b>622 W. 1st St</b>	APT / SUITE #;	CITY; <b>Spur</b>		STATE; <b>TX</b>	ZIP CODE <b>79370</b>
<input type="checkbox"/> Change of Address						
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE <b>( 806 )</b>	PHONE NUMBER <b>777-8713</b>	EXTENSION			Date Hand-delivered or Date Postmarked
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR	FIRST <b>Deborah</b>	MI <b>L</b>	Receipt #		Amount \$
	NICKNAME	LAST <b>Allen</b>	SUFFIX	Date Processed		
	<b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or Business)			Date Imaged		
STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;	CITY; <b>Spur</b>	STATE; <b>TX</b>	ZIP CODE <b>79370</b>	
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE <b>( 806 )</b>	PHONE NUMBER <b>777-9823</b>	EXTENSION			
<b>9 REPORT TYPE</b>	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)					
<b>10 PERIOD COVERED</b>	Month      Day      Year <b>2 / 26 / 24</b>		THROUGH	Month      Day      Year <b>5 / 20 / 24</b>		
<b>11 ELECTION</b>	ELECTION DATE Month      Day      Year <b>5 / 28 / 24</b>		ELECTION TYPE <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special			
<b>12 OFFICE</b>	OFFICE HELD (if any)		<b>13 OFFICE SOUGHT (if known)</b> <b>Sheriff</b>			
<b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b>	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.					
<input type="checkbox"/> Additional Pages	<input type="checkbox"/> GENERAL	COMMITTEE NAME				
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				

GO TO PAGE 2

**FILED FOR RECORD**  
 THIS 20th DAY OF May 2024  
 AT 8:30 O'CLOCK AM  
 BY DANAY GARNES  
 COUNTY CLERK, DICKENS CO., TEXAS  
 DEPUTY

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	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 DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

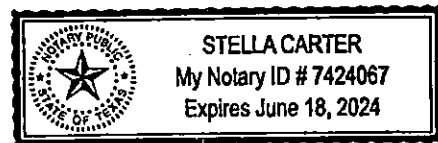
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*[Handwritten Signature]*

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Jay Allen this the 20<sup>th</sup> day of May, 2024, to certify which, witness my hand and seal of office.

Stella Carter Stella Carter  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_

My address is \_\_\_\_\_  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_  
(month) (year)

Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

**FORM C/OH  
COVER SHEET PG 3**

<b>19 FILER NAME</b>		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS NAME OF SCHEDULE</b>		<b>SUBTOTAL AMOUNT</b>
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 E: LOANS	\$
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 114.00
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## 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 category not listed above)
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The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: <b>1</b>	<b>2</b> FILER NAME <b>Nathan J Allen</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>2/29/24</b>	<b>5</b> Payee name <b>The Texas Spur</b>	
<b>6</b> Amount (\$) <b>\$114.00</b> <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code <b>424 Burlington St Spur TX 79370</b>	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	<b>(b)</b> Description <b>Newspaper Ad</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Nathan J Allen</b>	Office sought <b>Sheriff</b>
<b>Date</b>	<b>Payee name</b>	
<b>Amount (\$)</b> <input type="checkbox"/> Reimbursement from political contributions intended	<b>Payee address; City; State; Zip Code</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule)	<b>Description</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
<b>Date</b>	<b>Payee name</b>	
<b>Amount (\$)</b> <input type="checkbox"/> Reimbursement from political contributions intended	<b>Payee address; City; State; Zip Code</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule)	<b>Description</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

**Invoice**



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

INVOICE #	DATE	TOTAL DUE	DUE DATE	TERMS	ENCLOSED
16777	02/29/2024	\$0.00	03/15/2024	Net 15	

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

We appreciate your business! Please return a copy of this invoice with your payment, to ensure correct posting.

SUBTOTAL	114.00
TAX	0.00
TOTAL	114.00
PAYMENT	114.00
BALANCE DUE	<b>\$0.00</b>

**PAID**

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

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

Thank You,  
Danay Carnes  
County Clerk