## APPOINTMENT OF A CAMPAIGN TREASURER BY A SPECIFIC-PURPOSE COMMITTEE

## FORM STA

If you are involved in a Sc	STA Instruction Guide for detailed instructions.  hool District Bond Election, you must file Form STA with the local filing authority esending a file-stamped copy to the Texas Ethics Commission.	1 Total pages filed:	3
2 COMMITTEE NAME	Friends for Better County Law Enforcement	OFFICE US	E ONLY
IVAIVIE		Filer ID #	
3 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 901 County Road 488 Spur, Texas 79370	Date Received 5/15	124
4 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MI  Lesa  NICKNAME LAST SUFFIX		
	Arnold	Date Hand-delivered or Pos	tmarked
5 CAMPAIGN	STREET ADDRESS; APT / SUITE #; CITY; STATE; ZIP CODE	Receipt#	Amount \$
TREASURER STREET ADDRESS	901 County Road 488, Spur, Texas 79370	Date Processed	
(residence or business)		Date Imaged	
6 MAILING ADDRESS same as above	ADDRESS / PO BOX; APT / SUITE#; CITY; STATE; ZIP CODE		
7 CAMPAIGN TREASURER	AREA CODE PHONE NUMBER EXTENSION		
PHONE	(806.000) 789-4555		
8 PERSON APPOINTING TREASURER	Ricky West	\$	SUFFIX
9 SIGNATURE	I understand that I have been appointed as the campaign treat committee and that I am responsible for filing all required report fines for failure to do so. I am aware of the restrictions in title 15 of the from corporations and labor organizations.	ts and that I may b	e subject to contributions
10 ASSISTANT CAMPAIGN TREASURER (see instructions)	FIRST MI LAST	s	SUFFIX
11 ASSISTANT CAMPAIGN TREASURER ADDRESS	ADDRESS / PO BOX; APT / SUITE #, CITY;	STATE; Z	ZIP CODE
12 ASSISTANT CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION	FILED FOR REC	
	CONTINUE ON PAGE 2 AT	DANAY CARNI	DM

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

FORM STA PG 2

13 COMMITTEE NAM	E	
Fri	ends for Better County Law Er	nforcement
14 COMMITTEE PURPOSE	CANDIDATE / OFFICEHOLDER NAME  Nathan Jay Allen	
SUPPORT CANDIDATE		
OPPOSE CANDIDATE	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)  County Sheriff	
ASSIST OFFICEHOLDER		
	BALLOT IDENTIFICATION OF MEASURE / #	ELECTION DATE  Month / Day / Year
SUPPORT MEASURE		05/28/2024
OPPOSE MEASURE	DESCRIPTION	
15 MODIFIED REPORTING DECLARATION	COMPLETE THIS SECTION ONLY IF Y MODIFIED REPORTI	
	••This declaration must be filed no late before the first election to which the de	
	••The modified reporting declaration is valid fo (An election cycle includes a primary election, a general ele	
	The committee does not intend to accept more that contributions or make more than \$1,080 in political filing fees) in connection with any future election wit committee understands that if either one of those lir committee's campaign treasurer will be required to and, if necessary, a runoff report.	expenditures (excluding thin the election cycle. The mits is exceeded, the
	Year of election(s) or election cycle to Signature which declaration applies	e of Campaign Treasurer

#### ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

TEC Filers may send this form to the TEC electronically at <a href="mailto:treasappoint@ethics.state.tx.us">treasappoint@ethics.state.tx.us</a>

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

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

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

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

#### SPECIFIC-PURPOSE COMMITTEE:

FORM STA

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

PG 3

16 COMMITTEE NAME

## Friends for Better County Law Enforcement

17 AFFIRMATION (If applicable)

I swear, or affirm, under penalty of perjury that the following statement is in all things true and correct:



The political committee named above is not established or controlled by a candidate or an officeholder, and will not use any political contribution from a corporation or a labor organization to make a political contribution to: (1) a candidate for elective office or an officeholder, or (2) a political committee that has not included in its campaign treasurer appointment a Statement Authorizing Direct Campaign Expenditures from Corporation or Labor Organization Political Contributions declaring the same.

#### PLEASE COMPLETE EITHER OPTION (1) OR (2) BELOW:

(1) Affidavit Jurat:	Signature of Committee Representative
Notary Stamp/Seal	
Sworn to and subscribed before me by	office.
Signature of officer administering oath	f officer administering oath Title of officer administering oath
2) Unsworn Declaration Jurat:	OR
My name is Lesa ARNO/d	, and my date of birth is 07-17-60
My Address is 901 CR 488 (street)	(city) (state) (zip code) (country)
Executed in <u>Dickens</u> county, State of <u>Jexa</u>	Signature of Committee Representative (Declarant)

Filers may send this form to the TEC electronically at <a href="mailto:treasappoint@ethics.state.tx.us">treasappoint@ethics.state.tx.us</a> 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

The SPAC Instruction Guide explains how to complete this form.  1 Filer ID (Ethics Commission Filers)			2 Total pages filed:	
3 COMMITTEE NAME			OFFICE USE ONLY	
FRIENDS FOR I  4 COMMITTEE ADDRESS  Change of Address	etter County Law ENFO ADDRESS / PO BOX; AFT / SUITE #; CIT 901 CR488, Spur,	TY; STATE; ZIP CODE	Date Received  Date Hand-delivered or Date Postmarked	
5 CAMPAIGN TREASURER	MS / MRS / MR FIRST	МІ	Receipt # Amount \$	
NAME	hesa.	SUFFIX	Date Processed	
	ARNOld		Date Imaged	
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUIT		ZIP CODE	
7 CAMPAIGN TREASURER MAILING ADDRESS  Change of Address	901 CR 488, Spu		ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (806) 789-4555	EXTENSION		
9 REPORTTYPE	July 15 8	Oth day before election	Exceeded Modified Reporting Limit  Dissolution Report (Attached PAC-FR)  10th day after campaign treasurer termination	
10 PERIOD COVERED	Month Day Year		Month Day Year	
	05/05/24	THROUGH	05/15/24	
11 ELECTION	ELECTION DATE  Month Day Year Primary	ELECTION TYPE	Other	
	05/28/24 General		Description ———	
	GO TO P	PAGE 2		

# SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

12 COMMITTEE NAME	-n [	Better Cou	INT. LAW ENFORCEMENT 13 FI	ler ID (Ethics Commission Filers)
14 COMMITTEE PURPOSE (Attach lists on plain pape		CANDIDATE	CANDIDATE/OFFICEHOLDERNAME  NATHON "JOY" Alle	_N
complete this report if necessary.)		OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)	
SUPPORT (Candidate or Measur	e)			ION DATE bay Year
OPPOSE (Candidate or Measur	re)	MEASURE	DESCRIPTION OS / Z S	3/24
ASSIST (Officeholder)				
15 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$	
	2.	TOTAL POLITICAL ( OTHER THAN PLEDG	CONTRIBUTIONS ES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,50000
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED F	POLITICAL EXPENDITURES	\$
TOTALO	4.	TOTAL POLITICAL EXPENDITURES		\$ 508.25
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CO OF THE REPORTING I	NTRIBUTIONS MAINTAINED AS OF THE LAST DAY PERIOD	\$ 991.75
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AM LAST DAY OF THE RE	OUNT OF ALL OUTSTANDING LOANS AS OF THE PORTING PERIOD	\$ 0.00
			nalty of perjury, that the accompanying report ired to be reported by me under Title 15, Election and the Signature of Campaign Treasures	ion Code.
		Please c	omplete either option below:	, or (Designation)
(1) Affidavit				
AFFIX NOTARY STAMP /	SEALA	BOVE		
			i ha i'a a a a a a a a a a a a a a a a a a	_, this the
day of	, 20	, to certify wh	ich, witness my hand and seal of office.	
Signature of officer adm	inisteri	ng oath Printed	name of officer administering oath Title	e of officer administering oath
(2) Unsworn Declarat	/ 1	1.	~7	17 / 6
My name is Lesa  My address is 901	CA	2001d	, and my date of birth is OI	X 79370
Executed in Dicke	201	(street)County, State of	(city) (standard control contr	(year)  (year)  (reasurer (Declarant)
			> Signature of Sampaign	Todalar (Booking)

## **SUBTOTALS - SPAC**

17						
	Friends for Better County haw Enforcement					
19	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT				
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$1,50000				
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$				
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$				
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$				
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$				
6.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$				
7.	SCHEDULE E: LOANS	\$				
8.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 508,25				
9.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$				
10.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$				
11.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$				
12.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$				
13.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$				
14.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$				

### MONETARY POLITICAL CONTRIBUTIONS

#### SCHEDULE A1

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

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME FRIE	NDS For Better County LAW ENForcement	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor   out-of-state PAC (ID#)  6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)
	113 W. Hill Sour TX 79370	#10000
1) 1.	pation / Job title (See Instructions)  9 Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
_/ _/	Contributor address; City; State; Zip Code	\$100.00
5/5/24	113 W. Hill Spur TX 79370	
Principal occup	pation / Job title (See Instructions)  Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
-0-1	Contributor address; City; State; Zip Code	. 100
5-9-24	3702 75th St, Lubbock, 1X79423	
Principal occup Retire	pation / Job title (See Instructions) Employer (See Instruc	
Date	Full name of contributor	Amount of contribution (\$)
5/9/24	BRW Cattle - Ricky & Vivian West Contributor address; City; State; Zip Code 1261 St. Duy 70, Dickens, Tx 7922	440000
11	pation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)	ctions)
	<i>'</i>	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS I	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 FILER NAME	for Better County LAW EN	forcement	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC		7 Amount of contribution (\$)
5/13/24	PK's Plumbing - Phill + C 6 Contributor address; City; Box 38 AFfon	arol Kerr State: Zip Code	\$ 50000
8 Principal occu		9 Employer (See Instructi	ions)
Busine	SS OWNER		
Date	Full name of contributor	(ID#)	Amount of contribution (\$)
5/14/24	Contributor address; City;	State; Zip Code	#20000
	901 CR 488, Spur, T	x 79370	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date		(ID#)	Amount of contribution (\$)
5/14/24		State; Zip Code X 79370	\$ 100°°
Principal occur	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Retire	A STATE OF THE PARTY OF THE PAR	,,	
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

### POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking

Event Expense Fees
Food/Reverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense

Transportation Equipment & Related Expense

Solicitation/Fundraising Expense

Contributions/Donations Made By Candidate/Officeholder/Political			Travel Out Of District Other (enter a catego	
Credit Card Payment	The Instruction Guide explains how to c	El Salada Carriera de la companiona de l		
1 Total pages Schedule F1:	FRIENDS FOR BEHER COUNTY LAW	ENForcement	3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name			
5-7-24	The lexas Spur	V-rocar		
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
# 119.70	Box 430,	Spur	TX	79370
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF	N	A 1	N 1	
EXPENDITURE	Holvertising Expense	Newspa	per Hd	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name NATHAN "JAY" Allen	Couply S	sheriff	Office held
D-4-	Payee name	Courige	7(-)	
Date	. D			
5-11-24	LAWRENCE DROS.			
Amount (\$)	Payee address;	City;	State;	Zip Code
				f10=0 #
155.21	601 Burlington	Jar,	ι×	79370
	Category (See Categories listed at the top of this schedule)	hotologe	ablas	Lune
PURPOSE OF		morange	21011122	( Dans
EXPENDITURE	Event Expense			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	21	Office held
expenditure to benefit C/OH	"NATHAN "TAU" AlleN	County	Sheriff	2
Date	Payee name		\	
E/. 1	( ) ( ) ( )			
5/11/24	Sam's Club			7:-0-1-
Amount (\$)	Payee address;	City;	State;	Zip Code
85.17		hubbo	CK, TX	<b>^ N</b>
	Category (See Categories listed at the top of this schedule)	Description		. 125
PURPOSE OF	6	papers	zoods,	cookies
EXPENDITURE	Event Expense	1 '		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	1 .50	Office held
expenditure to benefit C/OF	NATHAN "JAY" AlleN	County?	sheritt	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

Solicitation/Fundraising Expense

Candidate/Officeholder/Political		Vages/Contract Labor (	Other (enter a catego	
Credit Card Payment	The Instruction Guide explains how to o	omplete this form.		
1 Total pages Schedule F1:	FRIENDS FOR Better County	AW ENFOREME	Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name Lawrence BROS.	•••		
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
#2850	601 Burlington	Spur,	TX	79370
8 PURPOSE	(a) Category (See Categories listed at the Dp of this schedule)	hotdos by	UNS, WE	einers
OF EXPENDITURE	Event Expense	0		
	(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 NATHON "TAY" AlleN	Office sought	SheriF	Office held
Date	Payee name	,		
5-15-24 Amount (\$)	The Texas Spur	City;	State;	Zip Code
# 11970	P.D. Box 430,	Spur,	TX T	1376
PURPOSE	Category (See Categories listed at the top of this schedule)	Description '		
OF EXPENDITURE	Havertising	Newspo	aper f	td.
	Check if travel outside of exas. Complete Schedule T.	Check if Austin,	TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name  NATHAN "JAY" Alle	N Count	1 Sher	Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	DED	

## SPECIFIC-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT**

#### FORM SPAC **COVER SHEET PG 1**

The SPAC Instruction Guid	de explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 COMMITTEE NAME	FI CONTRACTOR OF THE PROPERTY		OFFICE USE ONLY
FRIENDS F  4 COMMITTEE ADDRESS  Change of Address	ADDRESS / PO BOX; APT / SUITE #; 9001 CR 488,	AWENFORCEMENTO STATE; ZIP CODE Spur, TX 79370	Date Received  May 2004
	MS / MRS / MR FIRST	MI	Date Hand-delivered or Date Postmarked
5 CAMPAIGN TREASURER	Lesa		Receipt # Amount \$
NAME	NICKNAME LAST	SUFFIX	Date Processed
	ARING	1	Date Imaged
6 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SL		ZIP CODE
TREASURER STREET ADDRESS (Residence or Business)	901CR 488, 5A	ur, Tx 7937	0
7 CAMPAIGN TREASURER MAILING ADDRESS  Change of Address	STREET ADDRESS OR PO BOX; APT / SU 901 CR 488, 5		ZIP CODE
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION	
TREASURER PHONE	(806) 789-45	555	
9 REPORTTYPE	January 15 July 15	30th day before election  8th day before election  Runoff	Exceeded Modified Reporting Limit  Dissolution Report (Attached PAC-FR)  10th day after campaign treasurer termination
10 PERIOD			Month Day Year
COVERED	Month Day Year 05/16/24	THROUGH	Month Day Year 5 / Z 0 / 2 4
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month         Day         Year         ☐ Primary           05/28/24         ☐ General		Description————————————————————————————————————
			FILED FOR RECORD

GO TO PAGE 2

O'CLOCK

DANAY CARNES

# SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FRIENDS TO	-Be	Her Count	LAW ENFORCEMENT 13 FI	ler ID (Ethics Commission Filers)
14 COMMITTEE PURPOSE (Attach lists on plain paper to		CANDIDATE	CANDIDATE/OFFICEHOLDERNAME  NATON '(Tay') A	llen
complete this report if necessary.)  SUPPORT		OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)  COUNTY Sheriff	
(Candidate or Measur	e)			ON DATE Vear  Year
(Candidate or Measur  ASSIST (Officeholder)	re)	MEASURE	DESCRIPTION	5/27
15 CONTRIBUTION TOTALS	1.	PLEDGES, LOANS, O	POLITICAL CONTRIBUTIONS (OTHER THAN R GUARANTEES OF LOANS, OR DE ELECTRONICALLY)	\$
	2.	TOTAL POLITICAL (OTHER THAN PLEDG	CONTRIBUTIONS SES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$
101/120	4.	TOTAL POLITICAL E	EXPENDITURES	\$ 564.29
CONTRIBUTION BALANCE	TION 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 427.46	
OUTSTANDING LOAN TOTALS				\$
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.  Signature of Campaign Treasurer (Declarant)				
		Please c	omplete either option below:	
(1) Affidavit  AFFIX NOTARY STAMP /	SEALA	BOVE		
Sworn to and subscrib	ed be	fore me, by the said _		_, this the
day of, 20, to certify which, witness my hand and seal of office.				
Signature of officer adm	inisterir	ng oath Printed	name of officer administering oath Title	e of officer administering oath
(2) Unsworn Declarat		011	^7	-17 / 0
My name is				
			Signature of Campaign 1	Treasurer (Declarant)

## **SUBTOTALS-SPAC**

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

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Candidate/Officeholder/Politica	I 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 BEHER CAUNTY LAW ENFORCEMENT 3 Filer ID (Ethics Commission Filers)			
4 Date 5 -16-24	United States Postal Service			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
#217.42	ONline			
8	(a) Category (See Categories listed at the top of this schedule) (b) Description			
PURPOSE	(a) Category (see Categories listed at the top of this schedule)  (b) Description  Postage			
OF EXPENDITURE	Iduertisina Exp Campaiantlyer mailout			
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct	Candidate / Officeholder name Office sought Office held			
expenditure to benefit C/OF	"Nathan "JAy" Allen County Sherift			
Date	Payee name			
5-20-24	Texas Spur Newspaper			
Amount (\$)	Payee address; City; State; Zip Code			
# 342.00	Box 430, Spur, Tx 79370			
	Category (See Categories listed at the top of this schedule)  Description			
PURPOSE				
OF EXPENDITURE	Advertising Exp Newspaper ad			
	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/OF	A			
Date	Payee name			
5-20-24	USPS			
Amount (\$)	Payee address; City; State; Zip Code			
\$4.87	online			
	Category (See Categories listed at the top of this schedule)  Description  Postage			
PURPOSE OF				
EXPENDITURE	Havertising Expense Campaign + lyer mailous			
	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/OF	"NAthan "Jay" Allen County Sheriff			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

### POLITICAL COMMITTEE STATEMENT OF DISSOLUTION

THIS 13 DAY OF SED. 2024

AT 11:31 O'CLOCK A.M

DANAY CARNES

COUNTY CLERK, FORMS PAGXASDR

BY DAY OF SED. 2024

B

The Instruction Guide explains how to complete this form.

•• Complete only if "Report Type" on page 1 is marked "Dissolution" ••

Friends for Better County Law Enforcement

2 Filer ID (Ethics Commission Filers)

#### 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 / SEALABOVE		
		8.2 (8)
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		- And - Size - 2
My name is Lesa HRNOK	, and my date of birth is	7-17-60
My address is 90 / CR 488	SOUR TX	79370 USA
	(street)  y, State of Iexas, on the 6th day of August	(state) (zip code)(country)
Executed in Dickers County	r, State of <u>IEXAS</u> , on the <u>6 to day</u> of <u>HUQUE</u>	) (year)
	(XIV) //	nold
	Signature of Camp	paign Treasurer (Declarant)
	Signature of Camp	paign Treasurer (Declarant)

# SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

The SPAC Instruction Guide explains how to complete this form.  1 Filer ID (Ethics Commission Filers)			2 Total pages filed:	
3 COMMITTEE NAME			OFFICE USE ONLY	
FRIENDS-For  4 COMMITTEE ADDRESS  Change of Address	Better County LAW & ADDRESS / PO BOX; APT ASUITE #;	Spur, TX 79370	Date Received	
			Date Hand-delivered or Date Postmarked	
5 CAMPAIGN TREASURER NAME	NICKNAME FIRST  Le Sa  NICKNAME LAST	SUFFIX	Receipt # Amount \$  Date Processed  Date Imaged	
	11110.	4		
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	901 CR 4881		ZIP CODE	
	OTDEET ADDRESS OD DO DOV.	OT / CHITE # CITY CTATE	710 0005	
7 CAMPAIGN TREASURER MAILING ADDRESS  Change of Address		Spur, TX 793	ZIP CODE	
8 CAMPAIGN TREASURER PHONE	(806) 789-45	EXTENSION 555		
9 REPORTTYPE	January 15 [  July 15 [	30th day before election  8th day before election  Runoff	Exceeded Modified Reporting Limit  Dissolution Report (Attached PAC-FR)  10th day after campaign treasurer termination	
10 PERIOD COVERED	Month Day Year		Month Day Year	
	05/21/24	THROUGH	08/06/24	
11 ELECTION	ELECTION DATE	ELECTION TYPE		
	Manual David Manual Control	M		
	05/28/24 0		ther Description————	
GO TO PAGE 2				

# SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

#### FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME	rB	Her County L	AWENFORCEMENT	13 Filer	ID (Ethics Commission Filers)
14 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.)  SUPPORT		CANDIDATE	CANDIDATE/OFFICEHOLDER NAME  NAMON TAY  OFFICE SOUGHT (candidate) / OFFICE HELD (offi		2N
		OFFICEHOLDER	County Sherif	7	
(Candidate or Measur	re)	Ti.	BALLOT IDENTIFICATION/#  M	ELECTION Day	
OPPOSE (Candidate or Measu	re)	MEASURE	DESCRIPTION	5/28	/24
ASSIST (Officeholder)					
15 CONTRIBUTION TOTALS				\$	
	2.	TOTAL POLITICAL ( OTHER THAN PLEDG	CONTRIBUTIONS EES, LOANS, OR GUARANTEES OF LOANS)		\$ 31,28
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURES			\$
	4.	TOTAL POLITICAL EXPENDITURES			\$ 458,74
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CO OF THE REPORTING I	NTRIBUTIONS MAINTAINED AS OF THE LAS PERIOD	T DAY	\$ 0.00
OUTSTANDING LOAN TOTALS  6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  \$ 0.00			\$ 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.					
		Please c	Signature of Campaig	iii Treasure	(Bedarant)
(1) Affidavit					
AFFIX NOTARY STAMP	SEALA	BOVE			
Sworn to and subscri	bed be	efore 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					
(2) Unsworn Declaration					
My name is Les	af	trivold	, and my date of birth is	07.	79271
My address is (street) (city), (state) (zip code)(country)					
Executed in	Jeh.	County, State of <u>I</u> €	XAS , on theday of(mo	onth)	20 <u>44</u> . (year)
			Signature of Ca	ampaign Tre	easurer (Declarant)
I .					

www.ethics.state.tx.us

## **SUBTOTALS-SPAC**

17	COMMITTEE NAME	nmission Filers)	
19	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 3/, 28
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LA	ABOR ORGANIZATION	\$
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORGANIZATION	PORATION OR LABOR	\$
6.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATON OR LABO	R ORGANIZATION	\$
7.	SCHEDULE E: LOANS		\$
8.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL COI	NTRIBUTIONS	\$ 458.74
9.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
10.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$
11.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
12.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
13.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
14.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIO TO FILER	NS RETURNED	\$

#### POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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 F1:	FRIENDS FOR BEHER CXWYLLAN	ENFORCEMENT 3 File	r ID (Ethics Commission Filers)	
5-2/-24	5 Payee name Hurricane Printing + OF	Fice Supply		
6 Amount (\$) \$458.74	7 Payee address; 1407 E. FM 1585,	Lubbook,	$\frac{\text{State};}{1} \frac{\text{Zip Code}}{79423}$	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Ad Vertising Expense	(b) Description Postcards	Formailaut	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, offi	ceholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name NAHAN TAY Allen	County Sheri	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		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, offi	ceholder 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		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, office	ceholder 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	1 Total pages Schedule A1:			
FRIENDS FOR BEHER COUNTY LAWENFORCEMENT  3 Filer ID (Ethics Commission Filers)				
4 Date 5-21-24	5 Full name of contributor □ out-of-state PAC  LeSa ARNOId  6 Contributor address; City;	7 Amount of contribution (\$)  \$\\$\\$31.28		
	901 CR 488 Spur	Tx 79370	* X X	
8 Principal occup	Sec	9 Employer (See Instruc	tions)	
Date		(ID#:)	Amount of contribution (\$)	
	Contributor address; City;	State; Zip Code		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	tions)	
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)	
	Contributor address; City;	State; Zip Code		
Principal occup	eation / Job title (See Instructions)	Employer (See Instruc	tions)	
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)	
	Contributor address; City;	State; Zip Code		
Principal occupation / Job title (See Instructions)  Employer (See Instructions)			tions)	
	ATTACH ADDITIONAL COPIES Of the contributor is out-of-state PAC, please see Instru			