## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST  ALLEN, MONTY G  NICKNAME LAST	MI	OFFICE USE ONLY  Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address  5 CANDIDATE / OFFICEHOLDER PHONE	ADDRESS / PO BOX: APT / SUITE # CO 14633 SPID, STE #105, Corpus AREA CODE PHONE NUMBER (361 ) 728-3038	STATE, ZIP CODE S Christi, TX 78418  EXTENSION	JAN 15 REC'D  KARA SANDS  CLERK DELVITY COLRT, NUECES COUNTY, TEXAS  BY  Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST  ALLEN SIOBHAN E  NICKNAME LAST	MI	Receipt # Amount 5  Date Processed  Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE). APT / SU 15741 ESCAPADE STREET		STATE ZIP CODE ( 78418
8 CAMPAIGN TREASURER PHONE	( 361 ) 425-5353	EXTENSION	
9 REPORT TYPE	July 15 30th day before elected.		15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 12/ 06 / 2019	THROUGH 12/	´31
11 ELECTION	ELECTION DATE  Month Day Year Primary  03 / 03 / 2020 General	Runoff Other Description  Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (If KNOWN) NUECES COUNT	Y CONSTABLE PCT 4
	до то	PAGE 2	- 0 0000

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

2020-0028

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

14 C/OH NAME	ALIEN	1	5 Filer ID (Ethics Commission Filers)	
MONTY G  16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR N	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDIT MATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WIT INSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS URES.	THOUT THE CANDIDATE'S OR OFFICEHOLDER'S	
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
	SPECIFIC	COMMITTEE ADDRESS		
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS	PLEDG	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA ES, LOANS, OR GUARANTEES OF LOANS, OR IBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED	\$ \$	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 13,380.00	
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS,	\$ 85.78	
	4. TOTAL	POLITICAL EXPENDITURES	\$ 7049.52	
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST	\$6,244.70	
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD		
18 AFFIDAVIT  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.  My Commission Expires October 9, 2023				
AFFIX NOTARY STAM	P/SEAL ABOVE	Signature of Cano	didate or Officeholder	
Sworn to and subscribed day of AMMA	mibed before me,	by the said MMW Allew to certify which, witness my hand and seal of office.  Balle E Mau  Printed name of officer administering oath	Title of officer administering cath	

## SUBTOTALS - C/OH

### FORM C/OH COVER SHEET PG 3

19	9 FILER NAME 20 Filer ID (Ethics Commission Filers)		nmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$13,380.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$2,250.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0.00
4.	4. SCHEDULE E: LOANS		\$ 0.00
5.	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 7,135.30
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$ 0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ 0.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$ 0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$ (		\$ 0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	TIONS RETURNED	\$ 0.00

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1 The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) MONTY GALLEN 4 Date 5 Full name of contributor 7 Amount of contribution (\$) Dout-of-state PAC (ID#. 12/06/2019 SIOBHAN ALLEN \$30.00 6 Contributor address; City: 15741 ESCAPADE ST. CORPUS CHRISTI, TX 78418 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) H. O. LAUSENG LAW FIRM MANAGER Full name of contributor out-of-state PAC (ID#: Date Amount of contribution (\$) 12/06/2019 **BRITT BARWISE** \$2,000.00 Contributor address: City; State: Zip Code 323 SANDHILL CR., PORT ARANSAS TX 78373 Principal occupation / Job title (See Instructions) Employer (See Instructions) DENTIST SELF Full name of contributor out-of-state PAC (ID# Date Amount of contribution (\$) 112/11/2019 **SEAN MURPHY** \$100.00 Contributor address; City; State; Zip Code 14721 WHITECAP BLVD #181, CORPUS CHRISTI, TX 78418 Principal occupation / Job title (See Instructions) Employer (See Instructions) RETIRED Date Full name of contributor Amount of contribution (\$) Out-of-state PAC (ID# RITA ALLEN 12/11/2019 \$300.00 Contributor address; City: State; Zip Code 15741 ESCAPADE ST, CORPUS CHRISTI, TX 78418 Principal occupation / Job title (See Instructions) Employer (See Instructions) RETIRED 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 1 Total pages Schedule A1 The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) MONTY G ALLEN 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#. 12/13/2019 T. S. LASTER \$1,000.00 6 Contributor address; City; State; Zip Code 14518 DRAGONET, CORPUS CHRISTI, TX 784158 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) RETIRED Date Full name of contributor out-of-state PAC (ID#:\_\_\_\_ Amount of contribution (\$) 12/23/2019 KIMBERLY PARLASCA \$500.00 Contributor address; State: Zip Code 14254 SPID CORPUS CHRISTI TX 78418 Principal occupation / Job title (See Instructions) Employer (See Instructions) RESTAURANTEUR SELF Full name of contributor Date Out-of-state PAC (ID# Amount of contribution (\$) 12/30/2019 RITA ALLEN \$600.00 Contributor address; City: State: Zip Code 15741 ESCAPADE ST, CORPUS CHRISTI, TX 78418 Principal occupation / Job title (See Instructions) Employer (See Instructions) RETIRED Date Full name of contributor out-of-state PAC (ID#\_ Amount of contribution (\$) PATRICK BROWN 01/02/2020 \$5,000.00 Contributor address; City: State; Zip Code 13854 DOUBLOON ST, CORPUS CHRISTI, TX 78418 Principal occupation / Job title (See Instructions) Employer (See Instructions) CONSULTING 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 1 Total pages Schedule A1 The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) MONTY G ALLEN 4 Date 6 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#.\_\_\_\_ 01/03/2020 HANNELORE CRANE \$500.00 6 Contributor address; 14922 DAS MARINAS, CORPUS CHRISTI TX 78418 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) RETIRED Full name of contributor Out-of-state PAC (ID# Date Amount of contribution (\$) 01/07/2020 JASON FISHER, MD \$2,000.00 Contributor address; State; Zip Code 14205 ALMERIA AVE, CORPUS CHRISTI, TX 78418 Principal occupation / Job title (See Instructions) Employer (See Instructions) SELF SURGEON Full name of contributor out-of-state PAC (ID#\_ Amount of contribution (\$) 01/08/2020 HANNELORE CRANE \$500.00 City; Contributor address; State: Zip Code 14922 DAS MARINAS, CORPUS CHRISTI TX 78418 Principal occupation / Job title (See Instructions) Employer (See Instructions) RETIRED Date Full name of contributor Amount of contribution (\$) **DONALD JONES** 01/08/2020 \$100.00 City: State, Zip Code Contributor address; 13925 SUNTAN AVENUE, CORPUS CHRISTI TX 78418 Principal occupation / Job title (See Instructions) Employer (See Instructions) RETIRED 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 1 Total pages Schedule A1 The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) MONTY GALLEN 4 Date 5 Full name of contributor 7 Amount of contribution (\$) Out-of-state PAC (ID#. 01/08/2020 DR. ALAN FISHER \$100.00 6 Contributor address; City: State, Zip Code 15157 AQUARIUS STREET, CORPUS CHRISTI, TX 78418 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) SELF **PSYCHOLOGIST** Full name of contributor Out-of-state PAC (ID#. Amount of contribution (\$) 01/08/2020 T. S. LASTER \$100.00 Contributor address; State: Zip Code 14518 DRAGONET, CORPUS CHRISTI, TX 784158 Principal occupation / Job title (See Instructions) Employer (See Instructions) SELF RETIRED Full name of contributor Date ut of state PAC (ID# Amount of contribution (\$) 01/08/2020 JOHNNY HAAS \$100.00 Contributor address; State: Zip Code 13962 BLACKBEARD STREET, CORPUS CHRISTI, TX 78418 Principal occupation / Job title (See Instructions) Employer (See Instructions) RETIRED Date Full name of contributor out-of-state PAC (ID#\_ Amount of contribution (\$) 01/08/20 MATT HAMEL \$200.00 Contributor address: State; Zip Code 521 GULF STREET, PORT ARANSAS TX 78373 Principal occupation / Job title (See Instructions) Employer (See Instructions) UNKNOWN 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 The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) MONTY GALLEN 4 Date 6 Full name of contributor 7 Amount of contribution (\$) Out-of-state PAC (ID#.\_\_\_\_\_ 01/11/2020 MICHAEL B THOMAS State; Zip Code 6 Contributor address; \$250.00 City: 1717 WALDRON RD, CORPUS CHRISTI, TX 78418 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) RETIRED Full name of contributor Out-of-state PAC (ID# Date Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date aut-of-state PAC (ID#\_ Amount of contribution (\$) State: Zip Code Contributor address; City; Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) Out-of-state PAC (ID# State: Zip Code Contributor address: City; 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.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME MONTY G ALLEN		3 Filer ID (Ethics Commission Filers)	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIB	BUTIONS	\$
6 Full name of contributorout-of-state PAC (ID#) 12/06/2019 Heath O Lauseng 7 Contributor address; City; State; Zip Code		8 Amount of Solution \$ In-kind contribution description \$1,500.00 OFFICE SPACE  Check if travel outside of Texas. Complete Schedule T.	
	14633 SPID, Corpus Christi, TX 78418  upation / Job title (FOR NON-JUDICIAL)(See Instructions)  EY/FINCANCIAL ADVISOR	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)
	principal occupation (FOR JUDICIAL)		utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date 01/08/20	Full name of contributor  out-of-state PAC (ID#	Zip Code	Amount of In-kind contribution Contribution \$ description  750.00 CATERING  Check if travel outside of Texas Complete Schedule T.
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)
	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
	ATTACH ADDITIONAL COPIES OF 1	'HIS SCHENI	II E AS NEEDED
	If contributor is out-of-state PAC, please see Instructi		

#### PLEDGED CONTRIBUTIONS SCHEDULE B 1 Total pages Schedule B The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 4 TOTAL OF UNITEMIZED PLEDGES \$ 5 Date 6 Full name of pledgor out-of-state PAC (ID#\_ Amount 9 In-kind contribution of Pledge \$ description 7 Pledgor address; City: State; Zip Code Check if travel outside of Texas, Complete Schedule T. 10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions) Date Amount In-kind contribution Full name of pledgor Out-of-state PAC (ID#\_ of Pledge \$ description State: Zip Code Pledgor address, City, Check if travel outside of Texas Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Amount of In-kind contribution Full name of pledgor Out-of-state PAC (ID#\_ Pledge \$ description City. Pledgor address; State: Zip Code Check if travel outside of Texas Complete Schedule T Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of In-kind contribution Date Full name of pledgor out-of state PAC (ID# Pledge \$ description City; State; Zip Code Pledgor address; Check if travel outside of Texas Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (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.

LOANS	SCHEDULE <b>E</b>				
The Instruction Guide explains how to complete this form.					
2 FILER NAME	3 Filer ID (Ethics Commission Filers)				
4 TOTAL OF UNITEMIZED LOANS	\$				
5 Date of loan 7 Name of lender out-of-state F	PAC (ID#) 9 Loan Amount (\$)				
6 Is lender a financial Institution?  8 Lender address; City;	State; Zip Code 10 Interest rate				
YN	11 Maturity date				
12 Principal occupation / Job title (See Instructions)	13 Employer (See Instructions)				
POLITICAL CANDIDATE					
14 Description of Collateral  none	Check if personal funds were deposited into political account (See Instructions)				
16 GUARANTOR INFORMATION 17 Name of guarantor	19 Amount Guaranteed (\$)				
18 Guarantor address; City;  ☑ not applicable	State; Zip Code				
20 Principal Occupation (See Instructions)	21 Employer (See Instructions)				
Date of loan Name of lender out-of-state l	PAC (ID#) Loan Amount (\$)				
Is lender Lender address; City; a financial Institution?	State: Zip Code Interest rate				
Y N	Maturity date				
Principal occupation / Job title (See Instructions)	Employer (See Instructions)				
Description of Collateral  none	Check if personal funds were deposited into political account (See Instructions)				
GUARANTOR Name of guarantor INFORMATION	Amount Guaranteed (\$)				
Guarantor address; City;	State; Zip Code				
not applicable					
Principal Occupation (See Instructions)	Employer (See Instructions)				
ATTACHADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

#### SCHEDULE F1

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

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

Evenl Expense
Fees
Food/Beverage Expense
Gft/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: 2 FILER NAME 3 Filer ID (Elliss Commission Filers) MONTY G ALLEN 5 Payee name 4 Date 12/09/2019 OFFICE DEPOT 7 Payee address; Zip Code 6 Amount (\$) \$50.97 5425 S Padre Island Dr #151, Corpus Christi (b) Description (a) Category (See Categories listed at the top of this schedule) 8 PURPOSE PRINTING EXPENSE EXPENDITURE Check if travel outside of Texas. Complete Schedule T Check if Austin TX officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH **NUECES COUNTY CONSTABLE PCT 4** MONTY G ALLEN Date NUECES COUNTY REPUBLICAN PARTY 12/06/2019 Amount (\$) Payee address; City: State Zin Code 5151 FLYNN PKWY, STE#103, CORPUS CHRISTI, TX 78411 \$1,000,00 Category (See Categories listed at the top of this schedule) Description **PURPOSE BOND FILING** OF **FEES** EXPENDITURE Check if travel outside of Texas Complete Schedule T Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date WIX- DEVELOPEMENT PLATFORM 12/10/2019 Amount (\$) Payee address; City. State: Zip Code \$83.90 WIX ONLINE PAYMENTS Category (See Categories listed at the top of this schedule) Description PURPOSE ADVERTISING EXPENSE EXPENDITURE WEBSITE HOSTING Check if travel outside of Texas Complete Schedule T Check if Austin, TX officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense
Contributions Donations Made By

Evert Expense Fees Office Overhead?
Food/Severage Expense
Uth/Awards/Memorals Expense
Princip Expense
Princip Expense

Loan Repayment/Remountment Office Overhead/Remail Expense

Solicitation/Fundralising Expense Transportation Equipment & Related Expense Travel in District
Travel Out Of District

Canalidate/OfficeholdenPolitica	Committee Legal Services Salaries*W	ages/Contract Labor	Other lenter a category not listed above:
Orecz Card Payment The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME MONTY G ALLEN		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
12/24/2019	OFFICE DEPOT		
6 Amount (\$)	7 Payee address;	City	State, Zip Code
\$48.59	5425 S Padre Island Dr #151	, Corpus Ch	risti
8	(a) Category (See Cetegories inted at the top of this schepule)	(b) Description	
PURPOSE OF EXPENDITURE	PRINTING EXPENSE		
	(o) Divisió de vet outside of Taxes. Compéte Schedule T	Check & Austr	n, TX officeholder living expense
9 Complete ONLY 1 direct expenditure to benefit C/OF	Candidate / Officeholder name  MONTY G ALLEN	Office sought NUECES COUN	Office held TY CONSTABLE PCT 4
Date	Payee name		
12/27/2019	TRACTOR SUPPLY CORPUS CH	IRISTI	
Amount (5)	Payee address;	Caty;	State; Zip Code
\$206.28	2754 Saratoga Blvd, Corpus Christi,	TX 78415	
	Category (See Categories listed at the for of this schedule)	Description	
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	SIGN SUPPL	IES
	Check Dravel butteds at Years, Comblete Spreadue Y	Check 7 Austr	The ufficientable (investig exception)
Complete <u>CNLY</u> if direct expenditure to benefit C:OF	Candidate / Officeholder name	Office sought	Office steld
Date	Payee name		
12/31/2019	SIGNS ON THE CHEAP		
Amount (\$)	Payee address;	Cdy;	State; Zip Code
\$794.59	ONLINE DEBIT PURCHASE		
	Category (See Categories lated within top of this subection)	Description	
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	SIGNS	
	Check Fit suret bulbatie of Texas: Complete Safrequer	Check & Austr	The distriction theirs expense
Complete ONLY if direct expenditure to penefit C/O-	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## SCHEDULE F1

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

Advertising Expense Accounting Banking Consulting Expense Contributions Donatons Made By Canadidate Officeholder Political Committee Event Expense
Fees
Food/Severage Expense
Childwards/Memorials Expense
Legal Services

Loan Pepayment/Pelmbursement. Office Overnead/Pental Biolense Poling Biolense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundralsing Expense Transportation Equipment & Petated Expense Travel in District Travel Cut Of District

Other lenter a category not listed acover

Deck Cod Payment  The Instruction Guide explains now to complete this form.				
1 Total pages Schedule Ff:	2 FILEP NAME MONTY G ALLEN		3 Filter D (Ethics	Commission Filers
4 Date	5 Payee same			
01/03/2019	24HOURWRISTBANDS.COM	Oty:	Ctate:	ZIp Code
		V2211 <b>7</b> -08.	-W.C.	ZIP Cooe
\$1,290.64	ONLINE DEBIT PURCHASE			
8	(a) Category   See Categories Saled at the Top of this school de )	(b) Description		
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	BUTTONS/	SHIRTS	
	(o) Check disever solleds of Texas, discrepiete Schedule 7	Dheux ( Ausli	in, TK officenciaes lying e	tryense
9 Complete <u>DNLY</u> fidirect expenditure to benefit Gro-	Canadate / Officeholder name  MONTY G ALLEN	Office sought NUECES COUN	NTY CONSTABLE PC	T4
Date	Payee name			
01/07/2020	AMAZON.COM			
Amount (\$)	Payee address;	C-tyt,	Clate;	Z p Code
\$307.80	ONLINE DEBIT PURCHASE			
	Category (See Categoriss lated at the top of Itina schedule)	Description		
PURPOSE OF EXPENDITURE	FUNDRAISING SUPPLIES			
	Check, Enwel subside of Texas. Containing Schedule?	Chart of Aust	h, TX, efficienties living a	LADetree
Complete ONLY if direct expenditure to periodic C/CH	Candidate / Crfficeholder name H	Office sought	C	office held
Date	Payee name	****		
01/08/2020	HOBBY LOBBY			
Amount (\$)	Payee address;	City	Otate:	Zip Code
\$34.60	5425 S Padre Island Dr., Suite 136E	3, Corpus Chris	sti, TX 78411	
	Category (See Calopares intended the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	SIGNS		
	Chees, Etravel putable of Yazan Compétia Scriedule 1	Check of Austr	in TX officeholder living a	i e poema e
Complete <u>ONLY</u> If direct expenditure to pened; C/C-	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NE	EDED	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Combutions/Donatons Made Br Candidate/Officeholder/Politics Credit Card Payment.	Fees Office Food/Beverage Expense Poling y Offi/Awards/Memorials/Expense Printing	epayment Femoursement Overnead Pental Expense (Expense g Expense s:Wages Contract Labor o nompliete this form	Solicitation/Fundracting Expense Transportation Equipment & Retated Expense Travel in Ordinate Travel Out Of District Other remarks category not listed above:
1 Total pages Schedule F1	2 FILEP NAME	o voliment disc form.	3 Filer ID (Ethics Commission Flers)
	MONTY G ALLEN		
4 Date 01/13/2020	5 Payee name ZAZZLE.COM		
6 Amount (E)	7 Payee address;	City;	Otate: Zip Code
\$67.44	ONLINE DEBIT PURCHAS	6E 	
8	(a) Category (See Categories to ted at the top of this subsolds	(b) Description	
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	INVITATION	NS .
	(c) Check date vet uptade of Taxas. Caropate Stated de T	Check / Aus	tin, T.A. officeholder living expense
9 Scripiete ONEY didirect expenditure to benefit Gro-	Canaldate / Officeholder name  MONTY G ALLEN	Office sought NUECES COU	Office held NTY CONSTABLE PCT 4
Date	Payee name		
01/13/2020	STRIPES		
Amount (\$)	Payee address;	© the	State; Zip Code
\$12.72	STRIPES PORT ARANSAS TEX	AS	
	Category (See Calegories intert at the top of this schedule)	Description	FUEL
PURPOSE OF EXPENDITURE	IN DISTRICT TRAVEL	SIGN PLA	CEMENT VOLUNTEERS
	Check Firevel upped of Fears Conscience conedure?	Check if Aus	in, Tr. officefinite: being expense
Complete ONLY if direct expend ture to penett O/O+	Candidate / Officeholder name	⊖ਜ਼ਿ⊂e sought	Office nets
Date	Payee name		
01/13/2020	LOWES HOME INPROVEMENT	Γ	
Amount (\$)	Payee address;	Сту;	Clate; Zip Code
\$137.87	1530 AIRLINE RD CORPUS CHI	RISTI, TEXAS	
PURPOSE	Category (See Cetegores Ested at the top of this subecute)	Description	
OF EXPENDITURE	SIGN SUPPLIES	ADVERTIS	SING
	Check Fitsvel putsite of Texas. Competit Sutredule T	Check, 2 4ust	lit. TX, oficencide/ living expense
Complete ONLY if direct expenditure to peneft Gro-	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

#### SCHEDULE F1

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

Advertising Expense
Accountry/Sanking
Consulting Expense
Contributions/Donatons Made By
Canadidate/Officeholden/Political Committee

Event Expense
Feet
Food/Beverage Expense
Cdf:Awards/Memorals Expense

Loan Repayment/Reimbursement Office Overnead/Rental Expense Poling Expense Stanles/Wages/Contract Labor Solicitation/Pundralising Expense Transportation Equipment & Related Expense Travel in District Travel Cur. Of District

Legal Services Other lenter a category not listed apove. Create Card freverent The instruction Guide explains now to complete this form. 1 Total page: Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Sommission Flers) MONTY G ALLEN 5 Pavee name 4 Date TOUCAN GRAPHICS 01/13/2020 7 Payee address; 6 Amount :5: City Ctate ZID Code \$1,418.08 15201 South Padre Island Drive, #240A Corpus Christi, TX 78418 (a) Category See Categories island of the top of this seneral a (b) Description 8 PURPOSE ADVERTISING EXPENSE SIGNS OF EXPENDITURE Check fiberel outside of Texas Comptele Schedule T Check 1 Auslin, TX officeholder living expense Canabate / Officeholder name Office sources Office held 9 Complete ONLY 1 direct expenditure to benefit CIOH MONTY G ALLEN NUECES COUNTY CONSTABLE PCT 4 Pavee name Date PORT ARANSAS POLICE FOUNDATION 01/14/2020 Amount (S) Payee address; Zip Code 308 W Ave A, Port Aransas, Texas 78373 \$200.00 Category (See Categories lated at the top of the schedule) Description PURPOSE EVENT TICKETS ADVERTISING/FUNDRAISING EXPENDITURE Check, Ethervel outbacks of Tissus, Compilete Schedo; e T Chest if Austin, Th. officehooses living extense Complete CNLY If direct Candidate / Officeholder name Office sought Office help expenditure to pereft C/OH Payee name 730 Amount (5) Payee address: CITY: Ctate: ZIp Code Category (See Categories inted at the top of this schedule) Description PURPOSE OF EXPENDITURE Theo, Formi putation of Texas, Contricts Schedule Their & Austin TA officencing living expense Complete ONLY If street Candidate / Officeholder name Office sought Office held expenditure to penett 6/0H ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## SCHEDULE F1

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

Advertising Expense
Accounting/Banking
Consulting Expense
Controllors/Constons Made By
Canadidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage (Opense Cit/Wwards/Memorals Expense Legal Services Loan Repayment/Retimbursement Office Overhead/Rental Expense Poling Expense Printing Expense salaries/Wages/Contract Labor Soficitation/Fundrasting Expense Transportation Equipment & Related Expense Travel Str Ostinict Travel Out of District Other renter a category not listed above:

Creat Cast Payment	The instruction Guide explains how to complete this form.		
1 Tatal pages Schedule Ef	2 FILER NAME MONTY G ALLEN	3 F#er #D (Ethics Commission Piers)	
4 Date 01/08/2020	5 Payee name SCUTTLEBUTTS SEAFOOD BAR	AND GRILL	
6 Amount (\$)	7 Payee address:	City; Ctate; Zip Code	
\$300.00	14254 SPID CORPUS CHE	RISTI TX 78418	
8	(a) Category (See Categories balant at the top of this achedule)	(b) Description	
PURPOSE OF EXPENDITURE	FOOD/BEVERAGE EXPENSE	GRATIUTIES - CAMPAIGN EVENT	
	(o) Check stravel subside of Texas. Complete Bolled Je T	Check E Austin, TX, officeholder living expense	
9 Complete ONLY 1 pirect expenditure to benefit G.G.	Candidate / Officeholder name MONTY G ALLEN	Office sought Office held NUECES COUNTY CONSTABLE PCT 4	
Date	Payee name		
01/10/2020	BAREFOOT MARDI GRAS		
Amount (\$)	Payee address;	City: State, Zip Code	
\$60.00	WWW.BAREFOOTMARDIGRAS.C	OM CORPUS CHRISTI TX 78418	
	Category (See Categories lated at the top of the schedule)	Description	
PURPOSE OF EXPENDITURE	ADVERTISING	ADVERTISING/FUNDRAISING	
	Clerck Fitnerel butside at Toxas Complete Schedule T	Cherk if Auster, TX, officeholder fring expense	
Complete ONLY if dress expenditure to peneft 0/0-	Candidate / Officeholder name	Office sought Office help	
Date	Payee name		
01/10/2020	AMAZON.COM		
Amount (\$)	Payee address:	City; State; Zip Code	
\$75.76	ONLINE DEBIT PURCHASE		
	Category (twe Cutegories island at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	ADVERTISING SUPPLIES	MAGNETIC BACKS	
	Check of the religious kills of Texas Complete Side Male T	Check & Austin TX, a Translate String expense	
Complete <u>ONLY</u> if direct expenditure to peneft OICH	Complete <u>ONLY</u> if direct		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

#### SCHEDULE F1

#### EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Passyment/Parmbursement Office Overnead/Pantal Expense Solicitation/Fundratising (Diplense Accounting/Banking Fees Food/Beverage Expense Transportation Equipment & Related Expense Consulting Expense Poling Expense Correbutions Donations Made By CIT: Awards/Memorals Expense Travel Cut Of District Principal Expense Candidate/Officeholder/Politica Committee Ediaries/Mages/Contract Labor Legal Services Other lenter's casegory not listed above. Credit Cod Psymant The instruction Guide explains how to complete this form 1 Total pages Schedule F1 2 FILEP NAME 3 Filer ID (Ethics Commission Filers) MONTY G ALLEN 4 Date 5 Payee name WIX- DEVELOPEMENT PLATFORM 01/10/2020 6 Amount (\$) 7 Payee address; City: Otate; Zip Code \$27.00 WIX ONLINE PAYMENTS (b) Description (a) Category (See Categories bried at the top of this schedule) 8 PURPOSE WEB HOSTING ADVERTISING EXPENSE EXPENDITURE Check fire-wip-bade of faces. Complete Schedule ? Deck if Austin, T.A. office holder living expense Canobate / Officeholder name Office sought 9 Complete ONLY 1 direct expenditure to benefit CIOH MONTY G ALLEN NUECES COUNTY CONSTABLE PCT 4 Payee name SCHLITTERBAHN / WAVES 01/10/2020 Amount (\$) Payee address; ZID Code 14353 Commodore Dr., Corpus Christi, TX 78418 \$18.00 Category (See Categories lated at the top of the schedule Description PURPOSE FOOD/BEVERAGE EXPENDITURE Check if Austin, This thicsbuilter living expense Check I bevel outside of Tiouxs. Complete Batedove T Candidate / Officeholder name Complete CNLY if direct Office sought Office nelo expenditure to penett CIOH Payee name Date 01/08/2020 DOLLAR TREE CORPUS CHRISTI Amount (\$) Payee address: Cay; State: 10241 S Padre Island Dr Ste 117, Corpus Christi, TX 78418 \$73.62 Category (See Categories listed at the top of this subscite) Description **PURPOSE** EVENT EXPENSE OF EXPENDITURE Check Plasest bullette of Teases Complete Bullettue T Check / Austin TK officeholder Helps expense Candidate / Officeholder name Complete ON Y If direct Office sought Office held expenditure to peneft 0/04

### **UNPAID INCURRED OBLIGATIONS**

#### SCHEDULE F2

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

Event Expense Fees Food/Beverage Expense Gft/Awards/Memorials Expense Legal Services Loan Repayment/Reinbursement 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)

The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F2:	2 FILER NAME		3 Filer ID (Ethics Co.	mmission Filers)
4 TOTAL OF UNITER	IIZED UNPAID INCURRED OBLIGATION	IS	\$	
5 Date	6 Payee name			
7 Amount (\$)	8 Payee address;	City;	State	Zip Code
9 TYPE OF EXPENDITURE	Political Non-Po	blitical		
10  PURPOSE  OF  EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	(C) Check if travel outside of Texas. Complete Schedule T	Check if Aus	tin, TX, officeholder living ex	pense
11 Complete ONLY if direct expenditure to benefit C/OH		Office sought	Office held	d
Date	Payee name			
Amount (\$)	Payee address;	City;	State:	Zip Code
TYPE OF EXPENDITURE	Political Non-Po	olitical		
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 A	ustin TX, officeholder living e	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name (	Office sought	Office held	d
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

## PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F3

	The Instruction Guide explains how to complete this form.	1 Total pages Schedule F3
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	Name of person from whom investment is purchased	
	6 Address of person from whom investment is purchased, City	y; State Zip Code
	7 Description of investment	
	8 Amount of investment (\$)	
Date	Name of person from whom investment is purchased	
	Address of person from whom investment is purchased; City	/. State; Zip Code
	Description of investment	
	Amount of investment (\$)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED

## **EXPENDITURES MADE BY CREDIT CARD**

#### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

Event Expense
Fees
Food/Beverage Expense
Gitt/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)

Candidate/Officeholder/Politica	[1]	Other (enter a category not listed above)
	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F4	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
6 Date	6 Payee name	
7 Amount (\$)	8 Payee address; City,	State, Zip Code
9 TYPE OF EXPENDITURE	Political Non-Political	
10 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	(C) Check if travel outside of Texas Complete Schedule T Check if	Austin TX officeholder living expense
11 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
TYPE OF EXPENDITURE	Political Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Description	
	Check if travel outside of Texas. Complete Schedule T	f 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 N	NEEDED

## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

### SCHEDULE G

#### **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 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 (enter a category not listed above)

Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 7 Payee address; 6 Amount (\$) City, State Zip Code Reimbursement from political contributions intended (a) Category (See Categories listed at the top of this schedule) (b) Description 8 **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin TX, officeholder Iving expense (C) Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name Pavee address: Amount (\$) City; State, Zip Code Reimbursement from political contributions intended 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 Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Payee address; Amount (\$) City; State Zip Code Reimbursement from political contributions intended 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 Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

#### SCHEDULE H

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

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

Event Expense Fees Food/Beverage Expense Gill/Awards/Memorials Expense Legal Services Loan Repayment/Rembursement 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)

The Instruction Guide explains how to complete this form

	The instruction Guide explains now to	complete this form.			
1 Total pages Schedule H:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
4 Date	6 Business name		L		
6 Amount (\$)	7 Business address;	City:	State, Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	-		
	(c) Check if travel outside of Texas. Complete Schedule T	Check if Austin	TX officeholder irving expense		
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held		
Date	Business name				
Amount (\$)	Business address;	City:	State Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
	Check of travel outside of Texas. Complete Schedule T	Check if Austin	TX afficeholder living expense		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held		
Date	Business name				
Amount (\$)	Business address;	City,	State, Z <sub>TP</sub> 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 officeholder living expense		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

### SCHEDULE |

The Instruction Guide explains how to complete this form.						
1 Total pages Schedule I:	2 FILER NAME		3 Filer ID (Ell	hics Commission Filers		
4 Date	5 Payee name			***************************************		
6 Amount (\$)	7 Payee address;	City	St	ate Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See in required )	istructions regarding	type of information		
Date	Payée name					
Amount (\$)	Payee address;	City	St	tate Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories)	Description (See a required )	nstructions regarding	type of information		
Date	Payee name					
Amount (\$)	Payee address;	City	St	tate Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required)	nstructions regarding	type at information		
Date	Payee name					
Amount (\$)	Payee address;	City	St	tate Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required)	nstructions regarding	type of information		

Forms provided by Texas Ethics Commission

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

### SCHEDULE K

	The	dule K:				
2	FILER NAME	LER NAME 3 Filer ID (Ethics C				
4	Date	5 Name of person from whom amount is received		8 Amount (\$)		
		6 Address of person from whom amount is received; City, Sta	te; Zip Code			
		7 Purpose for which amount is received Check if	political contribution	returned to filer		
	Date	Name of person from whom amount is received		Amount (\$)		
		Address of person from whom amount is received; City, Sta	ate; Zip Code			
		Purpose for which amount is received	political contribution	returned to filer		
	Date	Name of person from whom amount is received		Amount (\$)		
		Address of person from whom amount is received; City; Sta	te: Zip Code			
		Purpose for which amount is received Check if	political contribution	returned to filer		
	Date	Name of person from whom amount is received		Amount (\$)		
		Address of person from whom amount is received; City; Sta	ate; Zip Code			
		Purpose for which amount is received Check if	political contribution	returned to filer		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

## IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

### SCHEDULE T

The Instruction Guide explains how to complete this form.			1 Total pages Schedule T				
2 FILER NAME			3 Filer ID (Ethics Commission Filers)				
4	Name of Contributor / Corporation or Labor Organization / Pledgor / Payee						
5	Contribution / Expend	diture reported	on;				
	Schedule A2	Sche	dule B	Schedule B(J)	) [	Schedule C2	Schedule D Schedule F1
	Schedule F2						
6	Dates of travel	7 Name of person(s) traveling					
		8 Departur	e city or n	ame of departure loc	cation		
		9 Destinati	on city or	name of destination	location		
10	Means of transportat	ion	11 Purpo	ose of travel (includin	ng name	of conference,	seminar, or other event)
	Name of Contributor	! Corporation	or Labor C	Organization / Pledgo	и / Рауе	е	
	Contribution / Expend	diture reported	on:				
	Schedule A2	Sche	dule B	Schedule B(J	) [	Schedule C2	Schedule D Schedule F1
	Schedule F2	Sche	dule F4	Schedule G	Ō	Schedule H	Schedule COH-UC Schedule B-SS
	Dales of travel Name of person(s) traveling						
	Departure city or name of departure location						
	Destination city or name of destination location						
	Means of transportation Purpose of travel (including name of conference, seminar, or other event)						
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee							
	Contribution / Expenditure reported on:						
	Schedule A2	Schedu	le B [	Schedule B(J)	☐ Sc	chedule C2	Schedule D Schedule F1
	Schedule F2	Schedu	le F4 [	Schedule G	☐ Sc	chedule H	Schedule COH-UC Schedule B-SS
	Dates of travel	Name of	person(s	) traveling			
		Departure city or name of departure location					
		Destination city or name of destination location					
	Means of transportation Purpose of travel (including name of conference, seminar, or other event)					seminar, or other event)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

## CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	The Instruction Guide explains how to complete this form.  → Complete only if "Report Type" on page 1 is marked "Final Report" →					
1	C/OH N	MONTY G ALLEN	2 Filer ID (Ethics Commission Filers)			
3	SIGNA	SIGNATURE				
	I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.					
		Signatu	re of Candidate / Officeholder			
1	FILER WHO IS NOT AN OFFICEHOLDER Complete A & B below only if you are not an officeholder					
	A.	CAMPAIGN FUNDS				
	Checl	only one:				
	X	I do not have unexpended contributions or unexpended interest or income earned from	om political contributions			
	I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code. § 254 204					
	B. ASSETS					
	Check only one:					
	I do not retain assets purchased with political contributions or interest or other income from political contributions					
	I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.					
		S	Signature of Candidate			
5		HOLDER plete this section only if you are an officeholder **				
		I am aware that I remain subject to filing requirements applicable to an officeholder who dile. I am also aware that I will be required to file reports of unexpended contributions if, a officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	after filing the last required report as an			
		Si	ignature of Officeholder			