

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME: Monty Allen 15 Age: 30 (Enter Committee Form)

16 NOTICE FROM POLITICAL COMMITTEES: THIS BOX IS FOR NOTES 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.

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	14,880.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 14,880.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 163.78
	4. TOTAL POLITICAL EXPENDITURES	\$ 956.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 14,314.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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.

Slobhan Allen
Notary ID # 126102019
Commission Expires 10/15/2023
AFFIDAVITARY STAMP - SEAL AND V.S.

[Signature]
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Monty Allen this 1st day of February, 2020, to certify which, witness my hand and seal of office.

[Signature] Slobhan Allen Notary Public
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - C/OH

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

19 FILER NAME Monty G Allen		20 Filer ID (Other Commission Filer)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1 <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 400 -
2 <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 1100 -
3 <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 1250 -
4 <input type="checkbox"/> SCHEDULE E: LOANS		\$ 0
5 <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 1438.48
6 <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0
7 <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$ 0
8 <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0
9 <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ 0
10 <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$ 0
11 <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 0
12 <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$ 0

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1. Total pages Schedule A2: **1**

2. FILER NAME: **Monty G. Allen**

3. File ID (Ethics Commission File#):

4. TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS: **\$**

5. Date: 1/25/10	6. Full name of contributor <input type="checkbox"/> (if not state PAC use): Christy Barnwise	7. Contributor address: 323 Sandhill Cr Port Arkansas	8. Amount of Contribution: 900.00	9. In-kind contribution description: Catering Expense
10. Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions): Dental Practice Mngt Partner	11. Employer (FOR NON-JUDICIAL) (See instructions): Apple Dental	12. Contributor's principal occupation (FOR JUDICIAL)	13. Contributor's job title (FOR JUDICIAL) (See instructions)	14. Law firm of contributor's spouse (if any) (FOR JUDICIAL)
15. Contributor's employee law firm (FOR JUDICIAL)	16. Law firm of contributor's spouse (if any) (FOR JUDICIAL)	17. If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		

Date: 1/25/10	Full name of contributor <input type="checkbox"/> (if not state PAC use): Fins Icehouse / Beta Owens	Amount of Contribution: \$150.00	In-kind contribution description: Catering
Contributor address: 420 W. Cotton Av. Port Arkansas	City: Port Arkansas State: AR Zip Code: 72450	<input type="checkbox"/> Check if state statute of Texas. Complete Schedule F.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions): Restaurant w/	Employer (FOR NON-JUDICIAL) (See instructions): Fins Grill & Icehouse	Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
Contributor's employee law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
17. If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(A)

Advertising Expenses
Accounting/Banking
Consulting Expenses
Contributions/Donations Made By
Candidate/Officer/Party/Political Committee

Event Expenses
Fuel
Fundraising Expenses
Gifts/Entertainment Expenses
Legal Services

Loan Repayment/Political Payment
Office/Communication/Expenses
Printing Expenses
Travel Expenses
Telephone/Internet/Other (List)

Subscription of Unrelated Expense
Transportation Equipment & Related Expenses
Travel to Party
Travel Out of Country
Other (List in category not listed above)

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F2: **1** **MARY G ALLEN** 3. Filer ID: **000000000000000000**

4. TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS: **\$ 0**

5. Date: _____ 6. Payer's name: _____

7. Amount: (\$) _____ 8. Payer's address: _____ City: _____ State: _____ Zip Code: _____

9. TYPE OF EXPENDITURE: Political Non-Political

10. PURPOSE OF EXPENDITURE: (a) Category: (Use Categories listed at the top of this schedule) (b) Description: _____
 Check Filer ID on this schedule Check Filer ID on this schedule

11. Complete ONLY if direct expenditure to benefit: (a) Candidate / Officer/holder name: _____ (b) Office sought: _____ (c) Office held: _____

Date: _____ Payer's name: _____

Amount: (\$) _____ Payer's address: _____ City: _____ State: _____ Zip Code: _____

TYPE OF EXPENDITURE: Political Non-Political

PURPOSE OF EXPENDITURE: (a) Category: (Use Categories listed at the top of this schedule) (b) Description: _____
 Check Filer ID on this schedule Check Filer ID on this schedule

Complete ONLY if direct expenditure to benefit: (a) Candidate / Officer/holder name: _____ (b) Office sought: _____ (c) Office held: _____

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 10a

Advertising Expense	Travel Expense	Loan Repayment For Applicant	Business Fundraising Expense
Accounting Expense	Postage Expense	Office Overhead/Personnel Expense	Transportation/Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Printing Expense	Traffic on Disks
Charitable Contribution Made By Candidate/Officer/Holder/Political Committee	Gift Expense/Donations Expense	Business Expenses/Travel-Not Listed	Travel Out Of State
Club Dues/Fees	Legal Services		Large printer or copier not listed above

The Instructions Guide explains how to complete this form.

1 Total pages Schedule H: 2 FILE NAME: **Monty Allen** 3 Form ID: (State Commission Form)

4 Date: 5 Business name: **n/a**

6 Amount (\$): 7 Business address: City: State: Zip Code:

8 PURPOSE OF EXPENDITURE: 8a Category (see categories listed at the top of this schedule): 8b Description: 8c Check if outside of Texas. Complete Schedule T. 8d Check if Audit: TX, off-holder filing expense.

9 Complete 2862 if direct expenditure to benefit C/OH: Candidate / Officer/holder name: 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 if outside of Texas. Complete Schedule T. Check if Audit: TX, off-holder filing expense.

Complete 2862 if direct expenditure to benefit C/OH: Candidate / Officer/holder name: 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 if outside of Texas. Complete Schedule T. Check if Audit: TX, off-holder filing expense.

Complete 2862 if direct expenditure to benefit C/OH: Candidate / Officer/holder name: Office sought: Office held:

Date: Business name:

Amount (\$): Business address: City: State: Zip Code:

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PLEGGED CONTRIBUTIONS

SCHEDULE B

The instruction guide explains how to complete this form.		1 Total pages Schedule B: 1	
2 PLEDGER NAME Monty G Ailen		3 Pledge ID - Ethics Commission File #	
4 TOTAL OF UNITEMIZED PLEDGES		5 1250.00	
6 Date	8 Full name of pledge <input type="checkbox"/> out-of-state PAC ID# Nueces County Sheriff's Office	9 Amount of Pledge \$	10 In-kind contribution description
7 Pledge address 3122 Leopard St. Corpus Christi		* 1,250.00 <input type="checkbox"/> Check if total outside of Texas. Complete Schedule 1.	
12 Principal occupation / Job title (See instructions) PAC		11 Employer (See instructions)	
Date	Full name of pledge <input type="checkbox"/> out-of-state PAC ID#	Amount of Pledge \$	In-kind contribution description
Pledge address: City, State, Zip Code		<input type="checkbox"/> Check if total outside of Texas. Complete Schedule 1.	
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Date	Full name of pledge <input type="checkbox"/> out-of-state PAC ID#	Amount of Pledge \$	In-kind contribution description
Pledge address: City, State, Zip Code		<input type="checkbox"/> Check if total outside of Texas. Complete Schedule 1.	
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Date	Full name of pledge <input type="checkbox"/> out-of-state PAC ID#	Amount of Pledge \$	In-kind contribution description
Pledge address: City, State, Zip Code		<input type="checkbox"/> Check if total outside of Texas. Complete Schedule 1.	
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.

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

The instruction Guide explains how to complete this form.

1 - See page Schedule F3

2 FILED NAME: *Monty Allen*

3 - For 2 - (2014 Commission Files)

4 Date	5 Name of person from whom investment is purchased <i>n/a</i>
	6 Address of person from whom investment is purchased: City 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

**NON-POLITICAL EXPENDITURES
MADE FROM POLITICAL CONTRIBUTIONS**

SCHEDULE 1

The Instruction Guide explains how to complete this form.

1 How pages Schedule 1: 2 PAYER NAME: *Monty Allen* 3 Filer ID (State Commission only)

4 Date: 5 Payee name: *n/a*

6 Amount (\$): *5* 7 Payee address: City: State: Zip Code:

8 PURPOSE OF EXPENDITURE: (A) Category (see instructions for examples of acceptable categories.) (B) Description (see instructions regarding type of information required.)

Date: Payee name:

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

PURPOSE OF EXPENDITURE: (A) Category (see instructions for examples of acceptable categories.) (B) Description (see instructions regarding type of information required.)

Date: Payee name:

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

PURPOSE OF EXPENDITURE: (A) Category (see instructions for examples of acceptable categories.) (B) Description (see instructions regarding type of information required.)

Date: Payee name:

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

PURPOSE OF EXPENDITURE: (A) Category (see instructions for examples of acceptable categories.) (B) Description (see instructions regarding type of information required.)

Date: Payee name:

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

LOANS

SCHEDULE E

The instruction Guide explains how to complete this form.

1 Total pages Schedule E: **1**

2 FILER NAME
Monty G Allen

3 Fax ID (Ethics Commission Only)

4 TOTAL OF UNITEMIZED LOANS

\$ **0**

5 Date of loan 7 Name of lender out-of-state PAC (See instructions)

9 Loan Amount (\$)

6 Is lender a financial institution? Y N 8 Lender address: City State Zip Code

10 Interest rate
11 Maturity date

12 Principal occupation / Job title (See instructions) 13 Employer (See instructions)

14 Description of Collateral none 15 Check if personal funds were deposited into political account (See instructions)

16 GUARANTOR INFORMATION 17 Name of guarantor 18 Guarantor address: City State Zip Code not applicable

19 Amount Guaranteed (\$)

20 Principal Occupation (See instructions) 21 Employer (See instructions)

Date of loan Name of lender out-of-state PAC (See instructions)

Loan Amount (\$)

Is lender a financial institution? Y N Lender address: City State Zip Code

Interest rate
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 INFORMATION Name of guarantor Guarantor address: City State Zip Code not applicable

Amount Guaranteed (\$)

Principal Occupation (See instructions) Employer (See instructions)

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

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(A)

Advertising Expense
Accounting/auditing
Consulting Expense
Contributions/Charitable Made By
Candidate/Officeholder/Political Committee

Event Expenses
Fees
Fuel/Travel/Transportation Expense
Gift/Buys/Meals/Entertainment Expense
Legal Services

Loan Repayment/Reimbursement
Office Chair/Desk/Printer/Equipment
Printing Expense
Shipping Expense
Supplies/Supplies/Contract Labor

Subscription/Printing Expense
Transportation/Equipment & Related Expense
Travel Expense
Travel Out of State
Other (check a category not listed above)

The instruction booklet explains how to complete this form.

1 Total pages Schedule F4: 2 FILER NAME: Moony Allen 3 Filer ID (Office Commission Name):

4 TOTAL OF UNITIZED EXPENDITURES CHARGED TO A CREDIT CARD: \$ 0

5 Date: 6 Payee name:

7 Amount (\$): 8 Payee address: City: State: Zip Code:

9 TYPE OF EXPENDITURE: Political Non-Political

10 PURPOSE OF EXPENDITURE: (A) Category (Use Category later in Part 2 of this schedule): (B) Description:
 Check from outside of State, Complete Schedule F
 Check if Audit, TR, or Candidate filing report

11 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: (A) Category (Use Category later in Part 2 of this schedule): (B) Description:
 Check from outside of State, Complete Schedule F
 Check if Audit, TR, or Candidate filing report

Candidate / Officeholder name: Office sought: Office held:

Complete ONLY if direct expenditure to benefit COH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

2 FILER NAME Monty Allen

3 Filer ID (Ethics Commission Only)

4 Date

5 Name of person from whom amount is received

n/a

8 Amount (\$)

0

6 Address of person from whom amount is received: City: State: 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: State: 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: State: 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: State: Zip Code

Purpose for which amount is received

Check if political contribution returned to filer

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The instruction Guide explains how to complete this form.		1. Total pages Schedule A1: 1
2. FILER NAME: Monty G. Allen		3. Tax ID: Ethics Commission Year:
4. Date: 1/25/20	5. Full name of contributor: <input type="checkbox"/> out-of-state PAC OR Mr. Rick Adams	7. Amount of contribution: \$100.00
6. Contributor address: 105 11th St Port Aransas TX		
8. Principal occupation / Job title (See instructions): Emergency Manager		9. Employer (See instructions): City Port Aransas
Date: 1/25/20	Full name of contributor: <input type="checkbox"/> out-of-state PAC OR William Porter	Amount of contribution: \$200.00
Contributor address: PO Box 3218 Port Aransas TX		
Principal occupation / Job title (See instructions):		Employer (See instructions):
Date: 1/25/20	Full name of contributor: <input type="checkbox"/> out-of-state PAC OR Amanda Tipps	Amount of contribution: \$100.00
Contributor address: 204 Nautulus Port Aransas TX		
Principal occupation / Job title (See instructions): EDUCATOR		Employer (See instructions): PAISD
Date:	Full name of contributor: <input type="checkbox"/> out-of-state PAC OR	Amount of contribution: \$
Contributor address:		
Principal occupation / Job title (See instructions):		Employer (See instructions):

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F-1

EXPENDITURE CATEGORIES FOR BOX 1(a)

Advertising Expenses
Accounting/Billing
Consulting Expenses
Construction Expenses Made By
Candidate/Officer/Member/Political Committee
Employer/Political

Event Expenses
Food
Fundraising Expenses
Gifts/Entertainment/Travel Expenses
Legal Services

Lit./Printing/Postcard/Sign
Office/Travel/Telephone Expenses
Printing Expenses
Printing Expenses
Printing Expenses/Office/Travel

Printing/Producing Expenses
Transportation Expenses & Travel/Passage
Travel in District
Travel Out of District
Other (under a category for this expenditure)

The instruction guide explains how to complete this form.

1 Total pages Schedule F-1: 2 FILER NAME: **Monty & Allen** 3 Filer ID (State Commission Filed)

4 Date: **11/31/2020** 5 Payee name: **Amazon**

6 Amount (\$): **\$774.32** 7 Payee address: **Online Purchase** City: State: Zip Code:

8 PURPOSE OF EXPENDITURE: **Event Expense** (a) Category (See Categories listed at the top of this schedule): **Event Expense** (b) Description: **Decor/Paper Goods**

83 Check if candidate or filer. Complete Schedule F. Check if Audit. If filer, indicate filing expense.

9 Complete ONLY if direct expenditure to benefit CCM: Candidate / Officer/Member name: Office sought: Office held:

Date: **2/01/2020** Payee name: **Saltwater Sweets**

Amount (\$): **\$225.75** Payee address: **Online Purchase** City: State: Zip Code:

8 PURPOSE OF EXPENDITURE: **Food/Beverage** (a) Category (See Categories listed at the top of this schedule): **Food/Beverage** (b) Description: **Event Food**

83 Check if candidate or filer. Complete Schedule F. Check if Audit. If filer, indicate filing expense.

9 Complete ONLY if direct expenditure to benefit CCM: Candidate / Officer/Member name: Office sought: Office held:

Date: **1/31/2020** Payee name: **Discount Mugs**

Amount (\$): **\$430.41** Payee address: **Online Payment** City: State: Zip Code:

8 PURPOSE OF EXPENDITURE: **Advertising Expense** (a) Category (See Categories listed at the top of this schedule): **Advertising Expense** (b) Description: **Kookies**

83 Check if candidate or filer. Complete Schedule F. Check if Audit. If filer, indicate filing expense.

9 Complete ONLY if direct expenditure to benefit CCM: Candidate / Officer/Member name: Office sought: Office held:

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Revised 1/1/20

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 7(B)

Advertising Expense Accounting/Bookkeeping Consulting Expense Candidate/Office/Political Committee Club Membership	Event Expense Fees Fundraising Expense Gifts/Amusement/Entertainment Expense Liquor Service	Lease/Transportation/Political Materials Office/Travel/Postage/Telephone Printing Expense Printing Expense Salaries/Wages/Contract Labor	Subscription/Publishing Expense Transportation/Equipment & Maintenance Travel (See 7(D)(2)) Travel (See 7(D)(2)) Other (Enter a category for each amount)
--	---	--	---

The instruction Guide explains how to complete this form.

1 Total pages Schedule G: **2 FILER NAME** **3 Filer ID (Check Committee Filer)**

4 Date: **5 Payee name**

6 Amount (\$): **7 Payee address** City: State: Zip Code

Reimbursement from political contributions allowed

8 **PURPOSE OF EXPENDITURE** **8(A) Category (See Categories listed at the top of this schedule)** **(B) Description**

9 Check if from report of donor. Complete Schedule C. Check if from 7(D) allowable living expense

9 Complete **OMB** if direct expenditure to benefit C/D/R

Candidate / Officeholder name: Office sought: Office held:

Date: Payee name

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

Reimbursement from political contributions allowed

PURPOSE OF EXPENDITURE **Category (See Categories listed at the top of this schedule)** **Description**

Check if from report of donor. Complete Schedule C. Check if from 7(D) allowable living expense

Candidate / Officeholder name: Office sought: Office held:

Date: Payee name

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

Reimbursement from political contributions allowed

PURPOSE OF EXPENDITURE **Category (See Categories listed at the top of this schedule)** **Description**

Check if from report of donor. Complete Schedule C. Check if from 7(D) allowable living expense

Candidate / Officeholder name: Office sought: Office held:

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: 1

2. FILER NAME: Monty Allen 3. Filer ID (Elections Commission Filed)

4. Name of Contributor / Corporation or Labor Organization / Pledgor / Payee: N/A

5. Contribution / Expenditure reported on:
 Schedule A2 Schedule B Schedule B(2) Schedule C2 Schedule D Schedule F1
 Schedule F2 Schedule F4 Schedule G Schedule H Schedule CCH-UC Schedule B-SS

6. Dates of travel: 7. Name of person(s) traveling:
8. Departure city or name of departure location:
9. Destination city or name of destination location:

10. Means of transportation: 11. 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 Schedule B Schedule B(2) Schedule C2 Schedule D Schedule F1
 Schedule F2 Schedule F4 Schedule G Schedule H Schedule CCH-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):

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee:

Contribution / Expenditure reported on:
 Schedule A2 Schedule B Schedule B(2) Schedule C2 Schedule D Schedule F1
 Schedule F2 Schedule F4 Schedule G Schedule H Schedule CCH-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):

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED