

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| | | | |
|--|---|--|----------------------|
| The C/OH Instruction Guide explains how to complete this form. | | 1 ACCOUNT # (Ethics Commission Filers) | 2 Total pages filed: |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR <input checked="" type="checkbox"/> (MR) | FIRST | MI |
| | NICKNAME | LAST | SUFFIX |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address | ADDRESS / PO BOX | APT / SUITE # | CITY, STATE ZIP CODE |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE | PHONE NUMBER | EXTENSION |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR | FIRST | MI |
| 7 CAMPAIGN TREASURER ADDRESS (residence or business) | STREET ADDRESS (NO PO BOX PLEASE) | APT / SUITE # | CITY, STATE ZIP CODE |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE | PHONE NUMBER | EXTENSION |
| 9 REPORT TYPE | <input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 6th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR) | | |
| 10 PERIOD COVERED | Month Day Year | THROUGH | Month Day Year |
| 11 ELECTION | ELECTION DATE Month Day Year | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special | |
| 12 OFFICE | OFFICE HELD (if any) | 13 OFFICE SOUGHT (if known) | |
| GO TO PAGE 2 | | | |

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Craig Allen 15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

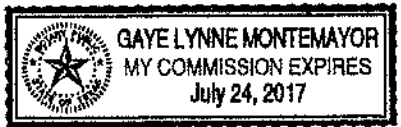
additional pages

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

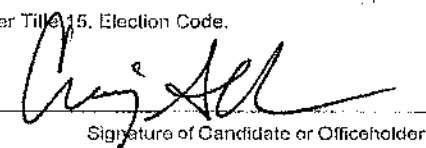
| | | |
|-------------------------|---|---------------|
| 17 CONTRIBUTION TOTALS | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ <u>0</u> |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ <u>0</u> |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED | \$ |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ <u>470</u> |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ <u>0</u> |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ <u>0</u> |

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.



GAYE LYNNE MONTEMAYOR
MY COMMISSION EXPIRES
July 24, 2017



Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Craig Allen this the 11 day of April, 2014, to certify which, witness my hand and seal of office.

Gaye Lynne Montemayor Gaye Lynne Montemayor Notary
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The instruction Guide explains how to complete this form.

| | | |
|---------------------------|------------------------------------|--|
| 1 Total pages Schedule G: | 2 FILER NAME <i>Craig Allen</i> | 3 ACCOUNT # (Ethics Commission Filers) |
|---------------------------|------------------------------------|--|

| | |
|--------------------------|----------------------------------|
| 4 Date <i>3/27/14</i> | 5 Payee name <i>AAA Signs</i> |
|--------------------------|----------------------------------|

| | |
|---|---|
| 6 Amount (\$) <i>370</i> <input type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address: City: State: Zip Code <i>PO Box 9006 Huntington, WV 25704</i> |
|---|---|

| | | |
|--------------------------|---|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) <i>Campaign Signs</i> | (b) Description (If travel outside of Texas, complete Schedule T) |
|--------------------------|---|---|

| | |
|-----------------------|---|
| Date <i>4/9/14</i> | Payee name <i>Keller Business Connection</i> |
|-----------------------|---|

| | |
|---|---|
| Amount (\$) <i>100</i> <input type="checkbox"/> Reimbursement from political contributions intended | Payee address: City: State: Zip Code <i>Keller, TX 76248</i> |
|---|---|

| | | |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) <i>Taste of Keller Table fee</i> | Description (If travel outside of Texas, complete Schedule T) |
|------------------------|--|---|

| | |
|------|------------|
| Date | Payee name |
|------|------------|

| | |
|---|--------------------------------------|
| Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended | Payee address: City: State: Zip Code |
|---|--------------------------------------|

| | | |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
|------------------------|--|---|

| | |
|------|------------|
| Date | Payee name |
|------|------------|

| | |
|---|--------------------------------------|
| Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended | Payee address: City: State: Zip Code |
|---|--------------------------------------|

| | | |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
|------------------------|--|---|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED