

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR FIRST MI
Craig D
NICKNAME LAST SUFFIX
Allen

OFFICE USE ONLY

Date Received

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX, APT / SUITE # CITY STATE ZIP CODE
9708 Barksdale Dr. Ft. Worth TX
76244

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(817) 372-2738

Date Hand-delivered or Date Postmarked

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR FIRST MI
Craig D
NICKNAME LAST SUFFIX
Allen

Receipt # Amount \$

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE # CITY STATE ZIP CODE
9708 Barksdale Dr. Ft. Worth TX 76244

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(817) 372-2738

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)
 July 15 8th day before election Exceeded Modified Reporting Limit Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month Day Year Month Day Year
4 8 22 THROUGH 4 29 22

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff Other Description
5 7 22 General Special

12 OFFICE

OFFICE HELD (if any)
KISD Trustee - Place 1

13 OFFICE SOUGHT (if known)
KISD Trustee - Place 1

14 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.

COMMITTEE TYPE COMMITTEE NAME
 GENERAL COMMITTEE ADDRESS
 SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME
COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

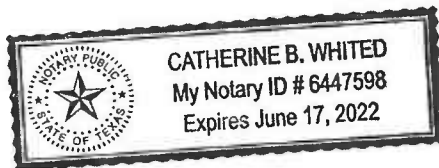
15 C/OH NAME <u>Craig Allen</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 4,820. ⁰⁰
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,820. ⁰⁰
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 3,861. ²³
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,861. ²³
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 958. ⁷⁷
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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

Craig D. Allen
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Craig Allen this the 29th day of April

22 to certify which, witness my hand and seal of office.

Catherine B. Whited Catherine B. Whited Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____ and my date of birth is _____

My address is _____
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>Craig Allen</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,820. ⁰⁰
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3,861. ²³
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

POLITICAL EXPENDITURES MADE FROM 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Craig Allen</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>4-29-22</i>	5 Payee name <i>Just Yard Signs</i>	
6 Amount (\$) <i>\$2,955.75</i>	7 Payee address: <i>2235 Mercator Dr. Orlando, FL 32807</i>	City: State: Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>	(b) Description <i>Yard Signs</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>4-29-22</i>	Payee name <i>Thomas Print works</i>	
Amount (\$) <i>\$820.48</i>	Payee address: <i>PO Box 830768</i>	City: State: Zip Code <i>Richardson TX 75083</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>Printed Cards</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>4-29-22</i>	Payee name <i>Home Depot</i>	
Amount (\$) <i>\$95.00</i>	Payee address: <i>Hwy 327</i>	City: State: Zip Code <i>Keller TX 76244</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Supplies - Advertising</i>	Description <i>Metal Stakes Zip ties</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought 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 Instruction Guide explains how to complete this form.		1 Total pages Schedule A1
2 FILER NAME <i>Craig Allen</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/24/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Alacaban Family</i>	7 Amount of contribution (\$) <i>\$ 300.00</i>
6 Contributor address: City: State: Zip Code <i>Keller TX 76262</i>		
8 Principal occupation / Job title (See Instructions) <i>Business owner -</i>		9 Employer (See Instructions) <i>Self-employed</i>
Date <i>4/14/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Vi Nguyen - Kennedy</i>	Amount of contribution (\$) <i>\$ 100.00</i>
Contributor address: City: State: Zip Code <i>1629 Knox Rd. Keller TX 76262</i>		
Principal occupation / Job title (See Instructions) <i>Unknown</i>		Employer (See Instructions) <i>Unknown</i>
Date <i>4/16/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Craig Allen</i>	Amount of contribution (\$) <i>\$ 150.00</i>
Contributor address: City: State: Zip Code <i>9708 Burksdale Dr. Ft. Worth TX 76244</i>		
Principal occupation / Job title (See Instructions) <i>Univ. Administration</i>		Employer (See Instructions) <i>TCU</i>
Date <i>4/22/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Angie Fusler</i>	Amount of contribution (\$) <i>\$ 2,000.00</i>
Contributor address: City: State: Zip Code <i>1632 Wicklow Keller TX 76262</i>		
Principal occupation / Job title (See Instructions) <i>Business owner</i>		Employer (See Instructions) <i>Self</i>
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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 <i>Craig Allen</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/18/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Ashley Gosnell</i>	7 Amount of contribution (\$) <i>\$ 25.00</i>
6 Contributor address; City: State: Zip Code <i>Unknown</i>		
8 Principal occupation / Job title (See Instructions) <i>Education - Tutoring</i>		9 Employer (See Instructions) <i>Self employed</i>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City: State: Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City: State: Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City: State: Zip Code	Amount of contribution (\$)
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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1
2 FILER NAME <i>Craig Allen</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/12/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Lauren Cahoon</i>	7 Amount of contribution (\$) <i>\$ 20.00</i>
	6 Contributor address, City, State, Zip Code <i>Unknown</i>	
8 Principal occupation / Job title (See Instructions) <i>Unknown</i>		9 Employer (See Instructions) <i>Unknown</i>
Date <i>4/14/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Zachary Fusilier</i>	Amount of contribution (\$) <i>\$ 2,000.00</i>
	Contributor address: City, State, Zip Code <i>1632 Wicklow Keller TX 76262</i>	
Principal occupation / Job title (See Instructions) <i>Business owner</i>		Employer (See Instructions) <i>Self</i>
Date <i>4/14/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Shauna + Bryan Wright</i>	Amount of contribution (\$) <i>\$ 100.00</i>
	Contributor address: City, State, Zip Code <i>814 Victoria Dr. Keller TX 76248</i>	
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Kelly, Hart, Hallman</i>
Date <i>4/11/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Shannon Allen</i>	Amount of contribution (\$) <i>\$ 125.00</i>
	Contributor address: City, State, Zip Code <i>9708 Barkesdale Dr. Ft. Worth 76244</i>	
Principal occupation / Job title (See Instructions) <i>Writer/Editor</i>		Employer (See Instructions) <i>FW Country Day</i>
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		