CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction (Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST	MI	OFFICE USE ONLY
NAME	Mr. Brandon	J. SUFFIX	Date Received
	"B.J." Fletcher		BECIZIVIZID
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		arshall TX 75672	JAN 20 2021 HARRISON COUNTY ELECTIONS OFFICE
Change of Address			W IN
5 CANDIDATE/ OFFICEHOLDER PHONE	(903) 930-8490	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	Ms / MRS / MR FIRST Mr. Dwight	MI	Receipt # Amount \$
NAME	Mr. Dwight	N	Date Processed
	Mays	Jr.	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SL 287 Hidden Lake Rd.	uite #; city; Marshall	STATE; ZIP CODE Tx 75672
8 CAMPAIGN TREASURER PHONE	(903) PHONE NUMBER 578-1800	EXTENSION	
9 REPORT TYPE	X January 15 30th day before electrical July 15 8th day before electrical structures and structures are structured as a second structure of the structure of th		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 10 / 06 / 2020	THROUGH 12	Day Year 2020
11 ELECTION	Month Day Year Primary 11 / 03 / 2020 General	Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known Harrison County S	
	GO ТО	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

14 C/OH NAME Bra	andon "B.J." F	Fletcher 15	5 Filer ID (Ethics Commission Filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S			
	COMMITTEE TYPE	COMMITTEE NAME		
-	GENERAL			
	SPECIFIC	COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
Additional Pages				
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS	PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA ES, LOANS, OR GUARANTEES OF LOANS, OR BUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED	\$ 2100.00	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$			
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$		\$	
	4. TOTAL	POLITICAL EXPENDITURES	\$ 6718.04	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 22964.48			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$		HE \$	
18 AFFIDAVIT				
W. My	OWIGHT N. MAYS, JR Notary ID # 126179678 Expires July 13, 2023	true and correct and includes all infor under Title 15, Election Code.	atelas	
		Signature of Candi	date or Officeholder	
AFFIX NOTARY STAME				
Sworn to and subscr	ibed before me, b	y the said Brandon "B.J." Fletcher	, this the 15th	
day of January	24	o certify which, witness my hand and seal of office.		
Dwight N. Mays JR TEXAS NOTARY PUBLIC				
Signature of officer ac	dministering oath	Printed name of officer administering oath	Title of officer administering oath	

SUBTOTALS - C/OH

19 FILER NAME Brandon "B.J." Fletcher	O (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2100.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTION	s \$ 6718.04
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUT	rions \$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH \$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTION	NS \$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETU TO FILER	PRNED \$

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) Brandon "B.J." Fletcher 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#: 10/12/2020 \$1000.00 Leslie & Steve Chambers 6 Contributor address; City; State; Zip Code 980 Ragon Rd. Harleton Texas 75651 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Retired N/A Full name of contributor Date out-of-state PAC (ID#: Amount of contribution (\$) 10/30/2020 \$100.00 Stan & Gola Spence Contributor address; City; State; Zip Code 2016 Elysian Fields Ave. Marshall Texas 75672 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) 10/21/2020 \$500.00 Jennifer Roth Contributor address; City; State; Zip Code 201 W. Houston St. Marshall Texas 75670 Principal occupation / Job title (See Instructions) Employer (See Instructions) Nurse Practioner Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) 10/30/2020 \$500.00 Hugh P. Taylor Contributor address; City; State; Zip Code P.O. Box 1116 Marshall Texas 75671 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.

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee 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 (Ethics Commission Filers) Brandon "B.J." Fletcher OF 4 4 Date 5 Payee name 10/07/2020 Joe Castillo 6 Amount (\$) 7 Payee address; City; State: Zip Code \$100.00 715 Ferguson Rd. Harleton Texas 75651 8 (a) Category (See Categories listed at the top of this schedule) (b) Description Salaries/Wages/Contract Labor Mow grass around campaign signs PURPOSE OF **EXPENDITURE** (c) 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 Payee name 10/07/2020 United States Postal Service Payee address; Amount (\$) City; State; Zip Code \$13.00 1234 E. Travis St. Marshall Texas 75671 Category (See Categories listed at the top of this schedule) Description Other (Postage) Stamps PURPOSE OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH Payee name Date 10/12/2020 Republican Women of Harrison County Amount (\$) Payee address; City; State; Zip Code \$500.00 P.O. Box 2028 Texas Marshall 75671 Category (See Categories listed at the top of this schedule) Description Cotribution/Donation by Candidate PURPOSE GIFT 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

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	(5)	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Loan Repayr Office Overh Polling Expe Printing Exp Salaries/Wa	ment/Reimbursement nead/Rental Expense ense ense ges/Contract Labor	Solicitation/Fundraisi Transportation Equip Travel In District Travel Out Of District Other (enter a catego	ment & Related Expense
1 Total pages Schedule F1: 2 FILER NAME 2 0 F 4 Brandon "B.J." Fletcher					Commission Filers)	
4 Date 10/16/2020	5 Payee no	ame				
6 Amount (\$) \$39.21	7 Payee a	ddress;		City;	State;	Zip Code
	5 E	E. End Blvd. S.		Marshall	Texas	75652
8 PURPOSE OF EXPENDITURE	(a) Categor Other (ry (See Categories listed at the top of this [Fuel]	schedule)	(b) Description Gasoline		
	(c)	Check if travel outside of Texas. Complete S	Schedule T.	Check if Austin	, TX, officeholder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		date / Officeholder name		Office sought		Office held
Date 10/28/2020	Payee na	Day School				
Amount (\$) \$34.00	Payee at 2905 M	_{ddress;} iddle Rosborough Spr	ings Rd.	city; Marshall	State; Texas	Zip Code 75672
PURPOSE OF EXPENDITURE		y (See Categories listed at the top of this s tising Expense	schedule)	Description Fund Raiser		
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austin	, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
Date	Payee n	ame				
11/45/2020	Grab 8	& Go Exxon				
Amount (\$) \$43.60	Payee ad	ddress;		City;	State;	Zip Code
1	710 TX I	Loop 390		Marshall	Texas	75670
PURPOSE OF EXPENDITURE	Category Other (F	(See Categories listed at the top of this suel)	schedule)	Description GASOLINE		
		Check if travel outside of Texas. Complete S	chedule T.	Check if Austin,	TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH		late / Officeholder name		Office sought		Office held
	AT	TACH ADDITIONAL COPIES	OF THIS S	CHEDULE AS NEEI	DED	

SCHEDULE F1

	EXPENDITURE CATEGOR	RIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment	an Repayment/Reimbursement fice Overhead/Rental Expense Illing Expense nting Expense laries/Wages/Contract Labor ow to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above)	
1 Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
4 Date 11/05/2020	5 Payee name Cypress Junior Women's Leagu	e	
6 Amount (\$) \$125.00	7 Payee address; 504 Shirley St.	City; Marshall	State; Zip Code Texas 75670
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sched Advertising Expense		
	(c) Check if travel outside of Texas. Complete Schedul	le T. Check if Austi	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought	Office held
Date 11/05/2020	Payee name Pietro's		
Amount (\$) \$1525.24	Payee address; 101 W. Austin St.	city; Marshall	State; Zip Code Texas 75670
PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Food/Beverage Expense Category (See Categories listed at the top of this schedule) Food/Beverage Expense Election Night Watch Party		ht Watch Party	
	Check if travel outside of Texas. Complete Schedul	nedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
11/08/2020	Pool's Chevron		
Amount (\$) \$38.44	Payee address;	City;	State; Zip Code
ψ50.++	302 E. Main St.	Hallsville	Texas 75650
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedul Other (Fuel)	Description GASOLINE	
	Check if travel outside of Texas. Complete Schedule	eT. Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF 1	THIS SCHEDULE AS NEE	DED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Advertising Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Office Overhead/Rental Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Other (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Brandon "B.J." Fletcher 4 OF 4 4 Date 5 Payee name 11/08/2020 **Tractor Supply** City; State; Zip Code 6 Amount (\$) 7 Payee address; \$99.55 Marshall 75670 504 Shirley St. Texas (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Bulldog 5000# Trailer Jack Transportation Equipment & PURPOSE Related Expense OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name 11/13/2020 Tom McCool Retirement Gala Zip Code Pavee address: City; State: Amount (\$) Marshall Texas 75670 200 W. Houston St. \$1000,00 Description Category (See Categories listed at the top of this schedule) To help offset banquet expenses Gift/Awards/Memorial Expense **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date 11/27/2020 Lee Lester Zip Code City; State: Amount (\$) Payee address; \$3200.00 75670 Marshall Texas 709 E. Pinecrest Dr. Category (See Categories listed at the top of this schedule) Description BBQ PIT/SMOKER/FISH FRY UNIT Other (Campaign Equipment) **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction G	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST Mr. Brandon	мі J .	OFFICE USE ONLY
NAME	NICKNAME LAST	J. SUFFIX	Date Received
	"B.J." Fletcher		RECIEIVIED
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		arshall TX 75672	NOV 02 2020
Change of Address			HARRISON COUNTY ELECTIONS OFFICE
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	MU
OFFICEHOLDER PHONE	(903) 930-8490		Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST	MI N	Receipt # Amount \$
NAME	Mr. Dwight	N.	Date Processed
	Mays	Jr.	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SU 287 Hidden Lake Rd.	uite #; city; Marshall	STATE; ZIP CODE Tx 75672
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER 578-1800	EXTENSION	
9 REPORT TYPE	January 15 30th day before electrical 30th day b		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 09 / 25 / 2020	THROUGH 10	Day Year / 24 / 2020
11 ELECTION	ELECTION DATE Month Day Year Primary 11 / 03 / 2020 General	ELECTION TYPE Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any) N/A	13 OFFICE SOUGHT (if known) Harrison County S	
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

14 C/OH NAME B.J.	Fletcher	1	5 Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CANE	NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITION OF POLITICAL EXPENDITURES OF POLITICAL EXPENDITURES.	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 THATES, LOANS, OR GUARANTEES OF LOANS, OR IBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED	AN \$
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3200.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$		\$
	4. TOTAL	POLITICAL EXPENDITURES	\$ 1295.04
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$		
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD	THE \$
18 AFFIDAVIT			
	T N. MAYS, JR ID # 126179678	true and correct and includes all info under Title 15, Election Code.	erjury, that the accompanying report is rmation required to be reported by me
	July 13, 2023	Bandon /	Thecher
, -		Signature of Cano	didate or Officeholder
AFFIX NOTARY STAM	P/SEALABOVE		
Sworn to and subsc	ribed before me, l	by the saidBrandon "B.J." Fletcher	, this the 25th
day of October		to certify which, witness my hand and seal of office.	
Dwiller	May	Dwight N. Mays, Jr.	Notary Public
Signature of officer a	idministering oath	Printed name of officer administering oath	Title of officer administering oath

SUBTOTALS - C/OH

19	19 FILER NAME Brandon "B.J." Fletcher 20 Filer ID (Ethics Con			
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT		
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3200.00		
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$		
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$		
4.	SCHEDULE E: LOANS	\$		
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1295.04		
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$		
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$		
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$		
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$		
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$		
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$		
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The	Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1:
2 FILER NAME Brandon "B.J	." Fletcher		3 Filer ID (Ethics Commission Filers)
4 Date 10/02/2020	Johnny & Diane Brock 6 Contributor address; City;	State; Zip Code	7 Amount of contribution (\$) \$1500.00
	5735 Lakefront Dr. Shreveport	La. 71119	
	pation / Job title (See Instructions)	9 Employer (See Instructi	ions)
Date 10/02/2020	Full name of contributor	State; Zip Code	Amount of contribution (\$) \$200.00
	P.O. Box 146 Marshall	Texas 75671	
Principal occup	ation / Job title (See Instructions) Attorney	Employer (See Instruct	ions)
Date 10/12/2020	Full name of contributor ut-of-state PA Leslie & Steve Chambers Contributor address; City;	AC (ID#:) State; Zip Code	Amount of contribution (\$) \$1000.00
	980 Ragon Rd. Harleton	Texas 75651	
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	tions)
Date 10/20/2020	Jennifer Roth	AC (ID#:) State; Zip Code	Amount of contribution (\$) \$500.00
	115 N. Wellington St. Marshall	Texas 75670	
Principal occur Attorr	pation / Job title (See Instructions)	Employer (See Instruc	tions)
F 50 5000 500 100 70 100			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE F1

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 Contributions/Donations Made By Food/Beverage Expense Polling Expense Travel In District Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee 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 3 Filer ID (Ethics Commission Filers) Brandon "B.J." Fletcher 4 Date 5 Payee name 09/28/2020 Chevron - Marshall 6 Amount (\$) 7 Payee address; State; Zip Code \$44.06 5925 East End Blvd., S. Marshall Texas 75672 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Transportation Equipment & Gasoline PURPOSE RElated Expense OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Donut Palace Amount (\$) City; Pavee address: State: Zip Code \$63.41 500 N. Grove St. Marshall Texas 75670 Category (See Categories listed at the top of this schedule) Description Food/Beverage Expense Donuts for Meet & Greet **PURPOSE EXPENDITURE** 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 Payee name Date 10/01/2020 **USPS** Amount (\$) Payee address; City; State: Zip Code 32.50 200 W. Travis St. Marshall Texas 75670 Category (See Categories listed at the top of this schedule) Description Other (enter a category not listed **PURPOSE** POSTAGE OF above) EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct 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 Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Brandon "B.J." Fletcher 4 Date 5 Payee name 10/03/2020 Hallsville Western Days 6 Amount (\$) 7 Payee address; City; State; Zip Code \$50.00 115 W. Main St. Hallsville Texas 75650 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Event Expense **Booth Rental** 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 9 Complete ONLY if direct expenditure to benefit C/OH Payee name 4-H of Harrison County Amount (\$) Payee address; City; State: Zip Code \$120.00 120 W. Houston St. Marshall Texas 75670 Category (See Categories listed at the top of this schedule) Description Contributions/Donations Made By Sponsor golf hole PURPOSE Candidate/Officeholder 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 10/02/2020 Boys & Girls Club Amount (\$) Payee address; City; Zip Code 150.00 1500 Charleston St. Marshall Texas 75670 Category (See Categories listed at the top of this schedule) Description Contributions/Donations Made By **PURPOSE** DONATION Candidate/Officeholder 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

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Consulting Expense Office Overhead/Rental Expense Fees Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense **Printing Expense** Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Brandon "B.J." Fletcher 4 Date 5 Pavee name 10/07/2020 Joe Castillo 6 Amount (\$) 7 Payee address; City; Zip Code \$100.00 715 Fergeson Rd. Harleton Texas 75651 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description Salaries/Wages/Contract Labor Trim around Signs PURPOSE OF **EXPENDITURE** (C) 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 Pavee name Republican Women of Harrison County Amount (\$) Payee address: City: State: Zip Code \$500.00 120 W. Houston St. Marshall Texas 75670 Category (See Categories listed at the top of this schedule) Description Contributions/Donations Made By Donation PURPOSE Candidate/Officeholder OF **EXPENDITURE** 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 Date Payee name 10/28/2020 Trinity Day School Amount (\$) Payee address: City; State: Zip Code 34.00 2905 Middle Rosborough Srings Rd. Marshall Texas 75672 Category (See Categories listed at the top of this schedule) Description Contributions/Donations Made By **PURPOSE** DUNATION OF Candidate/Officeholder EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Fees Office Overhead/Rental Expense Consulting Expense Contributions/Donations Made By Transportation Equipment & Related Expense Travel In District Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee 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 3 Filer ID (Ethics Commission Filers) Brandon "B.J." Fletcher 4 Date 5 Payee name 09/28/2020 Wright on TA - Harleton 6 Amount (\$) 7 Payee address; City; State: Zip Code \$148.86 715 Fergeson Rd. Harleton Texas 75651 8 (a) Category (See Categories listed at the top of this schedule) (b) Description Food/Beverage Expense Drinks, Hot Dogs, Buns, etc. for Meet & PURPOSE OF Greet EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name 10/07/2020 **USPS** Amount (\$) Payee address: City; State; Zip Code \$13.00 200 W. Travis St. Marshall Texas 75671 Category (See Categories listed at the top of this schedule) Description Other (enter a category not listed Postage **PURPOSE** above) 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 Date Payee name 10/28/2020 Chevron - Marshall Amount (\$) Payee address; City; State: Zip Code \$39.21 5925 East End Blvd., S. Marshall Texas 75672 Category (See Categories listed at the top of this schedule) Description Transportation Equipment & PURPOSE GASOLINE Related Expense **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

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction	Guide explains how to complete this form.	n Filers) 2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. Brandon J. NICKNAME LAST SUFFI "B.J." Fletcher	OFFICE USE ONLY Date Repeived CELVED OCT 0 6 2020
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CO 929 Harris Rd. Marshall TX 756	HARRISON COUNTY
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (903) 930-8490	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Dwight N. NICKNAME LAST SUFFIX Mays Jr.	Date Processed
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; 287 Hidden Lake Rd. Marshall	STATE; ZIP CODE Tx 75672
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (903)	
9 REPORT TYPE	July 15 30th day before election Runoff Bth day before election Exceeded \$50	15th day after campaign treasurer appointment (Officeholder Only) 0 limit Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 07 / 01 / 2020 THROUGH 10	Month Day Year / 05 / 2020
11 ELECTION	ELECTION DATE Month Day Year Primary Runoff Other Description 11 03 2020 General Special	
12 OFFICE	N/A 13 OFFICE SOUGHT Harrison Coul	1
	GO TO PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

14 C/OH NAME Brai	ndon "B.J." Fle	etcher 15	5 Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAN	NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDIT DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WIT DISSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS URES.	HOUT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	
	SPECIFIC	COMMITTEE ADDRESS	
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME	
Li v		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA ES, LOANS, OR GUARANTEES OF LOANS, OR IBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED	N \$
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 10,800.00
EXPENDITURE TOTALS	3. TOTAL I UNLESS	POLITICAL EXPENDITURES OF \$100 OR LESS, STEMIZED	\$
	4. TOTALI	POLITICAL EXPENDITURES	\$ 10,254.26
CONTRIBUTION BALANCE	5. TOTAL P OF REP	OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D ORTING PERIOD	AY \$
OUTSTANDING LOAN TOTALS	6. TOTAL P LAST DA	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH Y OF THE REPORTING PERIOD	\$ 28,468.92
My Notary Expires AFFIX NOTARY STAME	ibed before me, b	I swear, or affirm, under penalty of per true and correct and includes all informunder Title 15, Election Code. Signature of Candiday the said Brandon "B.J." Fletcher o certify which, witness my hand and seal of office.	
Owallys	Hand	DWIGHT N. MAUS JR-	NOTARY PUBLIC
Signature of officer ad	dministering oath	Printed name of officer administering oath	Title of officer administering oath

SUBTOTALS - C/OH

19	Brandon "B.J." Fletcher	Filer ID (Ethics Commission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 10,800.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONT	**************************************
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CO	ONTRIBUTIONS \$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUND	s \$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A B	USINESS OF C/OH \$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CON	TRIBUTIONS \$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	ONS RETURNED \$

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) Brandon "B.J." Fletcher 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of contribution (\$) 07/10/2020 LANCE & SARAH CARLILE \$500.00 6 Contributor address: State; Zip Code P.O. Box 1686 Marshall Texas 75671 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:____ Amount of contribution (\$) STEVE & PENNY CARLIE City; 07/20/2020 \$500.00 1595 Garden Oaks Dr. Marshall Texas 75672 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) 08/04/2020 \$300.00 Dr. David Nelson Contributor address; Zip Code City; State; P.O. Box 1735 Marshall 75671 Texas Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:_ 08/10/2020 \$100.00 Dorothie Craig Contributor address; State; Zip Code 5020 FM 3379 Marshall Texas 75670 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 The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Brandon "B.J." Fletcher 4 Date 5 Full name of contributor out-of-state PAC (ID#:_ 7 Amount of contribution (\$) 08/12/2020 \$300.00 JIM MENATT 6 Contributor address; City; State; Zip Code 2101 Victory Dr. Marshall Texas 75672 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#: Amount of contribution (\$) 08/12/2020 Melissa S. Daniel \$1500.00 Contributor address; City; State; Zip Code 229 Wiley Page Rd. Longview Texas 75605 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) 08/12/2020 R. Blake Cammack \$1500.00 Contributor address; City; State; Zip Code 4619 Judson Rd. Longview Texas 75605 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) 08/12/2020 Charles & Kendall Tomberlain \$250.00 Contributor address; City; State; Zip Code P.O. Box 869 Longview Texas 75606 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

		T	
The	Instruction Guide explains how to complete this fo	form.	1 Total pages Schedule A1:
2 FILER NAME Brandon "B.			3 Filer ID (Ethics Commission Filers)
4 Date 08/10/2020	05011	State; Zip Code Texas 75672	7 Amount of contribution (\$) \$100.00
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ns)
Date 09/10/2020	Full name of contributor	D#:) State; Zip Code	Amount of contribution (\$) \$250.00
	1401 E. Grand Ave. Marshall	Texas 75670	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	is)
Date 08/12/2020	Full name of contributor		Amount of contribution (\$) \$1000.00
	700 DD 074	State; Zip Code exas 75639	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	s)
Date 08/24/2020	Full name of contributor		Amount of contribution (\$) \$500.00
		exas 75670	
	pation / Job title (See Instructions)	Employer (See Instruction	

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) Brandon "B.J." Fletcher 4 Date Full name of contributor out-of-state PAC (ID#:_ 7 Amount of contribution (\$) 09/15/2020 \$300.00 BARRY HART State; Zip Code 6 Contributor address; City; 912 John Sanders Rd. Marshall Texas 75672 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#: Amount of contribution (\$) 09/18/2020 \$1000.00 Michelle & Stanley Brannon Contributor address; City; State; Zip Code P.O. Box 1668 Hallsville Texas 75672 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) 09/21/2020 \$1000.00 David Scrivener Contributor address; City; State; Zip Code 708 PR 871 DeBerry Texas 75639 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID#:_ Amount of contribution (\$) 09/23/2020 \$1500.00 Johnny & Diane Brock Contributor address; City; State; Zip Code 103 E. Houston St. Marshall Texas 75670 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

	10.00			
The	Instruction Guide explains how	to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME Brandon "B.				3 Filer ID (Ethics Commission Filers)
4 Date 10/01/2020	5 Full name of contributor Joel & Barbara Truelove 6 Contributor address; P.O. Box 146		State; Zip Code Texas 75671	7 Amount of contribution (\$) \$200.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	tions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	ions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	tions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	tions)
	ATTACH ADDITI	ONAL CODIES	OF THIS SCHEDIII E AS N	EEDED

If contributor 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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	outor (orner a dateg	ory not listed above)
1 Total pages Schedule F1:	2 FILER NAME Brandon "B.J." Fletcher		3 Filer ID (Ethic	s Commission Filers)
4 Date 07/08/2020	5 Payee name Smart Advertising, Inc.			
6 Amount (\$) \$845.56	7 Payee address;	City;	State;	Zip Code
	1401 S. Washington St.	Marshall	Texas	75670
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Ball Caps	with "B.J" Log	go
a la	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
07/09/2020	The Print Shop			
Amount (\$) \$494.27	Payee address; 214 S. Bolivar St.	City; Marshall	State; Texas	Zip Code 75670
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Business C	Cards/Push C	ards
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
07/20/2020	Pete McCarty Oil Co.			
Amount (\$) 84.30	Payee address;	City;	State;	Zip Code
0.1100	3900 E. End Blvd., S.	Marshall	Texas 75	672
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel In District	Description GASOLIA	JΕ	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, 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 NEE	DED	*

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed phase)

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 (Ethics Commission Filers) Brandon "B.J." Fletcher 4 Date 5 Payee name 07/29/2020 DanWal, Inc. 6 Amount (\$) 7 Payee address; City; State; Zip Code \$1350.15 12404 U.S. Hwy 59 S. Marshall Texas 75670 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description **Printing Expense** Magnetic Signs **PURPOSE** OF **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name 08/03/2020 Tractor Supply Amount (\$) Payee address; City; State; Zip Code \$80.47 2901 E. End Blvd., N. Marshall Texas 75670 Category (See Categories listed at the top of this schedule) Description Advertising Zip Ties, Nuts & Bolts, etc. PURPOSE OF Expense EXPENDITURE 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 Date Payee name 08/07/2020 **Tractor Supply** Amount (\$) Payee address; State: Zip Code \$25.95 2901 E. End Blvd., N. Marshall Texas 75672 Category (See Categories listed at the top of this schedule) Description Advertising **PURPOSE** ZIPTIES, NUTS & BOLTS OF Expense **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to c	complete this form.	Other (enter a catego	ry not listed above)
1 Total pages Schedule F1:	2 FILER NAME Brandon "B.J." Fletcher		3 Filer ID (Ethics	Commission Filers)
4 Date 08/10/2020	5 Payee name Pete McCarty Oil Co.			
6 Amount (\$) \$49.35	7 Payee address;	City;	State;	Zip Code
	3900 E. End Blvd., S.	Marshall	Texas	75672
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation & Related Expense	(b) Description Gasoline		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
08/17/2020	Tractor Supply			
Amount (\$) \$65.14	Payee address; 2901 E. End Blvd., N.	^{City;} Marshall	State; Texas	Zip Code 75670
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Zip Ties, No	uts & Bolts, et	c.
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
08/18/2020	DanWal, Inc.			
Amount (\$) \$592.02	Payee address;	City;	State;	Zip Code
Ψ002.02	2901 E. End Blvd., N.	Marshall	Texas 7	5672
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description SIGNS	STAKES	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, 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 NEE	EDED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Other (enter a category not listed above)

		complete this form.		
Total pages Schedule F1:	² FILER NAME Brandon "B.J." Fletcher		3 Filer ID (Ethics	Commission Filers)
Date	5 Payee name			
08/20/2020	Harleton FFA			
Amount (\$) \$42.00	7 Payee address;	City;	State;	Zip Code
Ψ-12.00	17000 SH 154	Harleton	Texas	75651
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Fundraisin	g Cookies	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
08/21/2020	Republican Women of Harrison Co	ounty		
Amount (\$) \$230.00	Payee address; 411 E. Austin St.	c _{ity;} Marshall	State; Texas	Zip Code 75670
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution Made by Candidate Expense	Contribution Made by Candidate For Financial Support		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
Date 08/22/2020				
08/22/2020 Amount (\$)	Payee name	City;	State;	Zip Code
08/22/2020	Payee name Amazon.com	City;	State;	Zip Code
08/22/2020 Amount (\$)	Payee name Amazon.com Payee address;	City; Description 12' X 16'		Zip Code
08/22/2020 Amount (\$) \$279.95	Payee name Amazon.com Payee address; Internet Category (See Categories listed at the top of this schedule)	Description		

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

Event Expense Fees Food/Beverage Expense Giff/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 a	complete this form.	Other (enter a catego	ry not listed above)	
1 Total pages Schedule F1:	2 FILER NAME Brandon "B.J." Fletcher		3 Filer ID (Ethics	Commission Filers)	
4 Date 08/23/2020	5 Payee name Lowe's				
6 Amount (\$) \$47.27	7 Payee address;	City;	State;	Zip Code	
	910 E. End Blvd., N.	Marshall	Texas	75672	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other Expense	(b) Description Lumber for	Sign Racks		
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living	expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
08/23/2020	Sam's Club				
Amount (\$) \$230.00	Payee address; 3310 N. Fourth St.	City; Longview	State; Texas	Zip Code 75670	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Meet & Gree	Description Meet & Greet Snacks		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	(Office held	
Date	Payee name				
08/24/2020	Chevron				
Amount (\$) \$40.33	Payee address;	City;	State;	Zip Code	
	5925 E. End Blvd., S.	Marshal	I Texas	75672	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation & Related Expense	GASOLIN	É		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living e	expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULF AS NEFT)FD		

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Lebor

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

Solicitation/Fundraising Expense

Credit Card Payment	The Instruction Guide explains how to a	Wages/Contract Labor complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
08/25/2020	Michelle Elwood		
6 Amount (\$) \$650.00	7 Payee address;	City;	State; Zip Code
	200 W. Houston	Marshall	Texas 75670
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description "B.J." Logo	Caps for Women
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 08/26/2020	Payee name The Print Shop		
Amount (\$) \$357.00	Payee address; 214 S. Bolivar St.	^{City;} Marshall	State; Zip Code Texas 75670
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Business C	ards/Push Cards
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
08/31/2020	Circle M Country STORE		
Amount (\$) \$43.22	Payee address;	City;	State; Zip Code
Ψ-10.22	250 FM 1186 M	arshall T	exas 75672
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation & Related Expense	GASOLING	E
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, 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 S	SCHEDULE AS NEE	DED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wades/Contract Labor

Credit Card Payment	The Instruction Guide explains how to c		ther (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Brandon "B.J." Fletcher	3	Filer ID (Ethics Commission Filers)
4 Date 09/02/2020	5 Payee name Sign & Graphical Solutions		
6 Amount (\$) \$129.90	7 Payee address;	City;	State; Zip Code
	2901 E. End Blvd., N.	Marshall	Texas 75670
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Bumper Stick	ers
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX	X, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
09/08/2020	Payee name The Chamber of Commerce		
Amount (\$) \$100.00	Payee address; 110 S. Bolivar St.	City; Marshall	State; Zip Code Texas 75670
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertisinging Expense	Description Donation for F	Fish Fry
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX	K, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
09/08/2020	Pete McCarty Oil Co.		
Amount (\$) \$19.39	Payee address;	City;	State; Zip Code
V 10.00	3900 E. End Blvd., S.	Marshall	Texas 75672
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation & Related Expense	Description GASOLINE	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX	K, 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 NEEDE	D

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

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

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

1 Total pages Schedule Ft: Brandon "B.J." Fletcher 5 Payee name Republican Women of Harrison County 6 Amount (\$) FURPOSE OF EXPENDITURE Payee name Coriginate ONLY if direct OF COUNTY in Control on the schedule of Treas Complete Schedule T. Complete ONLY if direct of the schedule of Treas Complete Schedule T. Complete ONLY if direct of the schedule of Treas Complete Schedule T. Complete ONLY if direct of the schedule of Treas Complete Schedule T. Complete ONLY if direct of the schedule of Treas Complete Schedule T. Complete ONLY if direct on the schedule of Treas Complete Schedule T. Complete ONLY if direct of the schedule of Treas Complete Schedule T. Complete ONLY if direct on the schedule of Treas Complete Schedule T. Complete ONLY if direct on the schedule Treas Complete Schedule T. Complete ONLY if direct on the schedule Treas Complete Schedule T. Complete ONLY if direct on the schedule Treas Complete Schedule T. Complete ONLY if direct on the schedule Treas Complete Schedule T. Complete ONLY if direct on the schedule Treas Complete Schedule T. Complete ONLY if direct on the schedule Treas Complete Schedule T. Complete ONLY if direct on the schedule Treas Complete Schedule T. Complete ONLY if direct on the schedule Treas Complete Schedule T. Complete ONLY if direct on the schedule Treas Complete Schedule T. Complete ONLY if direct on the schedule Treas Complete Schedule T. Complete ONLY if direct on the schedule Treas Complete Schedule T. Complete ONLY if direct on the schedule Treas Complete Schedule T. Complete ONLY if direct on the schedule Treas Complete Schedule T. Complete ONLY if direct on the schedule Treas Complete Schedule T. Complete ONLY if direct on the schedule Treas Complete Schedule T. Complete ONLY if direct on the schedule Treas Complete Schedule T.	Candidate/Officeholder/Politic	Printing	Expense /Wages/Contract Labor complete this form.	Travel in District Travel Out Of District Other (enter a category n	ot listed above)
Republican Women of Harrison County State; Zip Code	1 Total pages Schedule F1			3 Filer ID (Ethics Co	ommission Filers)
Payee address: City: State: Zip Code			ountv		
Second Category (See Categories listed at the top of this schedule) Category Columbus Day Dinner				State;	Zip Code
Advertising Expense Columbus Day Dinner		411 E. Austin St.	Marshall	Texas	75670
Payee address: Candidate / Officeholder name Payee name Sam's Club Amount (\$) \$407.94 Payee address: 3310 N. Fourth St. Category (See Categories listed at the top of this schedule) Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office sought Office held Office held Office held Office sought Office held	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		Day Dinner	
Date Payee name Sam's Club		(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living expe	ense
Sam's Club Amount (\$) \$407.94 Payee address; 3310 N. Fourth St. Category (See Categories listed at the top of this schedule) Purpose of Expenditure Complete QNLY if direct expenditure Payee name Whitetails Unlimited Payee address; 3310 N. Fourth St. Category (See Categories listed at the top of this schedule) Complete QNLY if direct expenditure to benefit C/OH Payee name Whitetails Unlimited Payee name Whitetails Unlimited Payee address; City: State: Zip Code P.O. Box 720 Sturgeon Bay, Wisconsin 54235 Category (See Categories listed at the top of this schedule) Amount (\$) Payee address; City: State: Zip Code P.O. Box 720 Sturgeon Bay, Wisconsin 54235 Category (See Categories listed at the top of this schedule) Advertising Expense Check if Austin, TX, officeholder living expense Complete QNLY if direct expenditure to benefit C/OH Candidate / Officeholder name Complete QNLY if direct expenditure to benefit C/OH Candidate / Officeholder name Complete QNLY if direct expenditure to benefit C/OH Candidate / Officeholder name Complete QNLY if direct expenditure to benefit C/OH Candidate / Officeholder name Complete QNLY if direct expenditure to benefit C/OH Candidate / Officeholder name Complete QNLY if direct expenditure to benefit C/OH Candidate / Officeholder name Complete QNLY if direct expenditure to benefit C/OH			Office sought	Offi	ce held
Amount (\$) \$407.94 Payee address; 3310 N. Fourth St. City; State: Zip Code Texas 75605 Purpose EXPENDITURE Candidate / Office holder name Candidate / Office holder name Payee address; 3310 N. Fourth St. City: State: Zip Code Texas 75605 Description Meet & Greet Snacks Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office sought Office held Payee name Whitetails Unlimited Payee address; City: State: Zip Code Payee address; City: State: Zip Code Payee address; City: State: Zip Code P.O. Box 720 Sturgeon Bay, Wisconsin 54235 Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Purpose Office Sought Category (See Categories listed at the top of this schedule)	Date	Payee name	7), magazini, m		
\$407.94 3310 N. Fourth St. Category (See Categories listed at the top of this schedule) Food/Beverage Expenditure Complete ONLY if direct expenditure to benefit C/OH Payee name Whitetails Unlimited Payee address; S850.00 Purpose Expenditure Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense City: State; Zip Code Payee address; City: State; Zip Code P.O. Box 720 Sturgeon Bay, Wisconsin 54235 Category (See Categories listed at the top of this schedule) Advertising Expenditure Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH	09/11/2020	Sam's Club			
PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Complete ONLY if direct expenditure to benefit C/OH Payee name Whitetails Unlimited Payee address; P.O. Box 720 Category (See Categories listed at the top of this schedule) Payee name Whitetails Unlimited Payee address; City; State; Zip Code P.O. Box 720 Sturgeon Bay, Wisconsin 54235 Category (See Categories listed at the top of this schedule) Advertising Expense Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Condidate / Officeholder name					The second of the second of the second
PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	ψ.ισ.ισ.	00 10 N. 1 Ourtil St.	Longview	rexas	75605
Complete ONLY if direct expenditure to benefit C/OH Date Payee name Whitetails Unlimited Payee address; P.O. Box 720 Sturgeon Bay, Wisconsin 54235 Category (See Categories listed at the top of this schedule) Advertising Expense Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office sought Office held Office held Office held Check if Austin, TX, officeholder living expense Office held Office held Office held Office held Office held Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Office held Office held		Food/Beverage		et Snacks	
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office sought Office held	EXPENDITURE				
Amount (\$) Payee address; City; State; Zip Code P.O. Box 720 Sturgeon Bay, Wisconsin 54235 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Payee address; City; State; Zip Code Payee address; City; State; Zip Code Description RAFFLE TICKETS, Guest Tickets Candidate / Officeholder name Office sought Office held		Candidate / Officeholder name			
Amount (\$) \$850.00 P.O. Box 720 Sturgeon Bay, Wisconsin 54235 PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Candidate / Officeholder name	Date	Payee name			
PURPOSE OF EXPENDITURE PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Office hold Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH	09/12/2020	Whitetails Unlimited			
PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Advertising Expense Check if travel outside of Texas. Complete Schedule T. Complete ONLY if direct expenditure to benefit C/OH Category (See Categories listed at the top of this schedule) Category (See Category (See Categories listed at the top of this schedule) Category (See Category		Payee address;	City;	State; Z	Zip Code
PURPOSE OF EXPENDITURE Advertising Expense Check if travel outside of Texas. Complete Schedule T. Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Candidate / Officeholder name Candidate / Officeholder name Candidate / Officeholder name	ψ000.00	P.O. Box 720 Sturge	on Bay, W	isconsin 5	4235
OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Candidate / Officeholder name Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Candidate / Officeholder name					
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	OF		RAFFLETIC	KETS, GUEST	TICKETS
expenditure to benefit C/OH		Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living exper	nse
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		Candidate / Officeholder name	Office sought	Offic	ce held
		ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEL	DED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to d	complete this form.	Other (enter a category	not listed above)
1 Total pages Schedule F1:	² FILER NAME Brandon "B.J." Fletcher		3 Filer ID (Ethics	Commission Filers)
4 Date 09/14/2020	5 Payee name Chevron			
6 Amount (\$) \$44.37	7 Payee address;	City;	State;	Zip Code
	5925 E. End Blvd., S.	Marshall	Texas	75672
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	(b) Description Gasoline		¥.
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living e	xpense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	C	office held
Date 09/18/2020	Payee name Tractor Supply			
Amount (\$) \$19.45	Payee address; 3310 N. Fourth St.	city; Marshall	State; Texas	Zip Code 75670
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Sign Parts		· ·
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living e	xpense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	O	ffice held
Date	Payee name			
09/21/2020	Donut Supreme			
Amount (\$) \$81.00	Payee address;	City;	State;	Zip Code
ψο 1.00	190 E. Texas Ave.	Wasko	m Texas	75692
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description MEET & GA	LEET DONUTS	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living ex	rpense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	C	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

09/21/2020 5 Amount (\$) \$90.68	Brandon "B.J." Fletcher 5 Payee name Sam's Club 7 Payee address; 412 N. Fourth St. (a) Category (See Categories listed at the top of this schedule)	City; Longview	State;	cs Commission Filers)
09/21/2020 5 Amount (\$) \$90.68 PURPOSE OF	Sam's Club 7 Payee address; 412 N. Fourth St. (a) Category (See Categories listed at the top of this schedule)			Zip Code
\$90.68 PURPOSE OF	412 N. Fourth St. (a) Category (See Categories listed at the top of this schedule)			Zip Code
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	Longview		
PURPOSE OF			Texas	75605
EXPENDITURE	Food/Beverage Expense	(b) Description Meet & Gre	eet Foods	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
09/23/2020	Lamar Media Corp.			
Amount (\$) \$485.58	Payee address; 5321 Corporate Blvd.	City; Baton Rouge	State; Louisiana	Zip Code 70808
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Billboard Sig	gnage	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
09/24/2020	Stubwire Com.			
Amount (\$) \$363.00	Payee address;	City;	State;	Zip Code
	Internet			
	Category (See Categories listed at the top of this schedule)	Description		
	Advertising Expense	GIVEAWAY	TICKETS	>
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held

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

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

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

Travel Out Of District Salaries/Wages/Contract Labor Other (enter a category not listed above)

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Brandon "B.J." Fletcher 4 Date 5 Pavee name 09/28/2020 **Donut Palace** 6 Amount (\$) 7 Payee address; City; State: Zip Code \$63.41 500 N. Grove St. Marshall 75670 Texas (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Food/Beverage Expense Meet & Greet Foods **PURPOSE** OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name 09/28/2020 Chevron Payee address; City; State; Zip Code Amount (\$) \$44.06 5925 E. End Blvd., S. Marshall Texas 75672 Category (See Categories listed at the top of this schedule) Description Transportation Equipment & Gasoline **PURPOSE** Related Expense 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 Pavee name 09/17/2020 Tim Huff (Alzheimer's Association) Amount (\$) Payee address; City; State; Zip Code \$120.00 110 S. Bolivar St. Marshall 75672 Texas Category (See Categories listed at the top of this schedule) Description Contributions/Donations Made By PURPOSE SUPPORT FOR FUNDRAISER Candidate 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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Candidate/Officeholder/Politic Credit Card Payment	Git/Awards/Memorials Expense Printing Salaries/ Legal Services Salaries/ The Instruction Guide explains how to	Expense Wages/Contract Labor complete this form.	Travel Out Of District Other (enter a category)	
1 Total pages Schedule F1			3 Filer ID (Ethics	Commission Filers)
4 Date 09/17/2020	5 Payee name KMHT Radio			
6 Amount (\$) \$1456.00	7 Payee address;	City;	State;	Zip Code
	2323 Jefferson Ave.	Marshall	Texas	75670
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Radio Ads		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
10/01/2020	USPS			
Amount (\$) \$32.50	Payee address; 202 E. Travis St.	city; Marshall	State; Texas	Zip Code 75670
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other Expense	Description Postage		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
10/02/2020	Hallsville estern Days			
Amount (\$) \$50.00	Payee address;	City;	State;	Zip Code
	115 W. Main St.	Hallsville	Texas	75672
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	BOOTH RE	NTAL	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	DED	

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/V The Instruction Guide explains how to e	Wages/Contract Labor	Other (enter a category n	ot listed above)
1 Total pages Schedule F1:	² FILER NAME Brandon "B.J." Fletcher		3 Filer ID (Ethics Co	mmission Filers)
4 Date 10/02/2020	5 Payee name 4-H of Harrison County			
6 Amount (\$) \$120.00	7 Payee address;	City;	State;	Zip Code
	1305 E. Pinecrest Dr.	Marshall	Texas	75670
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description T-Shirt Fund	draiser	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living exp	ense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Offi	ice held
Date 10/02/2090	Payee name Boys & Girls Club			
Amount (\$) \$150.00	Payee address; 1305 E. Pinecrest Dr.	city; Marshall		Zip Code 75670
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	Description Fundraising [Donation	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expe	ense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Offic	ce held
Date	Payee name			
Amount (\$)	Payee address;	City;	State; 2	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expe	nse
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Offi	ice held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	DED	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 23
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST	MI	OFFICE USE ONLY
NAME	Mr. Brandon NICKNAME LAST "B.J." Fletcher	J. SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address		city; state; zip code Marshall TX 75672	JUL 16 2020 HARRISON COUNTY ELECTIONS OFFICE
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (903) 930-8490	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST Mr. Dwight	мі N .	Receipt # Amount \$
NAME	NICKNAME LAST	SUFFIX	Date Processed
	Mays	Jr.	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / S 287 Hidden Lake Rd.	uite#; city; Marshall	STATE; ZIP CODE Tx 75672
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER 578-1800	EXTENSION	
9 REPORT TYPE	January 15 30th day before of X July 15 8th day before ele		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 02 / 22 / 2020	THROUGH Month	Day Year 30 / 2020
11 ELECTION	Month Day Year Primary 11 03 202 General	Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any) N/A	13 OFFICE SOUGHT (if known Harrison County She	riff
	GO ТО	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

14 C/OH NAME	Brandon "B.	J." Fletcher	5 Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CANE	IOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDIT DIDATE OFFICEHOLDER, THESE EXPENDITURES MAY HAVE BEEN MADE WIT INSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THE URES.	THOUT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
		COMMITTEE ADDRESS	
	SPECIFIC		
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	PLEDG	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THES, LOANS, OR GUARANTEES OF LOANS, OR RIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED	AN \$
		POLITICAL CONTRIBUTIONS R THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$20,810.00
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, S ITEMIZED	\$
	4. TOTAL	POLITICAL EXPENDITURES	\$ 6,441.78
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST PORTING PERIOD	\$ 26,850.96
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TOAY OF THE REPORTING PERIOD	THE \$
18 AFFIDAVIT			perjury, that the accompanying report is
DWIG-	IT N. MAYS, JR y ID # 126179678		ormation required to be reported by me
Expire	s July 13, 2023	Beander J.	Flitcher
		Signature of Can	didate or Officeholder
AFFIX NOTARY STAM	MP/SEALABOVE		
Sworn to and subse	aribad bafara ma	by the said Brandon "B.J." Fletcher	, this the 15th
day of July	, 20_20,	to certify which, witness my hand and seal of office.	
Down Coll (1)	Hand	DWIGHT N. MAYS, JR.	Notary
Signature of officer	administering oath	Printed name of officer administering oath	Title of officer administering oath

SUBTOTALS - C/OH

19	Brandon "B.J." Fletcher	mmission Filers)	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$20,810.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	SCHEDULE E: LOANS	\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 6,441.78
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	NDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	TIONS RETURNED	\$

SCHEDULE A1

Fletcher ame of contributor ALD BLAIR ARN ibutor address; Box 430 bb title (See Instructions) bridge address; helley Rd. b title (See Instructions)	out-of-state PAC City; Marshall out-of-state PAC City;	(ID#:	3 File 7 Am	r ID (Ethics Commission Filers) rount of contribution (\$) \$100.00
ame of contributor ARD BLAIR ARN ibutor address; Box 430 bb title (See Instructions) name of contributor Iford ributor address; helley Rd.	City; Marshall Out-of-state PAC City;	State; Zip Code Texas 756 9 Employer (See	7 Am 672 Instructions)	ount of contribution (\$) \$100.00
ARD BLAIR ARN ibutor address; Box 430 b title (See Instructions) hame of contributor lford ributor address; helley Rd.	City; Marshall Out-of-state PAC City;	State; Zip Code Texas 756 9 Employer (See	Instructions)	\$100.00
Box 430 bb title (See Instructions) name of contributor Iford ributor address; helley Rd.	Marshall out-of-state PAC City;	Texas 756 9 Employer (See (ID#:	Instructions) Am	
name of contributor Iford ributor address;	City;	(ID#:) Am	
lford ributor address; helley Rd.	City;	State; Zip Code		
helley Rd.	SWEET ME	AND THE STATE OF T	•	
	Karnack	Texas 7566	1	
b title (See Instructions)		W. S. C. VIII TO THE CONTROL OF THE	1	
		Employer (See	Instructions)	
name of contributor	out-of-state PAC	(ID#:) An	nount of contribution (\$) \$500.00
ributor address;	City;	State; Zip Code	•	
V. Austin	Marshall	Texas 75672	2	
b title (See Instructions)		Employer (See	Instructions)	
name of contributor / Black				nount of contribution (\$) \$200.00
	Marshall			
b title (See Instructions)		Employer (See	Instructions)	
	V. Austin b title (See Instructions) name of contributor / Black ributor address; Karnack Hwy	Marshall b title (See Instructions) name of contributor	W. Austin Marshall Texas 75672 b title (See Instructions) Employer (See out-of-state PAC (ID#:	W. Austin Marshall Texas 75672 b title (See Instructions) Employer (See Instructions) name of contributor out-of-state PAC (ID#:

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) Brandon "B.J." Fletcher 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:___ 02/22/2020 \$300.00 Bradford Burke 6 Contributor address; State; Zip Code City; 202 Penny Lane Marshall Texas 75672 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:____ Date Amount of contribution (\$) 02/22/2020 \$500.00 BRAD & NICKI BURNS Contributor address; State; Zip Code 2950 FM 1793 Marshall Texas 76572 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:_ Amount of contribution (\$) 02/22/2020 Raymond and Grace Christmas \$150.00 Contributor address; City; State; Zip Code 581 Pine Island Rd. Karnack Texas 7566/ Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:_ 02/22/2020 \$100.00 Kelli Clayton Contributor address; State; Zip Code City; 4504 Memorial Dr. Marshall Texas 75672 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.

SCHEDULE A1

				Washington and the second seco
The	Instruction Guide explains how t	o complete this	form.	1 Total pages Schedule A1:
FILER NAME	on "B.J." Fletcher			3 Filer ID (Ethics Commission Filers)
4 Date 02/22/2020	5 Full name of contributor Terrell Coleman 6 Contributor address; 1325 Kings Rd.	□ out-of-state PAG City; Marshall	State; Zip Code Texas 75672	7 Amount of contribution (\$) \$500.00
8 Principal occ	upation / Job title (See Instructions)		9 Employer (See Instru	uctions)
Date 02/22/2020	Full name of contributor VICTOR F JEHNIFER Contributor address; 398 FM 2983	DAVIS City;	State; Zip Code Texas 75 \$72	Amount of contribution (\$) \$500.00
Principal occu	upation / Job title (See Instructions)		Employer (See Instru	uctions)
Date 02/22/2020	Full name of contributor Greg & Crystal Eddins Contributor address; 4506 Sherman Dr.	out-of-state PA City; Marshall	C (ID#:	Amount of contribution (\$) \$200.00
Principal occ	upation / Job title (See Instructions)		Employer (See Instr	ructions)
Date 02/22/2020	Full name of contributor Kelli Clayton Contributor address;	out-of-state PA	C (ID#:	Amount of contribution (\$) \$500.00
	4504 Memorial Dr.	Marshall	Texas 75672	
	supation / Job title (See Instructions)		Employer (See Instr	ructions)

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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) Brandon "B.J." Fletcher 4 Date 5 Full name of contributor out-of-state PAC (ID#:_ 7 Amount of contribution (\$) 02/22/2020 Eddie Claire Fletcher \$500.00 6 Contributor address; City; State; Zip Code 211 S. Fulton St. Marshall Texas 75672 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:____ Amount of contribution (\$) 02/22/2020 \$200.00 State; Zip Code 21616 FM 449 Longview Texas 75605 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID#:_ Amount of contribution (\$) 02/22/2020 William D. Hatfield \$100.00 Contributor address; City; State; Zip Code 803 Alpine Marshall Texas 75672 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID#: Amount of contribution (\$) 02/22/2020 Tim & Kerry Huff \$40.00 Contributor address; City; State; Zip Code 1104 Stuart Lane Marshall Texas 75672 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 The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Brandon "B.J." Fletcher 4 Date 5 Full name of contributor out-of-state PAC (ID#:___ 7 Amount of contribution (\$) 02/22/2020 TIMOTHY LIVINGSTON JORDAN GARNER \$50.00 6 Contributor address; State; Zip Code 1482 W. Liberty Rd. Harleton 75640 Texas 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:_ Amount of contribution (\$) 02/22/2020 Melissa McCain \$200.00 Contributor address; State; Zip Code 157 PR 4618 Diana Texas 75605 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) 02/22/2020 Early McWhorter \$300.00 Contributor address; City; State; Zip Code 906 Bergstrom Marshall Texas 75672 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#: 02/22/2020 Scott M. Newton \$300.00 Contributor address; City; State; Zip Code 103 Ashwood Terrace Marshall Texas 75672 Principal occupation / Job title (See Instructions) Employer (See Instructions)

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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) Brandon "B.J." Fletcher 4 Date 5 Full name of contributor out-of-state PAC (ID#:___ 7 Amount of contribution (\$) 02/22/2020 SCOTT M. & ALISON CAMPBELL NEWTON 6 Contributor address; City; State; Zip Code \$100.00 2591 Macedonia Rd. Marshall 75670 Texas 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) 02/22/2020 Ralo Pilkington \$500.00 Contributor address; State; Zip Code City; 145 Pine Island Rd. Karnack Texas 75661 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date 02/22/2020 Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Hall & Cheri Reavis \$100.00 Contributor address; City; State; Zip Code 18 Pine Burr Circle Marshall Texas 75672 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#: 02/22/2020 Kim Runyan \$300.00 Contributor address; State; Zip Code City; 200 Miller Dr. Marshall Texas 75672 Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

out-of-state PA	is form.	Total pages Schedule A1: Filer ID (Ethics Commission Filers)
□ out-of-state PA		3 Filer ID (Ethics Commission Filers)
□ out-of-state PA		
City;	State; Zip Code	7 Amount of contribution (\$) \$500.00
)	9 Employer (See Instruction	ons)
	State; Zip Code	Amount of contribution (\$) \$20.00
	Employer (See Instruction	ons)
□ out-of-state PA City; Marshall	State; Zip Code Texas 75672	Amount of contribution (\$) \$250.00
	Employer (See Instruction	enc)
out-of-state P/ tments City; Marshall	AC (ID#:) State; Zip Code Texas 75671	Amount of contribution (\$) \$500.00
	Employer (See Instruction	ons)
	City; Marshall Out-of-state Process City; d. Longview Out-of-state Process City; Marshall City; Marshall	Marshall Texas 75671 9 Employer (See Instruction out-of-state PAC (ID#:

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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Brandon "B.J." Fletcher 4 Date 5 Full name of contributor out-of-state PAC (ID#:__ 7 Amount of contribution (\$) 02/22/2020 Clayton Realty Solutions \$500.00 6 Contributor address; City; State; Zip Code P.O. Box 1321 Marshall Texas 75671 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:____ Amount of contribution (\$) 02/22/2020 Billy ALFORD Contributor address; \$50.00 State; Zip Code 906 Shelley Rd. Karnack Texas 75661 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) 02/22/2020 Cindy Black \$100.00 Contributor address; State; Zip Code City; 6100 Karnack Hwy. Marshall Texas 75672 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date ut-of-state PAC (ID#:_ Amount of contribution (\$) 02/22/2020 Brad Burke \$300.00 Contributor address; City; State; Zip Code 200 Penny Lane Marshall Texas 75672 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.

SCHEDULE A1

Principal occupation / Job title (S	contributor out-of-state PAG	C (ID#:)	 Filer ID (Ethics Commission Filers) Amount of contribution (\$) \$500.00
Brad Burris 6 Contributor a 215 E. Trav	ddress; City;	State; Zip Code	55 St. 550
	13 Ot. Wardhan		
	See Instructions)	9 Employer (See Instruction	ins)
Contributor a	CHRISTMAS	State; Zip Code Texas 75661	Amount of contribution (\$) \$200.00
Principal occupation / Job title (S	ee Instructions)	Employer (See Instructio	ns)
Date Full name of a Kelli Claytor Contributor a		C (ID#:) State; Zip Code	Amount of contribution (\$) \$200.00
P.O. Box 13 Principal occupation / Job title (S		Texas 75671 Employer (See Instruction	ons)
Date Full name of	contributor	AC (ID#:)	Amount of contribution (\$)
Terrell Coler Contributor a 1325 Kings	man ddress; City;		\$100.00
Principal occupation / Job title (S	ee Instructions)	Employer (See Instruction	ons)

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SCHEDULE A1

Contributor address; City; State; Zip Code 398 FM 2983 Marshall Texas 75672 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date 02/22/2020 Full name of contributor Greg Eddins Contributor address; City; State; Zip Code 4506 Sherman Dr. Marshall Texas 75672 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) \$200.00	The instruction Guide explains now to complete this form. 2 FILER NAME Brandon "B.J." Fletcher 4 Date 22/22/2020 5 Full name of contributor Rod Cory 6 Contributor address; City; State; Zip Code 1425 W. Texas Ave. Waskom Texas 75692 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 10 Date 10 Date 10 Principal occupation / Job title (See Instructions) 10 Date 10 Date 10 Principal occupation / Job title (See Instructions) 11 Date 12 Full name of contributor 12 CTGR DAN IS 13 Filer ID (Ethics Commission Filers) 14 Amount of contribution (\$) 14 Amount of contribution (\$) 14 Employer (See Instructions) 15 Employer (See Instructions) 16 Employer (See Instructions) 17 Amount of contribution (\$) 16 Ethics Commission Filers) 17 Amount of contribution (\$) 18 Employer (See Instructions) 18 Employer (See Instructions) 19 Employer (See Instructions) 10 Date 10 Date 10 Date 10 Date 10 Employer (See Instructions) 10 Date 10 Date 10 Date 10 Employer (See Instructions) 10 Date 10 Date 11 Date 12 Date 13 Filer ID (Ethics Commission Filers) 14 Amount of contribution (\$) 15 Employer (See Instructions) 10 Date 12 Date 12 Date 13 Filer ID (Ethics Commission Filers) 14 Amount of contribution (\$) 15 Employer (See Instructions) 16 Date 16 Date 17 Date 18 Principal occupation / Job title (See Instructions) 17 Amount of contribution (\$) 18 Date 18 Principal occupation / Job title (See Instructions) 18 Employer (See Instructions) 19 Employer (See Instructions) 20 Date 20 Date 20 Date 20 Full name of contributor out-of-state PAC (ID# Amount of contribution (\$) 20 Date 20 Date 20 Date 20 Full name of contributor out-of-state PAC (ID# Amount of contribution (\$) 20 Date 21 Date 22 Date 23 Date 24 Date 25 Date 26 Date 27 Date 28 Date 28 Date 28 Date 28 Date 28 Date 28				7/ s _ n	
Brandon "B.J." Fletcher A Date 2/22/2020 S Full name of contributor Rod Cory S State; Zip Code S Suppose	Brandon "B.J." Fletcher Date Date Part Par	Th	e Instruction Guide explains how	to complete this	s form.	1 Total pages Schedule A1:
Rod Cory 6 Contributor address; City; State; Zip Code 1425 W. Texas Ave. Waskom Texas 75692 8 Principal occupation / Job title (See Instructions) Pull name of contributor out-of-state PAC (ID#:	Rod Cory 6 Contributor address; City; State; Zip Code 1425 W. Texas Ave. Waskom Texas 75692 8 Principal occupation / Job title (See Instructions) Pull name of contributor out-of-state PAC (ID#					3 Filer ID (Ethics Commission Filers)
Principal occupation / Job title (See Instructions) Pull name of contributor Out-of-state PAC (ID#	Principal occupation / Job title (See Instructions) Pull name of contributor		Rod Cory 6 Contributor address;	City;	State; Zip Code	Service Control of the American
Date 102/22/2020 Full name of contributor	Date 102/22/2020 Full name of contributor		1425 W. Texas Ave.	Waskom	Texas 75692	
\$100.00 State Zip Code Zip Cod	State: Zip Code State: Zip Code State: Zip	8 Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruct	ions)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	Principal occupation / Job title (See Instructions) Employer (See Instructions)	Date 02/22/2020	VICTOR DAVIS			
Principal occupation / Job title (See Instructions) Date O2/22/2020	Principal occupation / Job title (See Instructions) Date O2/22/2020				10-10 No. 10-10	
Greg Eddins Contributor address; City; State; Zip Code 4506 Sherman Dr. Marshall Texas 75672 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Brad Faucett Contributor address; City; State; Zip Code 2950 FM 1793 Marshall Texas 75672 Amount of contribution (\$) \$225.00	Greg Eddins Contributor address; City; State; Zip Code 4506 Sherman Dr. Marshall Texas 75672 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Brad Faucett Contributor address; City; State; Zip Code 2950 FM 1793 Marshall Texas 75672 Amount of contribution (\$) \$225.00	Principal occ			Employer (See Instruct	ions)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Brad Faucett Contributor address; City; State; Zip Code 2950 FM 1793 Marshall Texas 75672 Amount of contribution (\$) \$225.00	Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Brad Faucett Contributor address; City; State; Zip Code 2950 FM 1793 Marshall Texas 75672 Amount of contribution (\$) \$225.00			out-of-state PA	.C (ID#:)	
Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor	Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor		Contributor address;	City;	State; Zip Code	
Date 02/22/2020 Full name of contributor	Date 02/22/2020 Full name of contributor		4506 Sherman Dr.	Marshall	Texas 75672	
Brad Faucett \$225.00 Contributor address; City; State; Zip Code 2950 FM 1793 Marshall Texas 75672	Brad Faucett \$225.00 Contributor address; City; State; Zip Code 2950 FM 1793 Marshall Texas 75672	Principal occ	cupation / Job title (See Instructions)		Employer (See Instruct	tions)
2950 FM 1793 Marshall Texas 75672	2950 FM 1793 Marshall Texas 75672		Brad Faucett			
		Principal occ		Maronan		tions)

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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. 1 Total pages Schedule A1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Brandon "B.J." Fletcher 4 Date 5 Full name of contributor out-of-state PAC (ID#:_ 7 Amount of contribution (\$) 02/22/2020 Keith Fletcher \$50.00 6 Contributor address; City; State; Zip Code 209 S. Fulton St. Marshall Texas 75670 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:____ Amount of contribution (\$) 02/22/2020 KYNLEE FLETCHER Contributor address; \$25.00 State; Zip Code 929 Harris Rd. Marshall Texas 75672 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor ut-of-state PAC (ID#:__ Amount of contribution (\$) 02/22/2020 Mack Fuller \$175.00 Contributor address; State; Zip Code City; 200 W. Houston St. Marshall Texas 75670 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) 02/22/2020 William Hatfield \$75.00 Contributor address; City; State; Zip Code 803 Alpine Marshall Texas 75672 Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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) Brandon "B.J." Fletcher 5 Full name of contributor 4 Date 7 Amount of contribution (\$) out-of-state PAC (ID#:__ 02/22/2020 \$400.00 Brian Hilliard 6 Contributor address; City; State; Zip Code 871 FM 1186 Marshall Texas 75672 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) 02/22/2020 STACEY KNOX \$200.00 Contributor address; City; State; Zip Code 203 E. Travis St. Marshall 75672 Texas Principal occupation / Job title (See Instructions) Employer (See Instructions) Date 02/22/2020 Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) \$100.00 Jim Lindley Contributor address; City; State; Zip Code 495 Briarwood Terrace Texas 75672 Marshall Principal occupation / Job title (See Instructions) Employer (See Instructions) Date 02/22/2020 Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:_ \$100.00 T.C. Livingston Contributor address; State; Zip Code City; 200 W. Houston St. Marshall Texas 75672 Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

				1 Total pages Schedule A1:
Th	ne Instruction Guide explains how	to complete thi	s form.	I Total pages Schedule AT.
2 FILER NAM Brand	[∈] don "B.J." Fletcher			3 Filer ID (Ethics Commission Filers)
4 Date 02/22/2020	5 Full name of contributor Tom McCool 6 Contributor address; Cooks Rd.		State; Zip Code Texas 75670	7 Amount of contribution (\$) \$250.00
8 Principal oc	cupation / Job title (See Instructions)		9 Employer (See Instruct	ions)
Date 02/22/2020	Full name of contributor HARRY MGGEE Contributor address; 3705 Barry Dr.	_	State; Zip Code Texas 75672	Amount of contribution (\$) \$100.00
Principal occ	cupation / Job title (See Instructions)		Employer (See Instruct	ions)
Date 02/22/2020	Full name of contributor Early McWhorter Contributor address; 906 Bergstrom	out-of-state Processing of the City;	State; Zip Code Texas 75672	Amount of contribution (\$) \$300.00
Principal occ	cupation / Job title (See Instructions)		Employer (See Instruct	tions)
Date 02/22/2020	Full name of contributor Matt Moore Contributor address; 130 Lisa Lane		AC (ID#:) State; Zip Code Texas 75672	Amount of contribution (\$) \$400.00
Principal oc	cupation / Job title (See Instructions)		Employer (See Instruc	tions)

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SCHEDULE A1

The	Instruction Guide explains how	to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME Brando	on "B.J." Fletcher			3 Filer ID (Ethics Commission Filers)
4 Date 02/22/2020	 5 Full name of contributor Michael Nash 6 Contributor address; 5393 Harris Lake Rd. 	out-of-state PAGE	State; Zip Code Texas 75672	7 Amount of contribution (\$) \$200.00
8 Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date 02/22/2020	Full name of contributor SCOT NEWTON Contributor address; 2591 Macedonia Rd.	out-of-state PA	State; Zip Code Texas 75672	Amount of contribution (\$) \$400.00
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date 02/22/2020	Full name of contributor Chris Paddie Contributor address; 2323 Jefferson Ave.	City;	C (ID#:) State; Zip Code Texas 75670	Amount of contribution (\$) \$100.00
Principal occu	pation / Job title (See Instructions)	-	Employer (See Instruc	tions)
Date 02/22/2020	Full name of contributor Robert Parkison Contributor address; 290 Underwood Rd.	out-of-state PA City; Marshall	C (ID#:) State; Zip Code Texas 75672	Amount of contribution (\$) \$150.00
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	tions)

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SCHEDULE A1

TI	ne Instruction Guide explains how to complete this for	m. 1	Total pages Schedule A1:
FILER NAM	don "B.J." Fletcher	3	Filer ID (Ethics Commission Filers)
Date 2/22/2020	5 Full name of contributor out-of-state PAC (ID#: RALO PILKINGTON 6 Contributor address; City; S 145 Pine Island Rd. Karnack Tex	tate; Zip Code	Amount of contribution (\$) \$400.00
Principal oc	cupation / Job title (See Instructions) 9	Employer (See Instructions)
Date 2/22/2020	Full name of contributor	tate; Zip Code	Amount of contribution (\$) \$400.00
Principal occ	cupation / Job title (See Instructions)	Employer (See Instructions)
Date 2/22/2020	Adam Shaw Contributor address; City; S	tate; Zip Code	Amount of contribution (\$) \$100.00
Principal oc	3304 Victory Dr. Marshall Te	Employer (See Instructions	÷)
Date 02/22/2020	Shane Swilley	State; Zip Code Texas 75672	Amount of contribution (\$) \$200.00
Principal oc	cupation / Job title (See Instructions)	Employer (See Instructions	3)

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Revised 9/26/2019

SCHEDULE A1

Th	e Instruction Guide explains how to complete this for	m.	1 Total pages Schedule A1:
FILER NAMI	elon "B.J." Fletcher		3 Filer ID (Ethics Commission Filers)
4 Date)2/22/2020 8 Principal occ	5 Full name of contributor out-of-state PAC (ID#: Stacey Swilley 6 Contributor address; City; S 7247 Strickland Springs Rd. Marshall	itate; Zip Code	7 Amount of contribution (\$) \$50.00
Date 02/22/2020	Full name of contributor out-of-state PAC (ID#: ShannelSwilley Contributor address; City; S 7247 Strickland Springs Rd. Marshall	itate; Zip Code	Amount of contribution (\$) \$250.00
Principal occu	upation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 02/22/2020	Paul & Trisha Thompson	tate; Zip Code	Amount of contribution (\$) \$50.00
Principal occi	upation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 02/22/2020	Full name of contributor	tate; Zip Code	Amount of contribution (\$) \$50.00
	854 Cypress Dr. Karnack Te	exas 75661	
Principal occi	upation / Job title (See Instructions)	Employer (See Instruction	ons)

SCHEDULE A1

	and the second s		
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME Brando	on "B.J." Fletcher		3 Filer ID (Ethics Commission Filers)
4 Date 02/22/2020	Tom Whaley 6 Contributor address; City;	State; Zip Code Texas 75671	7 Amount of contribution (\$) \$200.00
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor	State; Zip Code	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date		ID#:) State; Zip Code	Amount of contribution (\$)
Principal occu	Dation / Job title (See Instructions)	Employer (See Instructi	ons)
Date		ID#:) State; Zip Code	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ons)
	ATTACH ADDITIONAL COPIES O	E TUIQ QOUEDUII E AQ NI	EDED
	If contributor is out-of-state PAC, please see Instru		

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 9/26/2019

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense **Event Expense** Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Consulting Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Brandon "B.J." Fletcher 4 Date 5 Payee name 02/24/2020 Pazzeria by Pietro's 6 Amount (\$) 7 Payee address: City; State: Zip Code \$787.00 101 W. Austin St. Marshall Texas 75670 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description Food/Beverage Expense Catering at Fundraising Event **PURPOSE** OF **EXPENDITURE** (c) 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 Payee name 02/18/2020 A-1Party Rental Amount (\$) \$496.43 Payee address; 4005 Judson Rd. City: State: Zip Code Longview Texas 75605 Category (See Categories listed at the top of this schedule) Description **Event Expense** Tables/Chairs Rental **PURPOSE** OF EXPENDITURE 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 Date Payee name 02/24/2020 Jacket Nation Scholar Fund Amount (\$) Payee address; Zip Code \$310.00 2400 FM 451 Elysian Fields Texas 75692 Category (See Categories listed at the top of this schedule) Description Advertising Expense PURCHASE AUCTION ITEMS **PURPOSE** OF **EXPENDITURE** 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 **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 Printing Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Brandon "B.J." Fletcher 4 Date 5 Payee name 03/02/2020 Smart Advertising 6 Amount (\$) \$1,943.90 7 Payee address; City; State; Zip Code 1401 S. Washington St. Marshall Texas 75670 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description Advertising Expense Ball Caps **PURPOSE** OF **EXPENDITURE** (c) 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 Payee name Pete McCarty Oil Co., Inc. Payee address; 3900 E. End Blvd., S. Amount (\$) City; State: Zip Code \$64.62 Marshall Texas 75672 Category (See Categories listed at the top of this schedule) Description Travel Expense Gasoline PURPOSE OF **EXPENDITURE** 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 Payee name Date 04/08/2020 Stock Show Auctions .com for Harrison County Farm-City Week Amount (\$) Payee address; City; State: Zip Code \$1500.00 P.O. Box 1717 Marshall Texas 75671 Category (See Categories listed at the top of this schedule) Description Advertising Expense PURCHASE AUCTION ITEMS **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/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 Candidate/Officeholder/Political Committee

Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Travel In District

Transportation Equipment & Related Expense Travel Out Of District
Other (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Brandon "B.J." Fletcher 4 Date 5 Payee name 07/08/2020 Smart Advertising 6 Amount (\$) 7 Payee address; City; State; Zip Code \$845.56 1401 S. Washington St. Marshall Texas 75670 8 (a) Category (See Categories listed at the top of this schedule) (b) Description Ball Caps Advertising Expense **PURPOSE** OF **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name 07/09/2020 The Print Shop Amount (\$) \$494.27 Payee address; 214 S. Bolivar City; State: Zip Code Marshall Texas 75605 Category (See Categories listed at the top of this schedule) Description Printing Expense Business Cards / Push Cards **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State: Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction 0	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages file	d:
3 CANDIDATE / OFFICEHOLDER NAME	MRS/MRS/MR FIRST MR. BRANDON	MI		USE ONLY
	NICKNAME LAST	SUFFIX	Date Received CI	RIVIEID
	B.J. FLETCHER		FEB 2	25 2020
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CO	CITY; STATE; ZIP CODE	1	N COUNTY NS OFFICE
Change of Address			&Dusk.	ey, REO
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (903) 930 - 8490	EXTENSION	Date Hand-delivered o	or Date Postmarked
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST	мі <i>V</i> .	Receipt #	Amount \$
NAME	MR. DWIGHT		Date Processed	
	Mays	JR.	Date Imaged	
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SU	UITE #; CITY;	STATE;	ZIP CODE
TREASURER ADDRESS	287 HIDDEN LAKE RD.	MARSHALL	TEXOS	75672
(Residence or Business)				
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (903) 578-1800	EXTENSION		
9 REPORT TYPE	January 15 30th day before ele		15th day after treasurer appo (Officeholder (ointment
	July 15 Sth day before elec	ction Exceeded \$500 limit	Final Report (/	Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 0 / 24 / 2020	THROUGH 62 /	Day Year / 22 / 203	20
11 ELECTION	ELECTION DATE	ELECTION TYPE		
	Month Day Year ✓ Primary 03 / 03 / 2020 ☐ General	Runoff Other Description Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)		
		HARRISON COUN	VTY SHERII	PF
	GO ТО І	PAGE 2		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

14 0/011 NAME					
14 C/OH NAME	BRANDON	"B.J." FLETCHER	15 Fil	er ID	(Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR IN	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDIDATE OF POLITICAL EXPENDIDATE OF POLITICAL EXPENDIDATES OF POLITICAL EXPENDIDATES OF POLITICAL EXPENDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT	WITHOUT	THE C	ANDIDATE'S OR OFFICEROLDED'S
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
	SPECIFIC	COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN TREASURER NAME			
Additional Pages					
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS	PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER T S, LOANS, OR GUARANTEES OF LOANS, OR BUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED	HAN	\$	-0-
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$	600.00
EXPENDITURE TOTALS	3. TOTAL I UNLESS	POLITICAL EXPENDITURES OF \$100 OR LESS, ITEMIZED		\$	-0-
	4. TOTAL I	POLITICAL EXPENDITURES		\$	3049.34
CONTRIBUTION BALANCE	5. TOTAL P	OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS	T DAY	\$	3049.34 15,102.00
OUTSTANDING LOAN TOTALS	6. TOTAL P LAST DA	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF Y OF THE REPORTING PERIOD	THE	\$	-0-
18 AFFIDAVIT					
My Not	GHT N. MAYS, JR ary ID # 126179678 res July 13, 2023	I swear, or affirm, under penalty of true and correct and includes all intunder Title 15, Election Code. Signature of Car	formation	n requ	ired to be reported by me
A EEIY NOTA DV CTAAA	NEEN ABOVE				
AFFIX NOTARY STAME	7/SEALABOVE				
Sworn to and subscr	ibed before me, by	the said BRANDON "B.J" FLETCH	ER	. this	sthe 26th
day of Februszy		o certify which, witness my hand and seal of office		_,	
Dwglowy	Tapl	DWIGHT N. MAYS, JR.	No	TARI	1 Public
Signature of officer ac	dministering oath	Printed name of officer administering oath	Titl	le of c	officer administering oath

SUBTOTALS - C/OH

19	FILER NAME 20 Filer ID (Ethics (Commission Filers)	
	BRANDON "B.J." FLETCHER		
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 600.00	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	SCHEDULE E: LOANS	\$ _	
5.	\$ 3049.34		
6.	\$		
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

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) BRANDON "B.J." FLETCHER 4 Date 5 Full name of contributor out-of-state PAC (ID#:_ 7 Amount of contribution (\$) 02/11/2020 RICHARD ANDERSON 6 Contributor address; City; State; Zip Code \$ 300.00 P.O. Box 550 MARSHAU TX. 75671 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:____ Amount of contribution (\$) 02/14/2020 HARRY W. MCGEE Contributor address; City; State; Zip Code \$ 366.00 P.O. Box 906 MARSHAU TEXAS 75671 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:___ Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Forms provided by Texas Ethics Commission

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

Revised 9/26/2019

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politic	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:	BRANDON "B.J." FLETC	HER	3 Filer ID (Ethics Commission Filers)
4 Date 01/24/2020	5 Payee name Sury's PHOTCARAPH		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$ 214,34	5804 VICTORY DR.	MARSHAU	TEXAS 75672
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	PORTRAIN	PHOTOCRAPH
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name BRANDON "R.J." FLETCHER	Office sought	Office held
Date 01/27/2020	Payee name JACKET NATION SCHOLAR FU	IND	
Amount (\$)	Payee address;	City;	State; Zip Code
\$ 200.00	2400 FM 451 E	LYSIAN FIELDS	TEXAS 75692
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	TICKETS TO F	UNDRAISING DINNER/AUCTION
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH	BRANDON "B.J." FLETCHER	SHERIFF	_
Date	Payee name		
01/28/2020	LION'S CLUB OF MARSHALL		
Amount (\$)	Payee address;	City;	State; Zip Code
₦ 250.00	410 E. HOUSTON ST.	MARSHALL	TEXAS 75670
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	ADVERTISINA EXPENSE	1/4 PAGE A	D IN FLYER
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
expenditure to beliefit G/OH	BRANDON "B. S. FLETCHER	SHERIPF	© parents,
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEED	ED

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District
Other Contract Contr

Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 2 OF 4 BRANDON "B.J." FLETCHER 4 Date 5 Payee name 01/30/2020 THE PRINT SHOP 6 Amount (\$) 7 Payee address: City; State: Zip Code # 140.73 214 S. BOLIVER ST. TEXAS MARSHALL 75670 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** BUSINESS CARDS/ PUSH CARDS ADVERTISING EXPENSE OF **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 BRANDON "B.J." FLETCHER SHERIFF Date RUPUBLICAN PARTY OF HARRISON COUNTY 02/03/2020 Amount (\$) Payee address: City: State; Zip Code 709 E. PINECREST \$300,00 MARSHALL TEXAS 75676 Category (See Categories listed at the top of this schedule) **PURPOSE** ADVERTISING EXPENSE TICKERS TO FUNDRAISING DINNER / DELOTION **EXPENDITURE** 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 BRANDON "B.J." FLETCHER SHERIFF 02/04/2020 WOODLAWN AREA IMPROVEMENT CLUB Amount (\$) Payee address: City; State: Zip Code 東 28.00 P.O. Box 76 WOODLAWN TEMAS 75694-0076 Category (See Categories listed at the top of this schedule) Description PURPOSE ADVERTISING EXPENSE TICKETS TO FUNDRAISING BBQ EXPENDITURE 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 BRANDON "B. J" FLETCHER SHERIPF 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
Candidate/Officeholder/Political Committee

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Vanes/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politic Credit Card Payment	al Committee Legal Services Salaries/	Expense Travel Out Of District Wages/Contract Labor Other (enter a category not listed above)
	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule F1:	BRANDON "B.J." FLE	3 Filer ID (Ethics Commission Filers)
4 Date 02/05/2020	5 Payee name THE PRINT SHOP	
6 Amount (\$)	7 Payee address;	City; State; Zip Code
\$ 303.10	214 S. BOLIVAR	MARSHAU TORAS 75670
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	PRINTING EXPENSE	INVETATIONS
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name BRANDON "B.J." FLETCHES	Office sought Office held
Date 02/05/2020	Payee name KMHT RADIO	
Amount (\$)	Payee address;	City; State; Zip Code
# 200.00	JEFFERSON AVE.	MARSHAN TEXAS 75670
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	FEE FOR POLITICAL CALENDAR
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/OH	BRANDON "B. J" FLETCHER	SHERIFF
Date	Payee name	
02/12/2020	THE PRINT SHOP	
Amount (\$)	Payee address;	City; State; Zip Code
¥ 373.47	214 S. BOLIVAR ST.	MARSHALL TEXAS 75670
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	PRINTING EXPENSE	THANK YOU CARDS & REPRINTS
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/OH	BRANDON "B. J. FLETCHER	SHERIFF
	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
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME BRANDON "B.J. FLET	CHER	3 Filer ID (Ethics Commission Filers)
4 Date 02/12/2020	5 Payee name WASKON FFA		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$ 685.00	980 SCHOOL AVE.	WASKOM	TEXAS 75292
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	CONTRIBUTION /	TICKETS TO FUNDRASING INNER & AUCTION
	(c) Check if travel outside of Texas. Complete Schedule T.		n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name BRANDON "B.J." FLETCHER	Office sought	Office held
Date	Payee name		
02/13/2000	WASKOM Aa. BOOSTERS		
Amount (\$)	Payee address;	City;	State; Zip Code
\$ 100,00	980 SCHOOL AUE.	WASKOM	TEXAS 75292
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	TICKETS TO	8 FUNDROISER
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
, and to benefit dioni	BRANDON "B.J." FLETCHER	SHERIFF	
Date	Payee name		
82/19/2020	MARSHAU CHAMBER OF C	OMMERCE	
Amount (\$)	Payee address;	City;	State; Zip Code
\$ 255.00	110 S. BOLIVAR ST.	MARSHAL	L TEXAS 175670
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	TICKETS TO	BANGUET
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
The second secon	BRANDON "B.J." FLETCHER	SHORIFF	
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEED	DED

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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	MR. FIRST BRANDON	<u>м</u> .	OFFICE USE ONLY
TWINE	NICKNAME LAST	SUFFIX	Date Receive CIEICVIEID
	"B.J." FLETCHER		JAN 31 2020
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	929 HARRIS RD. MARS	HAU, TEXAS 75672	HARRISON COUNTY ELECTIONS OFFICE
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (903) 936-8490	EXTENSION	Date Hand-delivered of Date Postmarked
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MR. DWIGHT	MI N ₊	Receipt # Amount \$ Date Processed
147-MAIL	NICKNAME LAST	SUFFIX	Date Imaged
	Mays	JP.	Date illiaged
7 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE); APT / SU		STATE; ZIP CODE
ADDRESS (Residence or Business)	287 HIDDEN LAKERD.	MARSHAU	Texas 75672
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (963) 578-1860	EXTENSION	
9 REPORT TYPE	January 15 30th day before ele	ection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 8th day before elec	ction Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year O 1 / O 1 / 2020	THROUGH OI	Day Year / 23 / 2020
11 ELECTION	ELECTION DATE Month Day Year Primary	ELECTION TYPE	
	Month Day Year Primary 03 / 03 / 2020 General	Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
	NONE	SHERIFF	
	GO ТО	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

14 C/OH NAME	BRANDO	ON "B.J." FLETCHER 15	Filer ID (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.			
	COMMITTEE TYPE	COMMITTEE TYPE COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
Additional Pages				
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS	PLEDG	UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS, OR IBUTIONS MADE ELECTRONICALLY)	\$ +	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 7400.00	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$		\$ 0	
	4. TOTAL	POLITICAL EXPENDITURES	\$ 2802.54	
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA ORTING PERIOD	\$ 14,596.83	
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$ -	
18 AFFIDAVIT				
	DWIGHT N. MAYS, JR	I swear, or affirm, under penalty of perju true and correct and includes all informa under Title 15, Election Code.		
My	Notary ID # 126179678 Expires July 13, 2023	Blavelor G. F. Signature of Candida	et or Officeholder	
		Signature of Cardina	and an official of the state of	
AFFIX NOTARY STAM	P/SEALABOVE			
Sworn to and subscr	ribed before me, b	by the said BRANDON "B.5." FLETCHER	, this the31 37	
day of JANUARY	, 20 20	to certify which, witness my hand and seal of office.		
Signature of officer a	dministering oath	Printed name of officer administering oath	Notary Title of officer administering oath	

SUBTOTALS - C/OH

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
BRANDON "B.J." FLETCHER	-
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 7400.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS \$ 2802.54
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS \$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	NDS \$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	A BUSINESS OF C/OH \$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS \$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	TIONS RETURNED \$

SCHEDULE A1

The	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	BRANDON "B.J." FLETCHER	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
01/02/2020	ROBERT W. "BUSTER" FARRIS 6 Contributor address; City; State; Zip Code 4115 POPLAR ST. Marshau, Tx. 75672	\$500.00
	4115 POPLAR ST. MARSHOU, Tx. 75672	
	Upation / Job title (See Instructions) 9 Employer (See Instructions) SELF	tions)
Date	Full name of contributor	Amount of contribution (\$)
01/02/2020	ALLEN & FARRIS Contributor address; City; State; Zip Code 306. W. HOUSTON ST. MARSHAU, Tx. 75670	\$ 1000.00
_	pation / Job title (See Instructions) Employer (See Instruct BONDSMAN SELF	ions)
Date 01/03/2020	Full name of contributor out-of-state PAC (ID#:) CHARLOTTE SLONE Contributor address; City; State; Zip Code P.O. Box 1344 Marshau, Tx. 75471	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions) Employer (See Instruct	ions)
Date 01/03/2020	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ions)

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 of 3 2 FILER NAME 3 Filer ID (Ethics Commission Filers) BRANDON "B.J." FLETCHER 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of contribution (\$) OI/O6/2020 JENNIFER & KURT TRUELOVE 6 Contributor address; City; State; Zip Code P.O. Box 1409 MARSHAU, TEXAS 75671 \$ 500,00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:___ Amount of contribution (\$) 01/09/2020 MATT WRIGHT Contributor address; City; State; Zip Cod \$ 100,00 State; Zip Code MARSHAU, IX. 75672 2409 CEDARCREST Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Contributor address; City; State; Zip Code 4350 COOKS RD. MARSHAU, TEXAS 75470 01/09/2020 \$400.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:__ Amount of contribution (\$) Lows or DEBRIE Cook Contributor address; City; State; Zip Code 01/15/2020 \$ 1500,00 708 PR 871 DEBERRY, TEXAS Principal occupation / Job title (See Instructions) Employer (See Instructions)

SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	BRANDON "B.J." FLETCHER		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC KYLE FURRH 6 Contributor address; City; 2409 VALERIE MARSHALL	(ID#:) State; Zip Code	7 Amount of contribution (\$) \$\$\\$\\$\\$266.00\$
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	VELTU DA	State; Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC MAC ABNEY Contributor address; City; P.O. Box 1496 Marshau, Tex	(ID#:) State; Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
	ATTACH ADDITIONAL COPIES O	DE THIS SCHEDUL E AS N	EEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other Control of Page 2015 (1994)

Candidate/Officeholder/Politica Credit Card Payment	Legal Services Salaries/ The Instruction Guide explains how to	Wages/Contract Labor complete this form.	Other (enter a categ	ory not listed above)
1 Total pages Schedule F1:	2 FILER NAME BRANDON "B.J." FLETO		3 Filer ID (Ethic	es Commission Filers)
01/66/2620	A & B KWIK MART - HAUSVIlle	E,Tx.		
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$40.00	1494 FM 450	Hausville	TEXAS	75650
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	TRAVEL IN DISTRICT	GASOLI	WE	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date 01/04/2020	Payee name MARSHAU POLICE OFFICERS'	ASSOCIATION)	
Amount (\$)	Payee address;	City;	State;	Zip Code
#750.00	2101 E. END BLUD., N.	MARSHALL	1 EXAS	75670
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISMS EXPENSE	PRINTED AND	AUDIO AD	S AT RODEO
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
01/06/2020	NAACP			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$ 400.00	103 Young ST.	MARSHALL	TEXAS	75670
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	PROCRAM	Ads	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULEASNEE	DED	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) BRANDON "B.J." FLETCHER 2 of 3 4 Date 5 Payee name RIVER CROSSING COWBOY CHURCH 01-68-2020 6 Amount (\$) 7 Payee address; City; State; Zip Code 475 HENDERSON SCHOOL HOUSE RO. \$350.00 MORSHAU 1 EXAS 75670 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 BUCKING CHUTE SIGNS **PURPOSE** ADVERTISING EXPENSE OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date SMORT ADVERTISING 01-22-2020 Amount (\$) Payee address; City; State: Zip Code \$ 883,54 MARSHALL 1401 S. WASHINGTON 75670 Category (See Categories listed at the top of this schedule) ADS ON SHIRTS, CAPS AND SIRUS PURPOSE PRINTING EXPENSE **EXPENDITURE** 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 expenditure to benefit C/OH Payee name HARRISON EXTENSION EDUCATION ASSOCIATION 01-22-2020 Amount (\$) Payee address; City; State; Zip Code \$ 80.00 MARSHOU 102 W. HOUSTON ST. TEXIAS 75670 Category (See Categories listed at the top of this schedule) Description CORNBREAD & BEAN SUPPER FUNDROISER **PURPOSE** CONTRIBUTION/DONATION BY C/OH 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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries \(\) The Instruction Guide explains how to	Wages/Contract Labor	Other (enter a catego	
1 Total pages Schedule F1:			3 Filer ID (Ethics	Commission Filers)
4 Date 01/19/2020	5 Payee name Quick TRACK #/00			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
# 49.00	5925 E. END BLUD., S.	MARSHALL	TEXAS	75672
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	TRAVEL IN DISTRICT	GASOLIA	JĒ	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
01/23/2020	MARSHALL PRAYER FORCE	E		
Amount (\$)	Payee address;	City;	State;	Zip Code
\$ 250.00	2660 E. END BLUD., S.	MARSHALL	TEXAS	75672
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	CONTRIBUTIONS/DONATIONS BY COH	EVENT SPO	onsorship	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	2	Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Salegory (600 Salegories listed at the top of this solledule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

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) BRANDON NICKNAME LAST FLETCHER	SUFFIX 30	103 Mee.
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / SUITE #; (929 HARRIS RD. MAAS H. AREA CODE PHONE NUMBER	CITY; STATE; ZIP CODE ALL IEXAS 75672	OZOZ SI NYI ZINTEDERI KD WKY, REC
6 CAMPAIGN TREASURER NAME	(903) 930-8490 MS/MRS/MP FIRST DWICHT NICKNAME LAST MAYS	N, SUFFIX	Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SL 287 HIDDEN LAKE RD.		STATE; ZIP CODE TEXAS 757.72
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (903) 578-1800	EXTENSION	
9 REPORT TYPE	July 15 8th day before elect		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 12 / 04 / 2019	THROUGH 12 /	Day Year 31 / 2019
11 ELECTION	ELECTION DATE Month Day Year ☑ Primary 03 / 03 / 2020 ☐ General	Runoff Other Description Special	
12 OFFICE	OFFICE HELD (If any) NONE	13 OFFICE SOUGHT (if known) SHERIF	DF .
	GO ТО F	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	BRANDON	"B.J." FLETCHER	15 Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR SUPPORT THE CAN	NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENI DIDATE / OFFICEHOLDER, THESE EXPENDITURES MAY HAVE BEEN MADE I DINSENT, CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT TO	AUTHOUR THE CONTRACT !
11 2 1 1	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
	SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	1. TOTAL	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER TH	IAN
7017120	CONTRI	ES, LOANS, OR GUARANTEES OF LOANS, OR BUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED	\$
	2. TOTAL (OTHER	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 18,700.00
EXPENDITURE TOTALS	3. TOTAL I UNLESS	POLITICAL EXPENDITURES OF \$100 OR LESS, ITEMIZED	\$ -6
	4. TOTAL I	POLITICAL EXPENDITURES	\$ 5478.45
CONTRIBUTION BALANCE	5. TOTAL P	OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DRTING PERIOD	DAY \$ 13021.55
OUTSTANDING LOAN TOTALS	6. TOTAL P	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T Y OF THE REPORTING PERIOD	THE \$ -
18 AFFIDAVIT			
	N/5	I swear, or affirm, under penalty of pr true and correct and includes all info under Title 15, Election Code.	erjury, that the accompanying report is rmation required to be reported by me
My Not	GHT N. MAYS, JR ary ID # 126179678 res July 13, 2023	Blandon G. Signature of Cand	Helicher lidate or Officeholder
AFFIX NOTARY STAMP	/SEALABOVE	201 3410	
Sworn to and subscri	bed before me. by	the said BRANDON "B.J." FLETCHER	thin the
day of JANUARY		certify which, witness my hand and seal of office.	, this the
Dwgeedrag	in C	DWIGHT N. MAUS JR	NOTARY
Signature of officer ad	ministering 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	
	BRANDON "B.J." FLETCHER	ommission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	7 SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS	\$ 18,700.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 4
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	SCHEDULE E: LOANS	\$ 0
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$5478.45
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ -0-
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 4
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ -0-
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ -0
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ ~

SCHEDULE A1

The	e Instruction Guide explains how to complete th	is form.	1 Total pages Schedule A1:
2 FILER NAME	BRANDON "B.J." FLETCHER	L.	3 Filer ID (Ethics Commission Filers)
4 Date		AC (ID#:)	7 Amount of contribution (\$)
12-06-2019	DWIGHT AND DEL MAYS. 6 Contributor address; City;	State; Zip Code	\$ 500.00
	P.O.Box 1991 MARSHAU	TEXA 75772	
8 Principal occu SHERIFFS DE	PUTY / COURT COORDINATOR	9 Employer (See Instruct Horrison Court	ions) TY, TX / HARRISON COUNTY, TH
Date	Full name of contributor	AC (ID#:)	Amount of contribution (\$)
12-06-2019		State; Zip Code	# 1000.00
	6490 FM 2625 W. MARGHAU	TEXAS 75772	
	pation / Job title (See Instructions)	Employer (See Instructi	ons)
MASTER	ELECTRICIAN	SELF	
Date		C (ID#:)	Amount of contribution (\$)
12-06-2019	Tom WYNN Contributor address; City;	State; Zip Code	\$ 500.00
	436 HARRINGTON RD. MARSHAU	TEXAS 75470	
	RETILED	Employer (See Instruction	ons)
	. 1100	~//	
Date		C (ID#:)	Amount of contribution (\$)
2-09-2019	DOROTHY NEWTON Contributor address; City;	State; Zip Code	\$ 500.60
	103 ASHWOOD TERRACE MARSHAU	TEX.K 75672	
Principal occupa	ation / Job title (See Instructions)	Employer (See Instruction	ons)
	HOUSEWIFE	SELF	

SCHEDULE A1

The Instruction Guide explains how to complete this form. 2 FILER NAME BRAYDON B.J." FLETCHER 4 Date 5 Full name of contributor out-of-state PAC (IDR J. Amount of contribution (\$) 12-CQ-36 IQ 6 Contributor address; City: State: Zip Code			
BRANDON B.J. FLETCHER 4 Date 5 Full name of contributor out-of-state PAC (ID# 7 Amount of contribution (\$) 12-07-2618 SCOTT NEWTON 6 Contributor address; City: State: Zip Code 103 Ashwood Terrace Manshall, Texas 75-172 8 Principal occupation / Job title (See Instructions) Pale Full name of contributor out-of-state PAC (ID# Amount of contribution (\$) 12-09-2019 KEITH FLETCHER Amount of contribution (\$) Principal occupation / Job title (See Instructions) Principal occupation / Job title (See Instructions) SECURITY OFFICER Amount of contribution (\$) Principal occupation / Job title (See Instructions) Principal occupation / Job title (See Instructions) Principal occupation / Job title (See Instructions) OWNER / OPERATOR Dut-of-state PAC (ID# Amount of contribution (\$) Principal occupation / Job title (See Instructions) OWNER / OPERATOR Dut-of-state PAC (ID# Amount of contribution (\$) Principal occupation / Job title (See Instructions) OWNER / OPERATOR Dut-of-state PAC (ID# Amount of contribution (\$) Principal occupation / Job title (See Instructions) OWNER / OPERATOR Dut-of-state PAC (ID# Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) # 1000.60			
Amount of contribution (\$)	2 FILER NAME	BRANDON "B.J." FLETCHER	3 Filer ID (Ethics Commission Filers)
6 Contributor address; 103 ASHWOD TERRACE MARSHALL, TEXAS 7547.2 8 Principal occupation / Job title (See Instructions) PallRoad Worker Date Full name of contributor Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) # 1500.00 # 1500.00 # 1500.00 Amount of contribution (\$) # 2000.00 # 2000.00 Principal occupation / Job title (See Instructions) Date Full name of contributor Out-of-state PAC (ID# Amount of contribution (\$) # 2000.00 Principal occupation / Job title (See Instructions) Owner / Operator Out-of-state PAC (ID# Amount of contribution (\$)	4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
Principal occupation / Job title (See Instructions) RAILROAD WORKER Date Full name of contributor Contributor address; City: State; Zip Code 207 S. Fulton MARSHAU TEXES 75-70 Principal occupation / Job title (See Instructions) SECURITY OFFICER Date Full name of contributor Jout-of-state PAC (IDH: Amount of contribution (\$) # 1500.00 # 1500.00 Austin Bank Date Full name of contributor Jout-of-state PAC (IDH: Amount of contribution (\$) # 2000.00 # 2000.00 # 2000.00 # 2000.00 # 2000.00 # 2000.00 # 2000.00 # 2000.00 # 2000.00 # 2000.00 Principal occupation / Job title (See Instructions) OWNER / OPERATOR Principal occupation / Job title (See Instructions) Contributor address; City: State; Zip Code # 2000.00 #	12-09-2019	SCOTT NEWTON 6 Contributor address; City; State	#500.00 e; Zip Code
Principal occupation / Job title (See Instructions) RAILROAD WORKER Date Full name of contributor Contributor address; City: State; Zip Code 207 S. Fulton MARSHAU TEXES 75-70 Principal occupation / Job title (See Instructions) SECURITY OFFICER Date Full name of contributor Contributor address; City: State; Zip Code Aust IN BANK Date Full name of contributor Out-of-state PAC (ID#: Amount of contribution (\$) # 2000.00 Amount of contribution (\$) # 2000.00 First Mills Marshau Texas 75672 Principal occupation / Job title (See Instructions) Owner / Operator Principal occupation / Job title (See Instructions) Owner / Operator Principal occupation / Job title (See Instructions) Owner / Operator Principal occupation / Job title (See Instructions) Contributor address; City: State; Zip Code # 1000.00 Amount of contribution (\$) # 1000.00 Principal occupation / Job title (See Instructions) Employer (See Instructions)		103 ASHWOOD TERRACE MARSHALL, TE	(DE 75672
Amount of contribution (\$) 2-04-2019 KEITH FLETCHER Contributor address; City: State; Zip Code 207 S. FULTON MARSHAU TEXAS 75670 Principal occupation / Job title (See Instructions) SECURITY OFFICER Date Full name of contributor BRIAN HILLIARD Contributor address; City: State; Zip Code 871 FM I/BU MARSHAU TEXAS 75672 Principal occupation / Job title (See Instructions) OWNER / OPERATOR Date Full name of contributor Out-of-state PAC (ID#: Principal occupation / Job title (See Instructions) OWNER / OPERATOR Date Full name of contributor Out-of-state PAC (ID#: Amount of contribution (\$) # 2000.00 Amount of contribution (\$) # 2000.00 Amount of contribution (\$) Principal occupation / Job title (See Instructions) OWNER / OPERATOR Date Full name of contributor Out-of-state PAC (ID#: Amount of contribution (\$) # 1000.00 Principal occupation / Job title (See Instructions) Employer (See Instructions)	8 Principal occi RAILR	upation / Job title (See Instructions)	
Reith Fletcher \$1500.00	Date	Full name of contributor	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) SECURITY OFFICER Date Full name of contributor BRIAN HILLIARD Contributor address; City; State; Zip Code 871 FM I/84 Principal occupation / Job title (See Instructions) OWNER / OPERATOR Date Full name of contributor Out-of-state PAC (ID#	2-09-2019	Cantain to 11	# 1500.00
Principal occupation / Job title (See Instructions) SECURTY OFFICER Date Full name of contributor BRIAN HILLIARD Contributor address; City; State; Zip Code 871 FM I/84 Principal occupation / Job title (See Instructions) OWNER / OPERATOR Date Full name of contributor Out-of-state PAC (ID#:		207 S. FULTON MARSHALL TEX	85 75670
2-W-2019 BRIAN HILLIARD Contributor address; City; State; Zip Code 871 FM 1/8U MARSHAU TEXAS 75672 Principal occupation / Job title (See Instructions) OWNER / OPERATOR Date Full name of contributor BLAKE CAMMACK Contributor address; City; State; Zip Code 4019 JUDSON RD. LONGNIEW TEXAS 756 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) # 1000.00			
2-10-2019 BRINN HILLIARD Contributor address; City; State; Zip Code \$71 FM 1/86 Marshau Texas 75672 Principal occupation / Job title (See Instructions) OWNER / OPERATOR Date Full name of contributor	Date	Full name of contributor) Amount of contillution (a)
Principal occupation / Job title (See Instructions) OWNER / OPERATOR Date Full name of contributor Out-of-state PAC (ID#:	2-10-2019	BRIAN HILLIARD Contributor address; City; State	# 2000.00
Date Full name of contributor Out-of-state PAC (ID#:	Principal occur	" 1077	
2-11-2019 BLAKE CAMMACK Contributor address; City; State; Zip Code 4 1000.60 Principal occupation / Job title (See Instructions) Amount of contribution (\$) 4 1000.60	- Timoipai occup		
Contributor address; City; State; Zip Code 4 619 Judson RD. Longue Texas 756 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Date	Full name of contributor	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	2-11-2019		# 1000,00
		4619 JUDSON RD. LONGVIEW TEXAS	754
TO TOUR TOUR	Principal occup	OWNER / OPERATOR	ployer (See Instructions)

SCHEDULE A1

	he Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAM	BRANDON "B.J." FLETCHER	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
12-11-2019	RICHARD GAUDEN 6 Contributor address; City; State; Zip Code	#500.00
	2401 Rosborough Springs Marshau, Tx. 75672	
8 Principal occ	cupation / Job title (See Instructions) 9 Employer (See Instructions) OWNER / OPERATOR	tions)
Date	Full name of contributor	Amount of contribution (\$)
12-11-2019	REX PARKISON Contributor address; City; State; Zip Code	41000.00
	290 UNDERWOOD RO. MANSHAU, TEXAS 75672	
Principal occu	upation / Job title (See Instructions) Employer (See Instructions)	ions)
Date	Full name of contributor	Amount of contribution (\$)
12-13-2019	Contributor address; City; State; Zip Code	\$ 500.00
	156 WILCOX RD. HOUSVILLE TEXAS 75650	
Principal occu	upation / Job title (See Instructions) Employer (See Instructions)	ons)
Date 2-13-2019	Full name of contributor out-of-state PAC (ID#:) TEXAS TRUCK OUTFITTERS	Amount of contribution (\$)
K	Contributor address; City; State; Zip Code E.END BLVD., S. MARSHAU Tx. 75670	\$ 1000.00
	pation / Job title (See Instructions) Employer (See Instructions) K Equipment & Supplies Same	ons)

SCHEDULE A1

	e Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAMI	BRANDON "B.J." FLETCHER		3 Filer ID (Ethics Commission Filers
4 Date	5 Full name of contributor out-of-state PAG	C (ID#:)	7 Amount of contribution (\$)
2-18-2019	VIRCINIA HARRIS 6 Contributor address; City;	State; Zip Code	# 160.00
	1021 TERRAPIN NECK RD. MARSHAU	L TEXAS 75172	
	RETIRED NURSE	9 Employer (See Instruction	ons)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
2-18-2019	DONALD NUTT Contributor address; City;	State; Zip Code	\$ 100.00
	3100 E. END BLVD., S. MARSHOW	TEXAS 75672	
	pation / Job title (See Instructions) CAR DEALER	Employer (See Instruction	ons)
Date		(ID#:)	Amount of contribution (\$)
1-18-2019	Contributor address; City:		#2000.00
	Oity,	State; Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
1-30-2019	VERNON B. LEWIS Contributor address; City;	State; Zip Code	\$ 1000.00
	292 BOLDWIN RD. KARNACIE -	TEMAS 75641	
	pation / Job title (See Instructions) ETIPO GENERAL	Employer (See Instructio	

SCHEDULE A1

6 Contributor address; City; State; 4304 JOHN REGAN ST. MARSHAU TEXAS Principal occupation / Job title (See Instructions) Parincipal occupation / Job title (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor Contributor address; City; State; Principal occupation / Job title (See Instructions) Employed BRADLEY FAUCET Contributor address; City; State; Principal occupation / Job title (See Instructions)	#260.00 Zip Code
2-30-2019 MIKE BRADBURY 6 Contributor address; City; State; 4304 JOHN RELANST. MARSHAU TEXAS Principal occupation / Job title (See Instructions) Date Full name of contributor CHRIS SLOAKUM Contributor address; City; State; RO. Box 374 MARSHAU TEXAS Principal occupation / Job title (See Instructions) Employed Date Full name of contributor Chris SLOAKUM Contributor address; City; State; RO. Box 374 MARSHAU TEXAS Principal occupation / Job title (See Instructions) Emplo Date Full name of contributor BRADLEY FAUCET Contributor address: City; State; Pro. Box 459 Scottsville Texas Principal occupation / Job title (See Instructions) Emplo	#260.00 75772
G Contributor address; City; State; H304 John REGAN St. Marshau Texas Principal occupation / Job title (See Instructions) 9 Employed Principal occupation / Job title (See Instructions) 9 Employed Principal occupation / Job title (See Instructions) Employed Principal occupation / Job title (See Instructions) Employed Principal occupation / Job title (See Instructions) Principal occupation / Job	#200.00 75772
Principal occupation / Job title (See Instructions) RANCHER Date Full name of contributor CHRIS SLOAKUM Contributor address; RO, Box 374 MARSHAU TEXAS Principal occupation / Job title (See Instructions) Employed Date Full name of contributor BRADLEY FAUCET Contributor address; City; State; Contributor address; City; State; Contributor address; City; State; Plo, Box 459 Principal occupation / Job title (See Instructions) Employed Principal occupation / Job title (See Instructions) Employed	
Date Full name of contributor CHRIS SLOAKUM Contributor address; City; State; RO, Box 374 MARSHAU TEXAS Principal occupation / Job title (See Instructions) Employ BRADLEY FAUCET Contributor address; City; State; City: State PAC (ID#:	
Contributor address; City; State; Principal occupation / Job title (See Instructions) Employed Contributor address; City; State; Principal occupation / Job title (See Instructions) Employed BRADLEY FAUCET Contributor address; City; State; Pro Box 459 Scottsville Texas Principal occupation / Job title (See Instructions) Employed Employed Principal occupation / Job title (See Instructions) Employed	rer (See Instructions) SELF
Contributor address; City; State; RO, Bex 374 MARSHAU TEXAS Principal occupation / Job title (See Instructions) Employed Date Full name of contributor out-of-state PAC (ID#: BRADLEY FAUCET Contributor address; City; State; Ro, Box 459 Scottsville Texas 7 Principal occupation / Job title (See Instructions) Employed	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employed Date Full name of contributor BRADLEY FAUCET Contributor address; City; State; P.O. Box. 459 Principal occupation / Job title (See Instructions) Employed Employed Date	#200,60
Date Full name of contributor BRADLEY FAUCET Contributor address; City; State; Principal occupation / Job title (See Instructions) Emplo	5671
BRADLEY FAUCET Contributor address; City; State; P.O. Box. 459 Scottsville Tex. 57 Principal occupation / Job title (See Instructions) Emplo	er (See Instructions)
Contributor address; City; State; P.O. Box. 459 Principal occupation / Job title (See Instructions) Emplo	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Emplo	# 660.00 ip Code
Date Full name of contributor out-of-state PAC (ID#:	er (See Instructions)
	Amount of contribution (\$)
2-30-2019 AMY FAUCET Contributor address; City; State;	
2291 FM 1793 MARSHAU TEXAS 7	Code # 100.00
Principal occupation / Job title (See Instructions) Employ	772 # 100.00

SCHEDULE A1

- 11	o Instruction O 11		
2 FILER NAM	e Instruction Guide explains how to complete thi	is form.	1 Total pages Schedule A1:
	BRANDON "B.J." FLETCHER		3 Filer ID (Ethics Commission Filers
4 Date	WADE EMORY	.C (ID#:)	7 Amount of contribution (\$)
12-30-2019	6 Contributor address; City;	State; Zip Code	# 1000.00
		Texas 7527	
B Principal occ	upation / Job title (See Instructions) Owner	9 Employer (See Instruct	ions)
Date		C (ID#:)	Amount of contribution (\$)
2-36-2019	Contributor address; City;	State; Zip Code	\$ 200.00
	pation / Job title (See Instructions) MINICTRATIVE LIEUTENANT	Employer (See Instruction HARRISON County	
Date	Full name of contributor		Amount of contribution (\$)
2-36-2019	RAYFORDS TRUCK & TRACTOR Contributor address; City;	State; Zip Code	\$1600.00
	2668 E. END BLUD., N. MARSHAN	Texas 75272	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
	Full name of contributor	(ID#:)	Amount of contribution (\$)
Date			
Date 1-31-2019	Contributor address; City;	State; Zip Code	# 200.00

SCHEDULE A1

FILER NAME		1 Total pages Schedule A1: 7 oF 7 3 Filer ID (Ethics Commission Filers	
D	BRANDON "B.J." FLETCHER		
2-31-2019	5 Full name of contributor ut-of-state PAC (ID#:) BETTY EmoRy		7 Amount of contribution (\$)
	6 Contributor address; City; 7564 Hwy 80 E. Marshau		# 1300,00
	ation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occupat	tion / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occupat	ion / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occupat	ion / Job title (See Instructions)	Employer (See Instruction	ons)

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel Out Of District

Printing Expense
Salaries/Wages/Contract Labor Legal Services Credit Card Payment Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME BRANDON "B.J." FLETCHER 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 12-10-2019 AUSTIN BANK 6 Amount (\$) 7 Payee address: City; State: Zip Code \$44.00 3400 W. MARSHALL LONGVIEW TEXAS 75604 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** ACCOUNTING/ BANKING CHECKS/DEPOSIT SLIPS ORDER **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 expenditure to benefit C/OH Office held Date Payee name DESIGNER GRAPHICS 12-11-2019 Amount (\$) Payee address; City; State: Zip Code \$4884.45 12404 Hwy 155 S. TYLER TEXAS 75703 Category (See Categories listed at the top of this schedule) Description **PURPOSE** CAMPAIGN SIGNS ADVERTISING EXPENSE OF EXPENDITURE 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 Date REPUBLICAN PARTY OF HARRISON COUNTY, TEXAS 12-12-2019 Amount (\$) Payee address; City; State; Zip Code \$ 750.66 E. PINECREST MORSHALL TEXAS 75670 Category (See Categories listed at the top of this schedule) Description **PURPOSE** FEES CANDIDATE FILING FEE OF EXPENDITURE 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