



# 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 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.

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

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS 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	\$

18 AFFIDAVIT

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

*Brandon J. Fletcher*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said **Brandon "B.J." Fletcher**, this the **15th** day of **January**, 20**21**, to certify which, witness my hand and seal of office.

*Dwight N. Mays, Jr.*  
Signature of officer administering oath

**DWIGHT N. MAYS, JR.**  
Printed name of officer administering oath

**TEXAS NOTARY PUBLIC**  
Title of officer administering oath

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME Brandon "B.J." Fletcher		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2100.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 6718.04
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

1

2 FILER NAME

Brandon "B.J." Fletcher

3 Filer ID (Ethics Commission Filers)

4 Date  
10/12/2020

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Leslie & Steve Chambers

7 Amount of contribution (\$)   
 \$1000.00

6 Contributor address; City; State; Zip Code

980 Ragon Rd. Harleton Texas 75651

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

N/A

Date  
10/30/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Stan & Gola Spence

Amount of contribution (\$)   
 \$100.00

Contributor address; City; State; Zip Code

2016 Elysian Fields Ave. Marshall Texas 75672

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date  
10/21/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Jennifer Roth

Amount of contribution (\$)   
 \$500.00

Contributor address; City; State; Zip Code

201 W. Houston St. Marshall Texas 75670

Principal occupation / Job title (See Instructions)

Nurse Practioner

Employer (See Instructions)

Self

Date  
10/30/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Hugh P. Taylor

Amount of contribution (\$)   
 \$500.00

Contributor address; City; State; Zip Code

P.O. Box 1116 Marshall Texas 75671

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE 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	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 1 OF 4	<b>2</b> FILER NAME Brandon "B.J." Fletcher	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 10/07/2020	<b>5</b> Payee name Joe Castillo	
<b>6</b> Amount (\$) \$100.00	<b>7</b> Payee address; City; State; Zip Code 715 Ferguson Rd. Harleton Texas 75651	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description Mow grass around campaign signs
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/07/2020	Payee name United States Postal Service	
Amount (\$) \$13.00	Payee address; City; State; Zip Code 1234 E. Travis St. Marshall Texas 75671	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Other (Postage)	Description Stamps
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/12/2020	Payee name Republican Women of Harrison County	
Amount (\$) \$500.00	Payee address; City; State; Zip Code P.O. Box 2028 Marshall Texas 75671	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Cotribution/Donation by Candidate	Description GIFT
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## 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	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: <b>2 of 4</b>		2 FILER NAME <b>Brandon "B.J." Fletcher</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>10/16/2020</b>		5 Payee name <b>Chevron</b>			
6 Amount (\$) <b>\$39.21</b>		7 Payee address; City; State; Zip Code <b>5 E. End Blvd. S. Marshall Texas 75652</b>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Other (Fuel)</b>		(b) Description <b>Gasoline</b>		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>10/28/2020</b>		Payee name <b>Trinity Day School</b>			
Amount (\$) <b>\$34.00</b>		Payee address; City; State; Zip Code <b>2905 Middle Rosborough Springs Rd. Marshall Texas 75672</b>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>		Description <b>Fund Raiser</b>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>11/05/2020</b>		Payee name <b>Grab &amp; Go Exxon</b>			
Amount (\$) <b>\$43.60</b>		Payee address; City; State; Zip Code <b>710 TX Loop 390 Marshall Texas 75670</b>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Other (Fuel)</b>		Description <b>GASOLINE</b>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## 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	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.

<b>1</b> Total pages Schedule F1: 3 of 4	<b>2</b> FILER NAME Brandon "B.J." Fletcher	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 11/05/2020	<b>5</b> Payee name Cypress Junior Women's League	
<b>6</b> Amount (\$) \$125.00	<b>7</b> Payee address; City; State; Zip Code 504 Shirley St. Marshall Texas 75670	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Fundraiser Bundt Cakes
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11/05/2020	Payee name Pietro's	
Amount (\$) \$1525.24	Payee address; City; State; Zip Code 101 W. Austin St. Marshall Texas 75670	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Election Night Watch Party
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11/08/2020	Payee name Pool's Chevron	
Amount (\$) \$38.44	Payee address; City; State; Zip Code 302 E. Main St. Hallsville Texas 75650	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Other (Fuel)	Description GASOLINE
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# 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	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.

<b>1</b> Total pages Schedule F1: <i>4 of 4</i>	<b>2</b> FILER NAME Brandon "B.J." Fletcher	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 11/08/2020	<b>5</b> Payee name Tractor Supply	
<b>6</b> Amount (\$) \$99.55	<b>7</b> Payee address; City; State; Zip Code 504 Shirley St. Marshall Texas 75670	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	<b>(b)</b> Description Bulldog 5000# Trailer Jack
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <i>11/13/2020</i>	Payee name Tom McCool Retirement Gala	
Amount (\$) \$1000.00	Payee address; City; State; Zip Code 200 W. Houston St. Marshall Texas 75670	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Gift/Awards/Memorial Expense	Description To help offset banquet expenses
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 11/27/2020	Payee name Lee Lester	
Amount (\$) \$3200.00	Payee address; City; State; Zip Code 709 E. Pinecrest Dr. Marshall Texas 75670	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Other (Campaign Equipment)	Description BBQ P.I.T./SMOKER/FISH FRY UNIT
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**



# 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: <b>8</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR                      FIRST                      MI <b>Mr.                      Brandon                      J.</b> NICKNAME                      LAST                      SUFFIX <b>"B.J."                      Fletcher</b>	<b>OFFICE USE ONLY</b> Date Received <div style="text-align: center; border: 1px solid black; padding: 5px; margin: 5px 0;"> <b>RECEIVED</b>   <b>NOV 02 2020</b>   <b>HARRISON COUNTY ELECTIONS OFFICE</b>  <i>MW</i> </div> Date Hand-delivered or Date Postmarked	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;    APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE <b>929 Harris Rd.                      Marshall                      TX                      75672</b>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE                      PHONE NUMBER                      EXTENSION <b>( 903 )                      930-8490</b>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR                      FIRST                      MI <b>Mr.                      Dwight                      N.</b> NICKNAME                      LAST                      SUFFIX <b>Mays                      Jr.</b>	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE <b>287 Hidden Lake Rd.                      Marshall                      Tx                      75672</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE                      PHONE NUMBER                      EXTENSION <b>( 903 )                      578-1800</b>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month                      Day                      Year                      Month                      Day                      Year <b>09 / 25 / 2020                      THROUGH                      10 / 24 / 2020</b>		
11 ELECTION	ELECTION DATE Month                      Day                      Year <b>11 / 03 / 2020</b>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <b>N/A</b>	13 OFFICE SOUGHT (if known) <b>Harrison County Sheriff</b>	

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# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

1

2 FILER NAME

Brandon "B.J." Fletcher

3 Filer ID (Ethics Commission Filers)

4 Date  
10/02/2020

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Johnny & Diane Brock

7 Amount of contribution (\$)   
 \$1500.00

6 Contributor address; City; State; Zip Code

5735 Lakefront Dr. Shreveport La. 71119

8 Principal occupation / Job title (See Instructions)

Rancher

9 Employer (See Instructions)

Date  
10/02/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Joel & Barbara Truelove

Amount of contribution (\$)   
 \$200.00

Contributor address; City; State; Zip Code

P.O. Box 146 Marshall Texas 75671

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Date  
10/12/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Leslie & Steve Chambers

Amount of contribution (\$)   
 \$1000.00

Contributor address; City; State; Zip Code

980 Ragon Rd. Harleton Texas 75651

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date  
10/20/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Jennifer Roth

Amount of contribution (\$)   
 \$500.00

Contributor address; City; State; Zip Code

115 N. Wellington St. Marshall Texas 75670

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE 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	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>4</b>	2 FILER NAME <b>Brandon "B.J." Fletcher</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>09/28/2020</b>	5 Payee name <b>Chevron - Marshall</b>
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6 Amount (\$) <b>\$44.06</b>	7 Payee address; <b>5925 East End Blvd., S.</b>	City; <b>Marshall</b>	State; <b>Texas</b>	Zip Code <b>75672</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Transportation Equipment &amp; Related Expense</b>	(b) Description <b>Gasoline</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>09/28/2020</b>	Payee name <b>Donut Palace</b>
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Amount (\$) <b>\$63.41</b>	Payee address; <b>500 N. Grove St.</b>	City; <b>Marshall</b>	State; <b>Texas</b>	Zip Code <b>75670</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Food/Beverage Expense</b>	Description <b>Donuts for Meet &amp; Greet</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>10/01/2020</b>	Payee name <b>USPS</b>
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Amount (\$) <b>32.50</b>	Payee address; <b>200 W. Travis St.</b>	City; <b>Marshall</b>	State; <b>Texas</b>	Zip Code <b>75670</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Other (enter a category not listed above)</b>	Description <b>POSTAGE</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**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	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Brandon "B.J." Fletcher	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 10/03/2020	<b>5</b> Payee name Hallsville Western Days
-----------------------------	--

<b>6</b> Amount (\$) \$50.00	<b>7</b> Payee address; 115 W. Main St.	City; Hallsville	State; Texas	Zip Code 75650
---------------------------------	--	---------------------	-----------------	-------------------

<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description Booth Rental
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 10/02/2020	Payee name 4-H of Harrison County
--------------------	--------------------------------------

Amount (\$) \$120.00	Payee address; 120 W. Houston St.	City; Marshall	State; Texas	Zip Code 75670
-------------------------	--------------------------------------	-------------------	-----------------	-------------------

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder	Description Sponsor golf hole
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/02/2020	Payee name Boys & Girls Club
--------------------	---------------------------------

Amount (\$) 150.00	Payee address; 1500 Charleston St.	City; Marshall	State; Texas	Zip Code 75670
-----------------------	---------------------------------------	-------------------	-----------------	-------------------

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder	Description DONATION
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**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	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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Brandon "B.J." Fletcher	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 10/07/2020	<b>5</b> Payee name Joe Castillo	
<b>6</b> Amount (\$) \$100.00	<b>7</b> Payee address; City; State; Zip Code 715 Fergeson Rd. Harleton Texas 75651	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description Trim around Signs
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/12/2020	Payee name Republican Women of Harrison County	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 120 W. Houston St. Marshall Texas 75670	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder	Description Donation
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/28/2020	Payee name Trinity Day School	
Amount (\$) 34.00	Payee address; City; State; Zip Code 2905 Middle Rosborough Srings Rd. Marshall Texas 75672	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder	Description DONATION
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## 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	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 Brandon "B.J." Fletcher	3 Filer ID (Ethics Commission Filers)
4 Date 09/28/2020	5 Payee name Wright on TA - Harleton	
6 Amount (\$) \$148.86	7 Payee address; City; State; Zip Code 715 Fergeson Rd. Harleton Texas 75651	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Drinks, Hot Dogs, Buns, etc. for Meet & Greet
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 10/07/2020	Payee name USPS	
Amount (\$) \$13.00	Payee address; City; State; Zip Code 200 W. Travis St. Marshall Texas 75671	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other (enter a category not listed above)	Description Postage
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 10/28/2020	Payee name Chevron - Marshall	
Amount (\$) \$39.21	Payee address; City; State; Zip Code 5925 East End Blvd., S. Marshall Texas 75672	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	Description GASOLINE
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

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

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR FIRST MI  
Mr. Brandon J.  
NICKNAME LAST SUFFIX  
"B.J." Fletcher

OFFICE USE ONLY

Date Received: **RECEIVED**

OCT 06 2020

HARRISON COUNTY  
ELECTIONS OFFICE

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
929 Harris Rd. Marshall TX 75672

Change of Address

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.

Receipt # Amount \$

Date Processed

Date Imaged

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
287 Hidden Lake Rd. Marshall Tx 75672

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
(903 ) 578-1800

9 REPORT TYPE

January 15  30th day before election  Runoff  15th day after campaign  
treasurer appointment  
(Officeholder Only)  
 July 15  8th day before election  Exceeded \$500 limit  Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month Day Year Month Day Year  
07 / 01 / 2020 THROUGH 10 / 05 / 2020

11 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  Primary  Runoff  Other  
Description  
11 / 03 / 2020  General  Special

12 OFFICE

OFFICE HELD (if any)  
N/A

13 OFFICE SOUGHT (if known)

Harrison County Sheriff

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

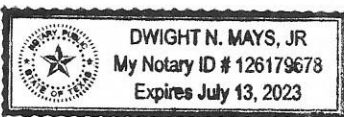
14 C/OH NAME <b>Brandon "B.J." Fletcher</b>	15 Filer ID (Ethics Commission Filers)
--	--

16 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> Additional Pages	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.	
	<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

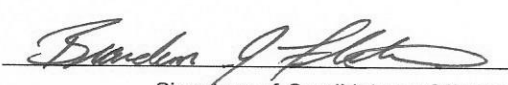
17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 10,800.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 10,254.26
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 28,468.92

18 AFFIDAVIT

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

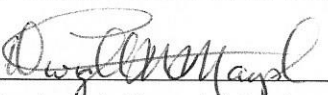


AFFIX NOTARY STAMP / SEAL ABOVE



Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Brandon "B.J." Fletcher, this the 6th day of October, 2020, to certify which, witness my hand and seal of office.



Signature of officer administering oath

DWIGHT N. MAYS, JR.

Printed name of officer administering oath

NOTARY PUBLIC

Title of officer administering oath

# SUBTOTALS - C/OH

# FORM C/OH COVER SHEET PG 3

<b>19 FILER NAME</b> Brandon "B.J." Fletcher		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		<b>SUBTOTAL AMOUNT</b>
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 10,800.00
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. <input type="checkbox"/> SCHEDULE E: LOANS		\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 10,254.26
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

5

2 FILER NAME

Brandon "B.J." Fletcher

3 Filer ID (Ethics Commission Filers)

4 Date  
07/10/2020

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

LANCE & SARAH CARLILE

7 Amount of contribution (\$)   
 \$500.00

6 Contributor address; City; State; Zip Code

P.O. Box 1686 Marshall Texas 75671

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
07/20/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

STEVE & PENNY CARLILE

Amount of contribution (\$)   
 \$500.00

Contributor address; City; State; Zip Code

1595 Garden Oaks Dr. Marshall Texas 75672

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
08/04/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Dr. David Nelson

Amount of contribution (\$)   
 \$300.00

Contributor address; City; State; Zip Code

P.O. Box 1735 Marshall Texas 75671

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
08/10/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Dorothie Craig

Amount of contribution (\$)   
 \$100.00

Contributor address; City; 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

Brandon "B.J." Fletcher

3 Filer ID (Ethics Commission Filers)

4 Date  
08/12/2020

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

JIM MCNATT

7 Amount of contribution (\$)   
\$300.00

6 Contributor address; City; State; Zip Code

2101 Victory Dr. Marshall Texas 75672

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
08/12/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Melissa S. Daniel

Amount of contribution (\$)   
\$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  
08/12/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

R. Blake Cammack

Amount of contribution (\$)   
\$1500.00

Contributor address; City; State; Zip Code

4619 Judson Rd. Longview Texas 75605

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
08/12/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Charles & Kendall Tomberlain

Amount of contribution (\$)   
\$250.00

Contributor address; City; State; Zip Code

P.O. Box 869 Longview Texas 75606

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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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 Brandon "B.J." Fletcher		3 Filer ID (Ethics Commission Filers)
4 Date 08/10/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>LARRY CRAIG</b>	7 Amount of contribution (\$) <b>\$100.00</b>
6 Contributor address; City; State; Zip Code <b>850 Harrington Rd. Marshall Texas 75672</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/10/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Ricky Harmon</b>	Amount of contribution (\$) <b>\$250.00</b>
Contributor address; City; State; Zip Code <b>1401 E. Grand Ave. Marshall Texas 75670</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/12/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Deborah &amp; Louis A. Cook</b>	Amount of contribution (\$) <b>\$1000.00</b>
Contributor address; City; State; Zip Code <b>708 PR 871 DeBerry Texas 75639</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/24/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Coke W. Solomon</b>	Amount of contribution (\$) <b>\$500.00</b>
Contributor address; City; State; Zip Code <b>103 E. Houston St. Marshall Texas 75670</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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 Brandon "B.J." Fletcher		3 Filer ID (Ethics Commission Filers)
4 Date 09/15/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>BARRY HART</b>	7 Amount of contribution (\$) <b>\$300.00</b>
6 Contributor address; City; State; Zip Code 912 John Sanders Rd. Marshall Texas 75672		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/18/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Michelle &amp; Stanley Brannon</b>	Amount of contribution (\$) <b>\$1000.00</b>
Contributor address; City; State; Zip Code P.O. Box 1668 Hallsville Texas 75672		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/21/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>David Scrivener</b>	Amount of contribution (\$) <b>\$1000.00</b>
Contributor address; City; State; Zip Code 708 PR 871 DeBerry Texas 75639		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/23/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Johnny &amp; Diane Brock</b>	Amount of contribution (\$) <b>\$1500.00</b>
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

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 10/01/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joel & Barbara Truelove	7 Amount of contribution (\$) \$200.00
6 Contributor address; City; State; Zip Code P.O. Box 146 Marshall Texas 75671		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# 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  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>13</b>	<b>2</b> FILER NAME <b>Brandon "B.J." Fletcher</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>07/08/2020</b>	<b>5</b> Payee name <b>Smart Advertising, Inc.</b>	
<b>6</b> Amount (\$) <b>\$845.56</b>	<b>7</b> Payee address; City; State; Zip Code <b>1401 S. Washington St. Marshall Texas 75670</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	<b>(b)</b> Description <b>Ball Caps with "B.J" Logo</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>07/09/2020</b>	Payee name <b>The Print Shop</b>	
Amount (\$) <b>\$494.27</b>	Payee address; City; State; Zip Code <b>214 S. Bolivar St. Marshall Texas 75670</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>	Description <b>Business Cards/Push Cards</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>07/20/2020</b>	Payee name <b>Pete McCarty Oil Co.</b>	
Amount (\$) <b>84.30</b>	Payee address; City; State; Zip Code <b>3900 E. End Blvd., S. Marshall Texas 75672</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Travel In District</b>	Description <b>GASOLINE</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**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                | 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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Brandon "B.J." Fletcher	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 07/29/2020	<b>5</b> Payee name DanWal, Inc.	
<b>6</b> Amount (\$) \$1350.15	<b>7</b> Payee address; City; State; Zip Code 12404 U.S. Hwy 59 S. Marshall Texas 75670	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description Magnetic Signs
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 08/03/2020	Payee name Tractor Supply	
Amount (\$) \$80.47	Payee address; City; State; Zip Code 2901 E. End Blvd., N. Marshall Texas 75670	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Zip Ties, Nuts & Bolts, etc.
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 08/07/2020	Payee name Tractor Supply	
Amount (\$) \$25.95	Payee address; City; State; Zip Code 2901 E. End Blvd., N. Marshall Texas 75672	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description ZIP TIES, NUTS & BOLTS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# 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  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Brandon "B.J." Fletcher	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 08/10/2020	<b>5</b> Payee name Pete McCarty Oil Co.	
<b>6</b> Amount (\$) \$49.35	<b>7</b> Payee address; City; State; Zip Code 3900 E. End Blvd., S. Marshall Texas 75672	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Transportation & Related Expense	<b>(b)</b> Description Gasoline
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 08/17/2020	Payee name Tractor Supply	
Amount (\$) \$65.14	Payee address; City; State; Zip Code 2901 E. End Blvd., N. Marshall Texas 75670	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Zip Ties, Nuts & Bolts, etc.
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 08/18/2020	Payee name DanWal, Inc.	
Amount (\$) \$592.02	Payee address; City; State; Zip Code 2901 E. End Blvd., N. Marshall Texas 75672	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description SIGNS & STAKES
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# 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	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 <b>Brandon "B.J." Fletcher</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>08/20/2020</b>	5 Payee name <b>Harleton FFA</b>	
6 Amount (\$) <b>\$42.00</b>	7 Payee address; City; State; Zip Code <b>17000 SH 154 Harleton Texas 75651</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	(b) Description <b>Fundraising Cookies</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>08/21/2020</b>	Payee name <b>Republican Women of Harrison County</b>	
Amount (\$) <b>\$230.00</b>	Payee address; City; State; Zip Code <b>411 E. Austin St. Marshall Texas 75670</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Contribution Made by Candidate Expense</b>	Description <b>For Financial Support</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>08/22/2020</b>	Payee name <b>Amazon.com</b>	
Amount (\$) <b>\$279.95</b>	Payee address; City; State; Zip Code <b>Internet</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Other Expense</b>	Description <b>12' X 16' CANOPY</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## 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	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 Brandon "B.J." Fletcher	3 Filer ID (Ethics Commission Filers)
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4 Date 08/23/2020	5 Payee name Lowe's
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6 Amount (\$) \$47.27	7 Payee address; 910 E. End Blvd., N.	City; Marshall	State; Texas	Zip Code 75672
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Other Expense	(b) Description Lumber for Sign Racks
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 08/23/2020	Payee name Sam's Club
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Amount (\$) \$230.00	Payee address; 3310 N. Fourth St.	City; Longview	State; Texas	Zip Code 75670
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Meet & Greet Snacks
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 08/24/2020	Payee name Chevron
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Amount (\$) \$40.33	Payee address; 5925 E. End Blvd., S.	City; Marshall	State; Texas	Zip Code 75672
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Transportation & Related Expense	Description GASOLINE
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## 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	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 Brandon "B.J." Fletcher	3 Filer ID (Ethics Commission Filers)
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4 Date 08/25/2020	5 Payee name Michelle Elwood
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6 Amount (\$) \$650.00	7 Payee address; 200 W. Houston	City; Marshall	State; Texas	Zip Code 75670
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description "B.J." Logo Caps for Women
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 08/26/2020	Payee name The Print Shop
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Amount (\$) \$357.00	Payee address; 214 S. Bolivar St.	City; Marshall	State; Texas	Zip Code 75670
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing Expense	Description Business Cards/Push Cards
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 08/31/2020	Payee name Circle M Country STORE
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Amount (\$) \$43.22	Payee address; 250 FM 1186	City; Marshall	State; Texas	Zip Code 75672
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Transportation & Related Expense	Description GASOLINE
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# 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	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Brandon "B.J." Fletcher	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 09/02/2020	<b>5</b> Payee name Sign & Graphical Solutions	
<b>6</b> Amount (\$) \$129.90	<b>7</b> Payee address; City; State; Zip Code 2901 E. End Blvd., N. Marshall Texas 75670	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description Bumper Stickers
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 09/08/2020	Payee name The Chamber of Commerce	
Amount (\$) \$100.00	Payee address; City; State; Zip Code 110 S. Bolivar St. Marshall Texas 75670	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Donation for Fish Fry
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 09/08/2020	Payee name Pete McCarty Oil Co.	
Amount (\$) \$19.39	Payee address; City; State; Zip Code 3900 E. End Blvd., S. Marshall Texas 75672	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Transportation & Related Expense	Description GASOLINE
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**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	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 Brandon "B.J." Fletcher	3 Filer ID (Ethics Commission Filers)
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4 Date 09/09/2020	5 Payee name Republican Women of Harrison County
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6 Amount (\$) \$120.00	7 Payee address; 411 E. Austin St.	City; Marshall	State; Texas	Zip Code 75670
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Columbus Day Dinner
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 09/11/2020	Payee name Sam's Club
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Amount (\$) \$407.94	Payee address; 3310 N. Fourth St.	City; Longview	State; Texas	Zip Code 75605
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Meet & Greet Snacks
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 09/12/2020	Payee name Whitetails Unlimited
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Amount (\$) \$850.00	Payee address; P.O. Box 720	City; Sturgeon Bay, Wisconsin	State; Wisconsin	Zip Code 54235
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description RAFFLE TICKETS, GUEST TICKETS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# 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  
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)
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4 Date 09/14/2020	5 Payee name Chevron
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6 Amount (\$) \$44.37	7 Payee address; 5925 E. End Blvd., S.	City; Marshall	State; Texas	Zip Code 75672
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	(b) Description Gasoline
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 09/18/2020	Payee name Tractor Supply
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Amount (\$) \$19.45	Payee address; 3310 N. Fourth St.	City; Marshall	State; Texas	Zip Code 75670
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Sign Parts
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 09/21/2020	Payee name Donut Supreme
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Amount (\$) \$81.00	Payee address; 190 E. Texas Ave.	City; Waskom Texas	State; Texas	Zip Code 75692
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description MEET & GREET DONUTS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Brandon "B.J." Fletcher	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 09/21/2020	<b>5</b> Payee name Sam's Club	
<b>6</b> Amount (\$) \$90.68	<b>7</b> Payee address; City; State; Zip Code 412 N. Fourth St. Longview Texas 75605	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description Meet & Greet Foods
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 09/23/2020	Payee name Lamar Media Corp.	
Amount (\$) \$485.58	Payee address; City; State; Zip Code 5321 Corporate Blvd. Baton Rouge Louisiana 70808	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing Expense	Description Billboard Signage
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 09/24/2020	Payee name Stubwire Com.	
Amount (\$) \$363.00	Payee address; City; State; Zip Code Internet	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description GIVEAWAY TICKETS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# 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  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <b>Brandon "B.J." Fletcher</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>09/28/2020</b>		5 Payee name <b>Donut Palace</b>			
6 Amount (\$) <b>\$63.41</b>		7 Payee address;		City;	State; Zip Code
		<b>500 N. Grove St.</b>		<b>Marshall</b>	<b>Texas 75670</b>
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Food/Beverage Expense</b>		(b) Description <b>Meet &amp; Greet Foods</b>		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

Date <b>09/28/2020</b>		Payee name <b>Chevron</b>			
Amount (\$) <b>\$44.06</b>		Payee address;		City;	State; Zip Code
		<b>5925 E. End Blvd., S.</b>		<b>Marshall</b>	<b>Texas 75672</b>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Transportation Equipment &amp; Related Expense</b>		Description <b>Gasoline</b>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

Date <b>09/17/2020</b>		Payee name <b>Tim Huff (Alzheimer's Association)</b>			
Amount (\$) <b>\$120.00</b>		Payee address;		City;	State; Zip Code
		<b>110 S. Bolivar St.</b>		<b>Marshall</b>	<b>Texas 75672</b>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Contributions/Donations Made By Candidate</b>		Description <b>SUPPORT FOR FUNDRAISER</b>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**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	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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Brandon "B.J." Fletcher		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 09/17/2020	<b>5</b> Payee name KMHT Radio			
<b>6</b> Amount (\$) \$1456.00	<b>7</b> Payee address; 2323 Jefferson Ave.		City; Marshall	State; Texas
			Zip Code 75670	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense		<b>(b)</b> Description Radio Ads	
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Candidate / Officeholder name		Office sought		Office held
Date 10/01/2020	Payee name USPS			
Amount (\$) \$32.50	Payee address; 202 E. Travis St.		City; Marshall	State; Texas
			Zip Code 75670	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Other Expense		Description Postage	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Candidate / Officeholder name		Office sought		Office held
Date 10/02/2020	Payee name Hallsville estern Days			
Amount (\$) \$50.00	Payee address; 115 W. Main St.		City; Hallsville	State; Texas
			Zip Code 75672	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event Expense		Description BOOTH RENTAL	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Candidate / Officeholder name		Office sought		Office held

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# 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  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Brandon "B.J." Fletcher	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 10/02/2020	<b>5</b> Payee name 4-H of Harrison County	
<b>6</b> Amount (\$) \$120.00	<b>7</b> Payee address; City; State; Zip Code 1305 E. Pinecrest Dr. Marshall Texas 75670	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description T-Shirt Fundraiser
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 10/02/2020	Payee name Boys & Girls Club	
Amount (\$) \$150.00	Payee address; City; State; Zip Code 1305 E. Pinecrest Dr. Marshall Texas 75670	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	Description Fundraising Donation
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event Expense	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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: <div style="text-align: center; font-size: 1.2em;">23</div>																		
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; font-size: 0.8em;">MS / MRS / MR</td> <td style="width:50%; font-size: 0.8em;">FIRST</td> <td style="width:25%; font-size: 0.8em;">MI</td> </tr> <tr> <td style="text-align: center;">Mr.</td> <td style="text-align: center;">Brandon</td> <td style="text-align: center;">J.</td> </tr> <tr> <td style="font-size: 0.7em;">NICKNAME</td> <td style="font-size: 0.7em;">LAST</td> <td style="font-size: 0.7em;">SUFFIX</td> </tr> <tr> <td style="text-align: center;">"B.J."</td> <td style="text-align: center;">Fletcher</td> <td></td> </tr> </table>	MS / MRS / MR	FIRST	MI	Mr.	Brandon	J.	NICKNAME	LAST	SUFFIX	"B.J."	Fletcher		<div style="text-align: center; font-weight: bold; font-size: 0.9em;">OFFICE USE ONLY</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Date Received   <div style="font-size: 1.5em; font-weight: bold; text-align: center;">RECEIVED</div> <div style="font-size: 1.2em; font-weight: bold; text-align: center; margin-top: 5px;">JUL 16 2020</div> <div style="font-size: 0.8em; text-align: center; margin-top: 5px;">HARRISON COUNTY ELECTIONS OFFICE</div> </div> <div style="font-size: 0.8em; margin-top: 5px;">Date Hand-delivered or Date Postmarked</div> <table style="width:100%; font-size: 0.8em; margin-top: 5px;"> <tr> <td style="width:50%;">Receipt #</td> <td style="width:50%;">Amount \$</td> </tr> <tr> <td colspan="2">Date Processed</td> </tr> <tr> <td colspan="2">Date Imaged</td> </tr> </table>		Receipt #	Amount \$	Date Processed		Date Imaged	
MS / MRS / MR	FIRST	MI																			
Mr.	Brandon	J.																			
NICKNAME	LAST	SUFFIX																			
"B.J."	Fletcher																				
Receipt #	Amount \$																				
Date Processed																					
Date Imaged																					
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	<table style="width:100%; font-size: 0.8em;"> <tr> <td style="width:30%;">ADDRESS / PO BOX;</td> <td style="width:20%;">APT / SUITE #;</td> <td style="width:20%;">CITY;</td> <td style="width:10%;">STATE;</td> <td style="width:10%;">ZIP CODE</td> </tr> <tr> <td>929 Harris Rd.</td> <td></td> <td>Marshall</td> <td>TX</td> <td>75672</td> </tr> </table> <input type="checkbox"/> Change of Address			ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	929 Harris Rd.		Marshall	TX	75672								
ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE																	
929 Harris Rd.		Marshall	TX	75672																	
5 CANDIDATE / OFFICEHOLDER PHONE	<table style="width:100%; font-size: 0.8em;"> <tr> <td style="width:25%;">AREA CODE</td> <td style="width:40%;">PHONE NUMBER</td> <td style="width:35%;">EXTENSION</td> </tr> <tr> <td>( 903 )</td> <td>930-8490</td> <td></td> </tr> </table>			AREA CODE	PHONE NUMBER	EXTENSION	( 903 )	930-8490													
AREA CODE	PHONE NUMBER	EXTENSION																			
( 903 )	930-8490																				
6 CAMPAIGN TREASURER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; font-size: 0.8em;">MS / MRS / MR</td> <td style="width:50%; font-size: 0.8em;">FIRST</td> <td style="width:25%; font-size: 0.8em;">MI</td> </tr> <tr> <td style="text-align: center;">Mr.</td> <td style="text-align: center;">Dwight</td> <td style="text-align: center;">N.</td> </tr> <tr> <td style="font-size: 0.7em;">NICKNAME</td> <td style="font-size: 0.7em;">LAST</td> <td style="font-size: 0.7em;">SUFFIX</td> </tr> <tr> <td></td> <td style="text-align: center;">Mays</td> <td style="text-align: center;">Jr.</td> </tr> </table>	MS / MRS / MR	FIRST	MI	Mr.	Dwight	N.	NICKNAME	LAST	SUFFIX		Mays	Jr.	<table style="width:100%; font-size: 0.8em;"> <tr> <td style="width:50%;">Receipt #</td> <td style="width:50%;">Amount \$</td> </tr> <tr> <td colspan="2">Date Processed</td> </tr> <tr> <td colspan="2">Date Imaged</td> </tr> </table>		Receipt #	Amount \$	Date Processed		Date Imaged	
MS / MRS / MR	FIRST	MI																			
Mr.	Dwight	N.																			
NICKNAME	LAST	SUFFIX																			
	Mays	Jr.																			
Receipt #	Amount \$																				
Date Processed																					
Date Imaged																					
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	<table style="width:100%; font-size: 0.8em;"> <tr> <td style="width:50%;">STREET ADDRESS (NO PO BOX PLEASE);</td> <td style="width:20%;">APT / SUITE #;</td> <td style="width:10%;">CITY;</td> <td style="width:10%;">STATE;</td> <td style="width:10%;">ZIP CODE</td> </tr> <tr> <td>287 Hidden Lake Rd.</td> <td></td> <td>Marshall</td> <td>Tx</td> <td>75672</td> </tr> </table>			STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE	287 Hidden Lake Rd.		Marshall	Tx	75672								
STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE																	
287 Hidden Lake Rd.		Marshall	Tx	75672																	
8 CAMPAIGN TREASURER PHONE	<table style="width:100%; font-size: 0.8em;"> <tr> <td style="width:25%;">AREA CODE</td> <td style="width:40%;">PHONE NUMBER</td> <td style="width:35%;">EXTENSION</td> </tr> <tr> <td>( 903 )</td> <td>578-1800</td> <td></td> </tr> </table>			AREA CODE	PHONE NUMBER	EXTENSION	( 903 )	578-1800													
AREA CODE	PHONE NUMBER	EXTENSION																			
( 903 )	578-1800																				
9 REPORT TYPE	<table style="width:100%; font-size: 0.8em;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input checked="" type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)										
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<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)																		
10 PERIOD COVERED	<table style="width:100%; font-size: 0.8em;"> <tr> <td style="width:25%;">Month</td> <td style="width:10%;">Day</td> <td style="width:15%;">Year</td> <td style="width:20%;">THROUGH</td> <td style="width:10%;">Month</td> <td style="width:10%;">Day</td> <td style="width:15%;">Year</td> </tr> <tr> <td style="text-align: center;">02</td> <td style="text-align: center;">22</td> <td style="text-align: center;">2020</td> <td></td> <td style="text-align: center;">06</td> <td style="text-align: center;">30</td> <td style="text-align: center;">2020</td> </tr> </table>			Month	Day	Year	THROUGH	Month	Day	Year	02	22	2020		06	30	2020				
Month	Day	Year	THROUGH	Month	Day	Year															
02	22	2020		06	30	2020															
11 ELECTION	<table style="width:100%; font-size: 0.8em;"> <tr> <td style="width:40%;">ELECTION DATE</td> <td style="width:60%;">ELECTION TYPE</td> </tr> <tr> <td>Month    Day    Year</td> <td> <input type="checkbox"/> Primary    <input type="checkbox"/> Runoff    <input type="checkbox"/> Other Description  <input checked="" type="checkbox"/> General    <input type="checkbox"/> Special </td> </tr> <tr> <td style="text-align: center; font-size: 1.2em;">11 / 03 / 2020</td> <td></td> </tr> </table>			ELECTION DATE	ELECTION TYPE	Month    Day    Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	11 / 03 / 2020													
ELECTION DATE	ELECTION TYPE																				
Month    Day    Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special																				
11 / 03 / 2020																					
12 OFFICE	OFFICE HELD (if any) N/A	13 OFFICE SOUGHT (if known) Harrison County Sheriff																			

GO TO 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 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.

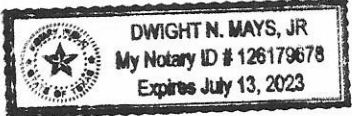
<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED	\$
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$20,810.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$ 6,441.78
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 26,850.96
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

**18 AFFIDAVIT**

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



AFFIX NOTARY STAMP / SEAL ABOVE

*Brandon J. Fletcher*

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Brandon "B.J." Fletcher, this the 15th day of July, 2020, to certify which, witness my hand and seal of office.

*Dwight N. Mays, Jr.*

Signature of officer administering oath

DWIGHT N. MAYS, JR.

Printed name of officer administering oath

NOTARY

Title of officer administering oath

# SUBTOTALS - C/OH

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

<b>19 FILER NAME</b> Brandon "B.J." Fletcher		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		<b>SUBTOTAL AMOUNT</b>
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$20,810.00
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. <input type="checkbox"/> SCHEDULE E: LOANS		\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 6,441.78
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$



# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>17</b>
2 FILER NAME <b>Brandon "B.J." Fletcher</b>		3 Filer ID (Ethics Commission Filers)
4 Date 02/22/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>RICHARD BLAIR ARNEY</b>	7 Amount of contribution (\$) <b>\$100.00</b>
6 Contributor address; City; State; Zip Code <b>P.O. Box 430 Marshall Texas 75672</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Billy Alford</b>	Amount of contribution (\$) <b>\$500.00</b>
Contributor address; City; State; Zip Code <b>906 Shelley Rd. Karnack Texas 75661</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Rick Berry</b>	Amount of contribution (\$) <b>\$500.00</b>
Contributor address; City; State; Zip Code <b>111 W. Austin Marshall Texas 75672</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Cindy Black</b>	Amount of contribution (\$) <b>\$200.00</b>
Contributor address; City; State; Zip Code <b>6100 Karnack Hwy Marshall Texas 75672</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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 <b>Brandon "B.J." Fletcher</b>		3 Filer ID (Ethics Commission Filers)
4 Date 02/22/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Bradford Burke</b>	7 Amount of contribution (\$) <b>\$300.00</b>
6 Contributor address; City; State; Zip Code <b>202 Penny Lane Marshall Texas 75672</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>BRAD &amp; NICKI BURNS</b>	Amount of contribution (\$) <b>\$500.00</b>
Contributor address; City; State; Zip Code <b>2950 FM 1793 Marshall Texas 76572</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Raymond and Grace Christmas</b>	Amount of contribution (\$) <b>\$150.00</b>
Contributor address; City; State; Zip Code <b>581 Pine Island Rd. Karnack Texas 75661</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Kelli Clayton</b>	Amount of contribution (\$) <b>\$100.00</b>
Contributor address; City; State; Zip Code <b>4504 Memorial Dr. Marshall Texas 75672</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p><b>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</b></p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <b>Brandon "B.J." Fletcher</b>		3 Filer ID (Ethics Commission Filers)
4 Date 02/22/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Terrell Coleman</b>	7 Amount of contribution (\$) <b>\$500.00</b>
6 Contributor address; City; State; Zip Code <b>1325 Kings Rd. Marshall Texas 75672</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>VICTOR &amp; JENNIFER DAVIS</b>	Amount of contribution (\$) <b>\$500.00</b>
Contributor address; City; State; Zip Code <b>398 FM 2983 Marshall Texas 75672</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Greg &amp; Crystal Eddins</b>	Amount of contribution (\$) <b>\$200.00</b>
Contributor address; City; State; Zip Code <b>4506 Sherman Dr. Marshall Texas 75672</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Kelli Clayton</b>	Amount of contribution (\$) <b>\$500.00</b>
Contributor address; City; State; Zip Code <b>4504 Memorial Dr. Marshall Texas 75672</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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

Brandon "B.J." Fletcher

3 Filer ID (Ethics Commission Filers)

4 Date  
02/22/2020

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Eddie Claire Fletcher

7 Amount of contribution (\$)

\$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)

Date  
02/22/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

BOBBY & DIANE GIBBONS

Amount of contribution (\$)

\$200.00

Contributor address; City; State; Zip Code

21616 FM 449 Longview Texas 75605

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
02/22/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

William D. Hatfield

Amount of contribution (\$)

\$100.00

Contributor address; City; State; Zip Code

803 Alpine Marshall Texas 75672

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
02/22/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Tim & Kerry Huff

Amount of contribution (\$)

\$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**  
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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 <b>Brandon "B.J." Fletcher</b>		3 Filer ID (Ethics Commission Filers)
4 Date 02/22/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>TIMOTHY LIVINGSTON &amp; JORDAN GARNER</b>	7 Amount of contribution (\$) <b>\$50.00</b>
6 Contributor address; City; State; Zip Code <b>1482 W. Liberty Rd. Harleton Texas 75640</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Melissa McCain</b>	Amount of contribution (\$) <b>\$200.00</b>
Contributor address; City; State; Zip Code <b>157 PR 4618 Diana Texas 75605</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Early McWhorter</b>	Amount of contribution (\$) <b>\$300.00</b>
Contributor address; City; State; Zip Code <b>906 Bergstrom Marshall Texas 75672</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Scott M. Newton</b>	Amount of contribution (\$) <b>\$300.00</b>
Contributor address; City; State; Zip Code <b>103 Ashwood Terrace Marshall Texas 75672</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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 <b>Brandon "B.J." Fletcher</b>		3 Filer ID (Ethics Commission Filers)
4 Date 02/22/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SCOTT M. &amp; ALLISON CAMPBELL NEWTON</b> 6 Contributor address; City; State; Zip Code <b>2591 Macedonia Rd. Marshall Texas 75670</b>	7 Amount of contribution (\$) <b>\$100.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Ralo Pilkington</b> Contributor address; City; State; Zip Code <b>145 Pine Island Rd. Karnack Texas 75661</b>	Amount of contribution (\$) <b>\$500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Hall &amp; Cheri Reavis</b> Contributor address; City; State; Zip Code <b>18 Pine Burr Circle Marshall Texas 75672</b>	Amount of contribution (\$) <b>\$100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Kim Runyan</b> Contributor address; City; State; Zip Code <b>200 Miller Dr. Marshall Texas 75672</b>	Amount of contribution (\$) <b>\$300.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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 <b>Brandon "B.J." Fletcher</b>		3 Filer ID (Ethics Commission Filers)
4 Date 02/22/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Wesley L. Smith, Jr.</b>	7 Amount of contribution (\$) <b>\$500.00</b>
6 Contributor address; City; State; Zip Code <b>P.O. Box 339 Marshall Texas 75671</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>PAUL THOMPSON</i>	Amount of contribution (\$) <b>\$20.00</b>
Contributor address; City; State; Zip Code <b>1893 Lansing Switch Rd. Longview Texas 75661</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Paul L. Whaley, III</b>	Amount of contribution (\$) <b>\$250.00</b>
Contributor address; City; State; Zip Code <b>P.O. Box 1897 Marshall Texas 75672</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Tom Whaley, Jr. Investments</b>	Amount of contribution (\$) <b>\$500.00</b>
Contributor address; City; State; Zip Code <b>P.O. Drawer P Marshall Texas 75671</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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

Brandon "B.J." Fletcher

3 Filer ID (Ethics Commission Filers)

4 Date  
02/22/2020

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Clayton Realty Solutions

7 Amount of contribution (\$)

\$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)

Date  
02/22/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Billy ALFORD

Amount of contribution (\$)

\$50.00

Contributor address; City; State; Zip Code

906 Shelley 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#: \_\_\_\_\_)

Cindy Black

Amount of contribution (\$)

\$100.00

Contributor address; City; State; Zip Code

6100 Karnack Hwy. Marshall Texas 75672

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
02/22/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Brad Burke

Amount of contribution (\$)

\$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**  
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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 <b>Brandon "B.J." Fletcher</b>		3 Filer ID (Ethics Commission Filers)
4 Date 02/22/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Brad Burris</b>	7 Amount of contribution (\$) <b>\$500.00</b>
6 Contributor address; City; State; Zip Code <b>215 E. Travis St. Marshall Texas 75671</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>RAYMOND CHRISTMAS</b>	Amount of contribution (\$) <b>\$200.00</b>
Contributor address; City; State; Zip Code <b>581 Pine Island Rd. Karnack Texas 75661</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Kelli Clayton</b>	Amount of contribution (\$) <b>\$200.00</b>
Contributor address; City; State; Zip Code <b>P.O. Box 1321 Marshall Texas 75671</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Terrell Coleman</b>	Amount of contribution (\$) <b>\$100.00</b>
Contributor address; City; State; Zip Code <b>1325 Kings Rd. Marshall Texas 75672</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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 <b>Brandon "B.J." Fletcher</b>		3 Filer ID (Ethics Commission Filers)
4 Date 02/22/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Rod Cory</b>	7 Amount of contribution (\$) <b>\$300.00</b>
6 Contributor address; City; State; Zip Code <b>1425 W. Texas Ave. Waskom Texas 75692</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>VICTOR DAVIS</b>	Amount of contribution (\$) <b>\$100.00</b>
Contributor address; City; State; Zip Code <b>398 FM 2983 Marshall Texas 75672</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Greg Eddins</b>	Amount of contribution (\$) <b>\$200.00</b>
Contributor address; City; State; Zip Code <b>4506 Sherman Dr. Marshall Texas 75672</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Brad Faucett</b>	Amount of contribution (\$) <b>\$225.00</b>
Contributor address; City; State; Zip Code <b>2950 FM 1793 Marshall Texas 75672</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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

Brandon "B.J." Fletcher

3 Filer ID (Ethics Commission Filers)

4 Date  
02/22/2020

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Keith Fletcher

7 Amount of contribution (\$)

\$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)

Date  
02/22/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

KYNLEE FLETCHER

Amount of contribution (\$)

\$25.00

Contributor address; City; State; Zip Code

929 Harris Rd. Marshall Texas 75672

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
02/22/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Mack Fuller

Amount of contribution (\$)

\$175.00

Contributor address; City; State; Zip Code

200 W. Houston St. Marshall Texas 75670

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
02/22/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

William Hatfield

Amount of contribution (\$)

\$75.00

Contributor address; City; State; Zip Code

803 Alpine Marshall Texas 75672

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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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 <b>Brandon "B.J." Fletcher</b>		3 Filer ID (Ethics Commission Filers)
4 Date 02/22/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Brian Hilliard</b>	7 Amount of contribution (\$) <b>\$400.00</b>
6 Contributor address; City; State; Zip Code <b>871 FM 1186 Marshall Texas 75672</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>STACEY KNOX</b>	Amount of contribution (\$) <b>\$200.00</b>
Contributor address; City; State; Zip Code <b>203 E. Travis St. Marshall Texas 75672</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jim Lindley</b>	Amount of contribution (\$) <b>\$100.00</b>
Contributor address; City; State; Zip Code <b>495 Briarwood Terrace Marshall Texas 75672</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>T.C. Livingston</b>	Amount of contribution (\$) <b>\$100.00</b>
Contributor address; City; State; Zip Code <b>200 W. Houston St. Marshall Texas 75672</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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 <b>Brandon "B.J." Fletcher</b>		3 Filer ID (Ethics Commission Filers)
4 Date 02/22/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Tom McCool</b>	7 Amount of contribution (\$) <b>\$250.00</b>
6 Contributor address; City; State; Zip Code <b>Cooks Rd. Marshall Texas 75670</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>HARRY MCGEE</b>	Amount of contribution (\$) <b>\$100.00</b>
Contributor address; City; State; Zip Code <b>3705 Barry Dr. Marshall Texas 75672</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Early McWhorter</b>	Amount of contribution (\$) <b>\$300.00</b>
Contributor address; City; State; Zip Code <b>906 Bergstrom Marshall Texas 75672</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Matt Moore</b>	Amount of contribution (\$) <b>\$400.00</b>
Contributor address; City; State; Zip Code <b>130 Lisa Lane Marshall Texas 75672</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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 <b>Brandon "B.J." Fletcher</b>		3 Filer ID (Ethics Commission Filers)
4 Date 02/22/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Michael Nash</b>	7 Amount of contribution (\$) <b>\$200.00</b>
6 Contributor address; City; State; Zip Code <b>5393 Harris Lake Rd. Marshall Texas 75672</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SCOTT NEWTON</b>	Amount of contribution (\$) <b>\$400.00</b>
Contributor address; City; State; Zip Code <b>2591 Macedonia Rd. Marshall Texas 75672</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Chris Paddie</b>	Amount of contribution (\$) <b>\$100.00</b>
Contributor address; City; State; Zip Code <b>2323 Jefferson Ave. Marshall Texas 75670</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Robert Parkison</b>	Amount of contribution (\$) <b>\$150.00</b>
Contributor address; City; State; Zip Code <b>290 Underwood Rd. Marshall Texas 75672</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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

Brandon "B.J." Fletcher

3 Filer ID (Ethics Commission Filers)

4 Date  
02/22/2020

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

RALO PILKINGTON

7 Amount of contribution (\$)

\$400.00

6 Contributor address; City; State; Zip Code

145 Pine Island Rd. Karnack Texas 75661

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
02/22/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Anonymous Donor

Amount of contribution (\$)

\$400.00

Contributor address; City; State; Zip Code

Unknown

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
02/22/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Adam Shaw

Amount of contribution (\$)

\$100.00

Contributor address; City; State; Zip Code

3304 Victory Dr. Marshall Texas 75672

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
02/22/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Shane Swilley

Amount of contribution (\$)

\$200.00

Contributor address; City; State; Zip Code

7247 Strickland Springs Rd. 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 **Brandon "B.J." Fletcher** 3 Filer ID (Ethics Commission Filers)

4 Date 02/22/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Stacey Swilley</b>	7 Amount of contribution (\$) <b>\$50.00</b>
6 Contributor address; City; State; Zip Code <b>7247 Strickland Springs Rd. Marshall Texas 75672</b>		

8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)

Date 02/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Shannon Swilley</b>	Amount of contribution (\$) <b>\$250.00</b>
Contributor address; City; State; Zip Code <b>7247 Strickland Springs Rd. Marshall Texas 75672</b>		

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date 02/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Paul &amp; Trisha Thompson</b>	Amount of contribution (\$) <b>\$50.00</b>
Contributor address; City; State; Zip Code <b>1893 Lansing Switch Rd. Longview Texas 75602</b>		

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date 02/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jay Webb</b>	Amount of contribution (\$) <b>\$50.00</b>
Contributor address; City; State; Zip Code <b>854 Cypress Dr. Karnack Texas 75661</b>		

Principal occupation / Job title (See Instructions) Employer (See Instructions)

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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 <b>Brandon "B.J." Fletcher</b>		3 Filer ID (Ethics Commission Filers)
4 Date 02/22/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Tom Whaley</b>	7 Amount of contribution (\$) <b>\$200.00</b>
6 Contributor address; City; State; Zip Code <b>P.O. Drawer P Marshall Texas 75671</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## 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	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: <b>3</b>	2 FILER NAME <b>Brandon "B.J." Fletcher</b>	3 Filer ID (Ethics Commission Filers)
--	--	---------------------------------------

4 Date <b>02/24/2020</b>	5 Payee name <b>Pizzeria by Pietro's</b>
-----------------------------	---

6 Amount (\$) <b>\$787.00</b>	7 Payee address; <b>101 W. Austin St.</b>	City; <b>Marshall</b>	State; <b>Texas</b>	Zip Code <b>75670</b>
----------------------------------	--	--------------------------	------------------------	--------------------------

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Food/Beverage Expense</b>	(b) Description <b>Catering at Fundraising Event</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>02/18/2020</b>	Payee name <b>A-1Party Rental</b>
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Amount (\$) <b>\$496.43</b>	Payee address; <b>4005 Judson Rd.</b>	City; <b>Longview</b>	State; <b>Texas</b>	Zip Code <b>75605</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Event Expense</b>	Description <b>Tables/Chairs Rental</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>02/24/2020</b>	Payee name <b>Jacket Nation Scholar Fund</b>
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Amount (\$) <b>\$310.00</b>	Payee address; <b>2400 FM 451</b>	City; <b>Elysian Fields</b>	State; <b>Texas</b>	Zip Code <b>75692</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>PURCHASE AUCTION ITEMS</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# 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	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 Brandon "B.J." Fletcher	3 Filer ID (Ethics Commission Filers)
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4 Date 03/02/2020	5 Payee name Smart Advertising
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6 Amount (\$) \$1,943.90	7 Payee address; 1401 S. Washington St.	City; Marshall	State; Texas	Zip Code 75670
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Ball Caps
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 03/02/2020	Payee name Pete McCarty Oil Co., Inc.
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Amount (\$) \$64.62	Payee address; 3900 E. End Blvd., S.	City; Marshall	State; Texas	Zip Code 75672
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Travel Expense	Description Gasoline
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 04/08/2020	Payee name Stock Show Auctions .com for Harrison County Farm-City Week
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Amount (\$) \$1500.00	Payee address; P.O. Box 1717	City; Marshall	State; Texas	Zip Code 75671
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description PURCHASE AUCTION ITEMS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## 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	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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Brandon "B.J." Fletcher	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 07/08/2020	<b>5</b> Payee name Smart Advertising	
<b>6</b> Amount (\$) \$845.56	<b>7</b> Payee address; City; State; Zip Code 1401 S. Washington St. Marshall Texas 75670	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Ball Caps
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 07/09/2020	Payee name The Print Shop	
Amount (\$) \$494.27	Payee address; City; State; Zip Code 214 S. Bolivar Marshall Texas 75605	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Business Cards / Push Cards
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		



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

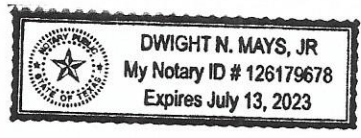
COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED	\$ -0-
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 600.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ -0-
	4. TOTAL POLITICAL EXPENDITURES	\$ 3049.34
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 15102.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ -0-

18 AFFIDAVIT

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



Brandon J Fletcher  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said BRANDON "B.J." FLETCHER, this the 26<sup>th</sup> day of February, 2020, to certify which, witness my hand and seal of office.

Dwight N. Mays, Jr. Signature of officer administering oath  
DWIGHT N. MAYS, JR. Printed name of officer administering oath  
NOTARY PUBLIC Title of officer administering oath

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME <i>BRANDON "B.J." FLETCHER</i>		20 Filer ID (Ethics Commission Filers) —
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>600.00</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ —
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ —
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ —
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>3049.34</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ —
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ —
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ —
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ —
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ —
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ —
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ —

# MONETARY POLITICAL CONTRIBUTIONS

# 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

02/11/2020

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

RICHARD ANDERSON

7 Amount of contribution (\$)

\$ 300.00

6 Contributor address; City; State; Zip Code

P.O. Box 550

MARSHALL, TX. 75671

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

02/14/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

HARRY W. MCGEE

Amount of contribution (\$)

\$ 300.00

Contributor address; City; State; Zip Code

P.O. Box 906

MARSHALL, TEXAS 75671

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## 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	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: 1 OF 4		2 FILER NAME BRANDON "B.J." FLETCHER		3 Filer ID (Ethics Commission Filers) —	
4 Date 01/24/2020		5 Payee name JURY'S PHOTOGRAPHY			
6 Amount (\$) \$214.34		7 Payee address; 5804 Victory Dr. Marshall Texas 75672			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		(b) Description PORTRAIT PHOTOGRAPH		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name BRANDON "B.J." FLETCHER		Office sought SHERIFF	
Office held —					
Date 01/27/2020		Payee name JACKET NATION SCHOLAR FUND			
Amount (\$) \$200.00		Payee address; 2400 FM 451 Elysian Fields Texas 75692			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		Description TICKETS TO FUNDRAISING DINNER/AUCTION		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name BRANDON "B.J." FLETCHER		Office sought SHERIFF	
Office held —					
Date 01/28/2020		Payee name LION'S CLUB OF MARSHALL			
Amount (\$) \$250.00		Payee address; 410 E. HOUSTON ST. Marshall Texas 75670			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		Description 1/4 PAGE AD IN FLYER		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name BRANDON "B.J." FLETCHER		Office sought SHERIFF	
Office held —					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## 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	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 of 4	2 FILER NAME BRANDON "B.J." FLETCHER	3 Filer ID (Ethics Commission Filers) —
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4 Date 01/30/2020	5 Payee name THE PRINT SHOP
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6 Amount (\$) \$140.73	7 Payee address; 214 S. BOLIVAR ST. MARSHALL TEXAS 75670
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description BUSINESS CARDS/PUSH CARDS
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name BRANDON "B.J." FLETCHER	Office sought SHERIFF	Office held —
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Date 02/03/2020	Payee name REPUBLICAN PARTY OF HARRISON COUNTY
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Amount (\$) \$300.00	Payee address; 709 E. PINECREST MARSHALL TEXAS 75670
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description TICKETS TO FUNDRAISING DINNER/AUCTION
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name BRANDON "B.J." FLETCHER	Office sought SHERIFF	Office held —
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Date 02/04/2020	Payee name WOODLAWN AREA IMPROVEMENT CLUB
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Amount (\$) \$28.00	Payee address; P.O. BOX 74 WOODLAWN TEXAS 75694-0076
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description TICKETS TO FUNDRAISING BBQ
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name BRANDON "B.J." FLETCHER	Office sought SHERIFF	Office held —
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# 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	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.

<b>1</b> Total pages Schedule F1: 3 of 4	<b>2</b> FILER NAME BRANDON "B.J." FLETCHER	<b>3</b> Filer ID (Ethics Commission Filers) —
<b>4</b> Date 02/05/2020	<b>5</b> Payee name THE PRINT SHOP	
<b>6</b> Amount (\$) \$ 303.10	<b>7</b> Payee address; City; State; Zip Code 214 S. BOLIVAR MARSHALL TEXAS 75670	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	<b>(b)</b> Description INVITATIONS
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name BRANDON "B.J." FLETCHER	Office sought SHERIFF
		Office held —
Date 02/05/2020	Payee name KMHT RADIO	
Amount (\$) \$ 200.00	Payee address; City; State; Zip Code JEFFERSON AVE. MARSHALL TEXAS 75670	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description FEE FOR POLITICAL CALENDAR
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name BRANDON "B.J." FLETCHER	Office sought SHERIFF
		Office held —
Date 02/12/2020	Payee name THE PRINT SHOP	
Amount (\$) \$ 373.47	Payee address; City; State; Zip Code 214 S. BOLIVAR ST. MARSHALL TEXAS 75670	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	Description THANK YOU CARDS & RE-PRINTS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name BRANDON "B.J." FLETCHER	Office sought SHERIFF
		Office held —

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## 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	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.

<b>1</b> Total pages Schedule F1: 4 of 4	<b>2</b> FILER NAME BRANDON "B.J." FLETCHER	<b>3</b> Filer ID (Ethics Commission Filers) _____
<b>4</b> Date 02/12/2020	<b>5</b> Payee name WASKOM FFA	
<b>6</b> Amount (\$) \$685.00	<b>7</b> Payee address; 980 SCHOOL AVE.	City; State; Zip Code WASKOM TEXAS 75292
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	<b>(b)</b> Description CONTRIBUTION/TICKETS TO FUNDRAISING DINNER & AUCTION
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name BRANDON "B.J." FLETCHER	Office sought SHERIFF
		Office held _____
Date 02/13/2020	Payee name WASKOM A.C. BOOSTERS	
Amount (\$) \$100.00	Payee address; 980 SCHOOL AVE.	City; State; Zip Code WASKOM TEXAS 75292
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description TICKETS TO FUNDRAISER
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name BRANDON "B.J." FLETCHER	Office sought SHERIFF
		Office held _____
Date 02/19/2020	Payee name MARSHALL CHAMBER OF COMMERCE	
Amount (\$) \$255.00	Payee address; 110 S. BOLIVAR ST.	City; State; Zip Code MARSHALL TEXAS 752670
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description TICKETS TO BANQUET
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name BRANDON "B.J." FLETCHER	Office sought SHERIFF
		Office held _____

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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) <p style="text-align:center;">—</p>	2 Total pages filed: <p style="text-align:center;">9</p>	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <p style="text-align:center;">MR.</p>	FIRST <p style="text-align:center;">BRANDON</p>	MI <p style="text-align:center;">J.</p>	<b>OFFICE USE ONLY</b> <hr/> Date Received <div style="border: 2px solid red; padding: 5px; color: red; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="font-size: 1.5em; font-weight: bold;">JAN 31 2020</div> <div style="color: red; font-weight: bold;">HARRISON COUNTY ELECTIONS OFFICE</div> <div style="font-size: 1.2em; color: blue; font-family: cursive;">K. Dusky, R.E.D.</div> Date Hand-delivered of Date Postmarked
	NICKNAME <p style="text-align:center;">"B.J."</p>	LAST <p style="text-align:center;">FLETCHER</p>	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <p style="text-align:center;">929 HARRIS RD. MARSHALL, TEXAS 75672</p>			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <p style="text-align:center;">(903)</p>	PHONE NUMBER <p style="text-align:center;">936-8490</p>	EXTENSION	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <p style="text-align:center;">MR.</p>	FIRST <p style="text-align:center;">DWIGHT</p>	MI <p style="text-align:center;">N.</p>	Receipt #      Amount \$ <hr/> Date Processed <hr/> Date Imaged
	NICKNAME <p style="text-align:center;">MAYS</p>	LAST <p style="text-align:center;">MAYS</p>	SUFFIX <p style="text-align:center;">JR.</p>	
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <p style="text-align:center;">287 HIDDEN LAKE RD. MARSHALL TEXAS 75672</p>			
8 CAMPAIGN TREASURER PHONE	AREA CODE <p style="text-align:center;">(903)</p>	PHONE NUMBER <p style="text-align:center;">578-1800</p>	EXTENSION	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month      Day      Year           Month      Day      Year <p style="text-align:center;">01 / 01 / 2020      THROUGH      01 / 23 / 2020</p>			
11 ELECTION	ELECTION DATE Month      Day      Year <p style="text-align:center;">03 / 03 / 2020</p>		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
	12 OFFICE  OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)		
<p style="font-size: 1.5em; font-weight: bold;">NONE</p>		<p style="font-size: 1.5em; font-weight: bold;">SHERIFF</p>		
<b>GO TO PAGE 2</b>				

# 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 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.

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

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>7400.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>2802.54</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>16,596.83</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

18 AFFIDAVIT

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

Brandon J. Fletcher  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said BRANDON "B.J." FLETCHER, this the 31<sup>ST</sup> day of JANUARY, 2020, to certify which, witness my hand and seal of office.

Dwight N. Mays, Jr.  
Signature of officer administering oath

DWIGHT N. MAYS, JR.  
Printed name of officer administering oath

NOTARY  
Title of officer administering oath

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

1 of 3

2 FILER NAME

BRANDON "B.J." FLETCHER

3 Filer ID (Ethics Commission Filers)

—

4 Date

01/02/2020

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

ROBERT W. "BUSTER" FARRIS

7 Amount of contribution (\$)

\$500.00

6 Contributor address; City; State; Zip Code

4115 POPLAR ST. MARSHALL, TX. 75672

8 Principal occupation / Job title (See Instructions)

BAIL BONDSMAN

9 Employer (See Instructions)

SELF

Date

01/02/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

ALLEN & FARRIS

Amount of contribution (\$)

\$1000.00

Contributor address; City; State; Zip Code

306. W. HOUSTON ST. MARSHALL, TX. 75670

Principal occupation / Job title (See Instructions)

BAIL BONDSMAN

Employer (See Instructions)

SELF

Date

01/03/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

CHARLOTTE SLONE

Amount of contribution (\$)

\$500.00

Contributor address; City; State; Zip Code

P.O. Box 1344 MARSHALL, TX. 75671

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/03/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

RODNEY E. CORY

Amount of contribution (\$)

\$2000.00

Contributor address; City; State; Zip Code

1425 W. TEXAS AVE WASKOM, TX. 75692

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 of 3

2 FILER NAME

BRANDON "B.J." FLETCHER

3 Filer ID (Ethics Commission Filers)

—

4 Date

01/06/2020

5 Full name of contributor

JENNIFER & KURT TRUELOVE

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$500.00

6 Contributor address;

P.O. Box 1409

City;

MARSHALL, TEXAS

State;

Zip Code

75671

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

01/09/2020

Full name of contributor

MATT WRIGHT

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$100.00

Contributor address;

2609 CEDARCREST

City;

MARSHALL, TX.

State;

Zip Code

75672

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/09/2020

Full name of contributor

W.T. "Tom" McCool

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$400.00

Contributor address;

4350 COOKS RD.

City;

MARSHALL, TEXAS

State;

Zip Code

75670

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/15/2020

Full name of contributor

LOUIS OR DEBBIE COOK

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$1500.00

Contributor address;

708 PR 871

City;

DEBERRY, TEXAS

State;

Zip Code

75639

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:

**3 of 3**

2 FILER NAME

**BRANDON "B.J." FLETCHER**

3 Filer ID (Ethics Commission Filers)

—

4 Date

**01/17/2020**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**KYLE FUARRH**

7 Amount of contribution (\$)

**\$200.00**

6 Contributor address; City; State; Zip Code

**2609 VALERIE MARSHALL, TEXAS 75672**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

**01/23/2020**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**KEITH DOWNS**

Amount of contribution (\$)

**\$200.00**

Contributor address; City; State; Zip Code

**4608 ELYSIAN FIELDS RD. MARSHALL, TX. 75672**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**01/23/2020**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**MAC ABNEY**

Amount of contribution (\$)

**\$500.00**

Contributor address; City; State; Zip Code

**P.O. Box 1496 MARSHALL, TEXAS 75671**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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	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: 1 of 3		2 FILER NAME BRANDON "B.J." FLETCHER		3 Filer ID (Ethics Commission Filers) —	
4 Date 01/06/2020		5 Payee name A & B KWIK MART - HAUSVILLE, TX.			
6 Amount (\$) \$40.00		7 Payee address; 1694 FM 450 HAUSVILLE TEXAS 75650			
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) TRAVEL IN DISTRICT		(b) Description GASOLINE		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH					
Candidate / Officeholder name		Office sought		Office held	

Date 01/06/2020		Payee name MARSHALL POLICE OFFICERS' ASSOCIATION			
Amount (\$) \$750.00		Payee address; 2101 E. END BLVD., N. MARSHALL TEXAS 75670			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		Description PRINTED AND AUDIO ADS AT RODEO		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH					
Candidate / Officeholder name		Office sought		Office held	

Date 01/06/2020		Payee name NAACP			
Amount (\$) \$400.00		Payee address; 103 YOUNG ST. MARSHALL TEXAS 75670			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		Description PROGRAM ADS		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH					
Candidate / Officeholder name		Office sought		Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## 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	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>2 of 3</b>	2 FILER NAME <b>BRANDON "B.J." FLETCHER</b>	3 Filer ID (Ethics Commission Filers) <b>_____</b>
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4 Date <b>01-08-2020</b>	5 Payee name <b>RIVER CROSSING COWBOY CHURCH</b>
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6 Amount (\$) <b>\$350.00</b>	7 Payee address; <b>475 HENDERSON SCHOOL HOUSE RD.</b>	City; <b>MARSHALL</b>	State; <b>TEXAS</b>	Zip Code <b>75670</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	(b) Description <b>BUCKING CHUTE SIGNS</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>01-22-2020</b>	Payee name <b>SMART ADVERTISING</b>
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Amount (\$) <b>\$883.54</b>	Payee address; <b>1401 S. WASHINGTON</b>	City; <b>MARSHALL</b>	State; <b>TEXAS</b>	Zip Code <b>75670</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>PRINTING EXPENSE</b>	Description <b>ADS ON SHIRTS, CAPS AND SIGNS</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>01-22-2020</b>	Payee name <b>HARRISON EXTENSION EDUCATION ASSOCIATION</b>
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Amount (\$) <b>\$80.00</b>	Payee address; <b>102 W. HOUSTON ST.</b>	City; <b>MARSHALL</b>	State; <b>TEXAS</b>	Zip Code <b>75670</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>CONTRIBUTION/DONATION BY C/OH</b>	Description <b>CORNBREAD &amp; BEAN SUPPER FUNDRAISER</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# 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	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: <b>3 OF 3</b>	2 FILER NAME <b>BRANDON "B.J." FLETCHER</b>	3 Filer ID (Ethics Commission Filers) <b>—</b>
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4 Date <b>01/19/2020</b>	5 Payee name <b>QUICK TRACK #100</b>
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6 Amount (\$) <b>\$49.00</b>	7 Payee address; <b>5925 E. END BLVD, S.</b>	City; <b>MARSHALL</b>	State; <b>TEXAS</b>	Zip Code <b>75672</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>TRAVEL IN DISTRICT</b>	(b) Description <b>GASOLINE</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>01/23/2020</b>	Payee name <b>MARSHALL PRAYER FORCE</b>
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Amount (\$) <b>\$250.00</b>	Payee address; <b>2660 E. END BLVD, S.</b>	City; <b>MARSHALL</b>	State; <b>TEXAS</b>	Zip Code <b>75672</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>CONTRIBUTIONS/DONATIONS BY C/OH</b>	Description <b>EVENT SPONSORSHIP</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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:

—

11

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR FIRST MI  
BRANDON J.  
NICKNAME LAST SUFFIX  
"BJ" FLETCHER

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
929 HARRIS RD. MARSHALL TEXAS 75672

Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
(903) 930-8490

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR FIRST MI  
DWIGHT N.  
NICKNAME LAST SUFFIX  
MAYS JR.

7 CAMPAIGN  
TREASURER  
ADDRESS  
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
287 HIDDEN LAKE RD. MARSHALL TEXAS 75672

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
(903) 578-1800

9 REPORT TYPE

- January 15     30th day before election     Runoff     15th day after campaign treasurer appointment (Officeholder Only)  
 July 15     8th day before election     Exceeded \$500 limit     Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month Day Year    Month Day Year  
12 / 06 / 2019    THROUGH    12 / 31 / 2019

11 ELECTION

ELECTION DATE    ELECTION TYPE  
Month Day Year     Primary     Runoff     Other Description  
03 / 03 / 2020     General     Special

12 OFFICE

OFFICE HELD (if any)  
NONE

13 OFFICE SOUGHT (if known)

SHERIFF

**OFFICE USE ONLY**

Date Received: **HARRISON COUNTY ELECTIONS OFFICE**  
0202 ST NOV  
**RECEIVED**  
AP Wskry, REC  
Date Hand-delivered or Date Postmarked  
Receipt #    Amount \$  
Date Processed  
Date Imaged

GO TO 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 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.

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

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>18,700.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>5678.45</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>13021.55</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

18 AFFIDAVIT

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

AFFIX NOTARY STAMP / SEAL ABOVE

Brandon J. Fletcher  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said BRANDON "B.J." FLETCHER, this the 15<sup>th</sup> day of JANUARY, 2020, to certify which, witness my hand and seal of office.

Dwight N. Mays, Jr.  
Signature of officer administering oath

DWIGHT N. MAYS, JR  
Printed name of officer administering oath

NOTARY  
Title of officer administering oath

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

BRANDON "B.J." FLETCHER

20 Filer ID (Ethics Commission Filers)

—

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 18,700.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 5678.45
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**1 of 7**

2 FILER NAME  
**BRANDON "B.J." FLETCHER**

3 Filer ID (Ethics Commission Filers)  
—

4 Date: **12-06-2019**  
5 Full name of contributor: **DWIGHT AND DEL MAYS**  
 out-of-state PAC (ID#: \_\_\_\_\_)  
6 Contributor address; City; State; Zip Code  
**P.O. Box 1991 MARSHALL TEXAS 75672**

7 Amount of contribution (\$)  
**\$500.00**

8 Principal occupation / Job title (See Instructions)  
**SHERIFF'S DEPUTY / COURT COORDINATOR**

9 Employer (See Instructions)  
**HARRISON COUNTY, TX / HARRISON COUNTY, TX**

Date: **12-06-2019**  
Full name of contributor: **ROGER WOOD**  
 out-of-state PAC (ID#: \_\_\_\_\_)  
Contributor address; City; State; Zip Code  
**6490 FM 2625 W. MARSHALL TEXAS 75672**

Amount of contribution (\$)  
**\$1000.00**

Principal occupation / Job title (See Instructions)  
**MASTER ELECTRICIAN**

Employer (See Instructions)  
**SELF**

Date: **12-06-2019**  
Full name of contributor: **TOM WYNN**  
 out-of-state PAC (ID#: \_\_\_\_\_)  
Contributor address; City; State; Zip Code  
**436 HARRINGTON RD. MARSHALL TEXAS 75670**

Amount of contribution (\$)  
**\$500.00**

Principal occupation / Job title (See Instructions)  
**RETIRED**

Employer (See Instructions)  
**N/A**

Date: **12-09-2019**  
Full name of contributor: **DOROTHY NEWTON**  
 out-of-state PAC (ID#: \_\_\_\_\_)  
Contributor address; City; State; Zip Code  
**103 ASHWOOD TERRACE MARSHALL TEXAS 75672**

Amount of contribution (\$)  
**\$500.00**

Principal occupation / Job title (See Instructions)  
**HOUSEWIFE**

Employer (See Instructions)  
**SELF**

**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 of 7

2 FILER NAME

BRANDON "B.J." FLETCHER

3 Filer ID (Ethics Commission Filers)

—

4 Date

12-09-2019

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

SCOTT NEWTON

6 Contributor address; City; State; Zip Code

103 ASHWOOD TERRACE MARSHALL, TEXAS 75672

7 Amount of contribution (\$)

\$500.00

8 Principal occupation / Job title (See Instructions)

RAILROAD WORKER

9 Employer (See Instructions)

Date

12-09-2019

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

KEITH FLETCHER

Contributor address; City; State; Zip Code

207 S. FULTON MARSHALL TEXAS 75670

Amount of contribution (\$)

\$1500.00

Principal occupation / Job title (See Instructions)

SECURITY OFFICER

Employer (See Instructions)

AUSTIN BANK

Date

12-10-2019

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

BRIAN HILLIARD

Contributor address; City; State; Zip Code

871 FM 1186 MARSHALL TEXAS 75672

Amount of contribution (\$)

\$2000.00

Principal occupation / Job title (See Instructions)

OWNER / OPERATOR

Employer (See Instructions)

NOMAC

Date

12-11-2019

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

BLAKE CAMMACK

Contributor address; City; State; Zip Code

4619 JUDSON RD. LONGVIEW TEXAS 756

Amount of contribution (\$)

\$1000.00

Principal occupation / Job title (See Instructions)

OWNER / OPERATOR

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:

3 of 7

2 FILER NAME

BRANDON "B.J." FLETCHER

3 Filer ID (Ethics Commission Filers)

—

4 Date

12-11-2019

5 Full name of contributor

RICHARD GAULDEN

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$500.00

6 Contributor address;

City;

State;

Zip Code

2401 ROSBOROUGH SPRINGS MARSHALL, TX. 75672

8 Principal occupation / Job title (See Instructions)

OWNER / OPERATOR

9 Employer (See Instructions)

Date

12-11-2019

Full name of contributor

REX PARKISON

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$1000.00

Contributor address;

City;

State;

Zip Code

290 UNDERWOOD RD. MARSHALL, TEXAS 75672

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12-13-2019

Full name of contributor

JASON HEATON

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$500.00

Contributor address;

City;

State;

Zip Code

156 WILCOX RD. HALLSVILLE TEXAS 75650

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12-13-2019

Full name of contributor

TEXAS TRUCK OUTFITTERS

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$1000.00

Contributor address;

City;

State;

Zip Code

E. END BLVD., S. MARSHALL TX. 75670

Principal occupation / Job title (See Instructions)

TRUCK EQUIPMENT & SUPPLIES

Employer (See Instructions)

SAME

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

4 of 7

2 FILER NAME

BRANDON "B.J." FLETCHER

3 Filer ID (Ethics Commission Filers)

—

4 Date

12-18-2019

5 Full name of contributor

VIRGINIA HARRIS

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$160.00

6 Contributor address;

City;

State;

Zip Code

1021 TERRAPIN NECK RD. MARSHALL TEXAS 75672

8 Principal occupation / Job title (See Instructions)

RETIRED NURSE

9 Employer (See Instructions)

—

Date

12-18-2019

Full name of contributor

DONALD NUTT

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$100.00

Contributor address;

City;

State;

Zip Code

3100 E. END BLVD., S. MARSHALL TEXAS 75672

Principal occupation / Job title (See Instructions)

CAR DEALER

Employer (See Instructions)

SELF

Date

12-18-2019

Full name of contributor

JAMES LINDLEY

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$2000.00

Contributor address;

City;

State;

Zip Code

495 BRIARWOOD TRACE MARSHALL TEXAS 75672

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12-30-2019

Full name of contributor

VERNON B. LEWIS

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$1000.00

Contributor address;

City;

State;

Zip Code

292 BALDWIN RD. KARNACIL TEXAS 75641

Principal occupation / Job title (See Instructions)

RETIRED GENERAL

Employer (See Instructions)

U.S. ARMY

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:

5 of 7

2 FILER NAME

BRANDON "B.J." FLETCHER

3 Filer ID (Ethics Commission Filers)

—

4 Date

12-30-2019

5 Full name of contributor

MIKE BRADBURY

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$200.00

6 Contributor address;

City;

State;

Zip Code

4304 JOHN REGAN ST.

MARSHALL TEXAS

75672

8 Principal occupation / Job title (See Instructions)

RANCHER

9 Employer (See Instructions)

SELF

Date

12-30-2019

Full name of contributor

CHRIS SLOAKUM

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$200.00

Contributor address;

City;

State;

Zip Code

P.O. Box 374

MARSHALL TEXAS

75671

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12-30-2019

Full name of contributor

BRADLEY FAUCET

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$600.00

Contributor address;

City;

State;

Zip Code

P.O. Box 459

SCOTTSVILLE TEXAS

75688

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12-30-2019

Full name of contributor

AMY FAUCET

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$100.00

Contributor address;

City;

State;

Zip Code

2291 FM 1793

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:

6 of 7

2 FILER NAME

BRANDON "B.J." FLETCHER

3 Filer ID (Ethics Commission Filers)

—

4 Date

12-30-2019

5 Full name of contributor

WADE EMORY

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$1000.00

6 Contributor address;

City;

State;

Zip Code

MARSHALL TEXAS 7567

8 Principal occupation / Job title (See Instructions)

OWNER

9 Employer (See Instructions)

Date

12-30-2019

Full name of contributor

JAY WEBB

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$200.00

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

ADMINISTRATIVE LIEUTENANT

Employer (See Instructions)

HARRISON COUNTY SHERIFF'S OFFICE

Date

12-30-2019

Full name of contributor

RAYFORD'S TRUCK & TRACTOR

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$1600.00

Contributor address;

City;

State;

Zip Code

2608 E. END BLVD., N.

MARSHALL TEXAS 75672

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12-31-2019

Full name of contributor

ZACHARY I. PRINGLE

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$200.00

Contributor address;

City;

State;

Zip Code

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:

7 OF 7

2 FILER NAME

BRANDON "B.J." FLETCHER

3 Filer ID (Ethics Commission Filers)

—

4 Date

12-31-2019

5 Full name of contributor

BETTY EMORY

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$1500.00

6 Contributor address;

City;

State;

Zip Code

7564 Hwy 80 E.

MARSHALL

TEXAS

75672

8 Principal occupation / Job title (See Instructions)

9 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)

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**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <b>BRANDON "B.S." FLETCHER</b>	3 Filer ID (Ethics Commission Filers) —
----------------------------	--	--

4 Date <b>12-10-2019</b>	5 Payee name <b>AUSTIN BANK</b>
-----------------------------	------------------------------------

6 Amount (\$) <b>\$44.00</b>	7 Payee address; <b>3400 W. MARSHALL</b>	City; <b>LONGVIEW</b>	State; <b>TEXAS</b>	Zip Code <b>75604</b>
---------------------------------	---	--------------------------	------------------------	--------------------------

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>ACCOUNTING/BANKING</b>	(b) Description <b>CHECKS/DEPOSIT SLIPS ORDER</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date <b>12-11-2019</b>	Payee name <b>DESIGNER GRAPHICS</b>
---------------------------	--

Amount (\$) <b>\$4884.45</b>	Payee address; <b>12404 Hwy 156 S.</b>	City; <b>TYLER</b>	State; <b>TEXAS</b>	Zip Code <b>75703</b>
---------------------------------	---	-----------------------	------------------------	--------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	Description <b>CAMPAIGN SIGNS</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date <b>12-12-2019</b>	Payee name <b>REPUBLICAN PARTY OF HARRISON COUNTY, TEXAS</b>
---------------------------	---

Amount (\$) <b>\$750.66</b>	Payee address; <b>E. PINECREST</b>	City; <b>MARSHALL</b>	State; <b>TEXAS</b>	Zip Code <b>75670</b>
--------------------------------	---------------------------------------	--------------------------	------------------------	--------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>FEES</b>	Description <b>CANDIDATE FILING FEE</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED