

# 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 (MP) FIRST MI NICKNAME LAST SUFFIX Ike Fluellen I		<div style="border: 2px solid black; border-radius: 50%; padding: 10px; margin: 0 auto; width: 150px;"> <p style="margin: 0;">OFFICE USE ONLY</p> <p style="margin: 0; font-size: 1.2em;">RECEIVED</p> <p style="margin: 0;">JAN 14 2016</p> <p style="margin: 0;">64 PGS.</p> <p style="margin: 0;">WI DR</p> </div> <p style="margin-top: 10px;">Date Hand-delivered or Date Postmarked</p>
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 12608 Virgo, Willis TX 77318		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (936) 856-8247		
6 CAMPAIGN TREASURER NAME	MS (MRS) / MR FIRST MI NICKNAME LAST SUFFIX Terry Fluellen L.		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 12608 Virgo Willis TX 77318		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (936) 856-8247		
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input checked="" type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded \$500 limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>		
10 PERIOD COVERED	<div style="display: flex; justify-content: space-between;"> <div>             Month Day Year              7 / 16 / 15           </div> <div>THROUGH</div> <div>             Month Day Year              1 / 15 / 16           </div> </div>		
11 ELECTION	<div style="display: flex;"> <div style="flex: 1;">             ELECTION DATE              Month Day Year              3 / 1 / 16           </div> <div style="flex: 1;">             ELECTION TYPE  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description  <input type="checkbox"/> General <input type="checkbox"/> Special           </div> </div>		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
	_____	Constable, Pet. 1 Montgomery County	

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME Glen I. Fluellen 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  
☐ GENERAL  
☐ SPECIFIC

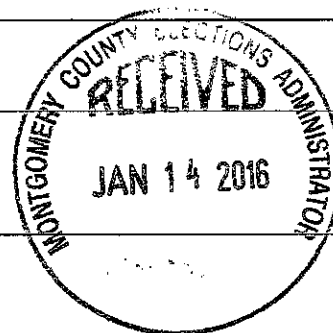
COMMITTEE NAME

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), UNLESS ITEMIZED	\$ —
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 7069.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ —
	4. TOTAL POLITICAL EXPENDITURES	\$ 10,003.02
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2024.36
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.

Glen I. Fluellen  
Signature of Candidate or Officeholder

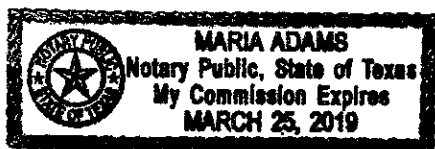
AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Glen I. Fluellen, this the 14th day of January, 2016, to certify which, witness my hand and seal of office.

Maria Adams  
Signature of officer administering oath

Maria Adams  
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***Glen Ike Fluellen***20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE****SUBTOTAL  
AMOUNT**

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 7069.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 2395.06
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	\$ 10,003.02
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 checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 200.03
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

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### 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 G:		2 FILER NAME <b>GLEN IKE FLUELLEN</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>11/16/15</b>		5 Payee name <b>SAM'S CLUB</b>			
6 Amount (\$) <b>200.03</b> <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule)		(b) Description <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		Payee name			
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		(b) 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	
Date		Payee name			
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		(b) 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	
Date		Payee name			
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		(b) 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	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 10	
2 FILER NAME Glen Ike Fluellen		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 11/19/15	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ike Fluellen Campaign 7 Contributor address; City; State; Zip Code P.O. Box 921 WMLISTX 77378	8 Amount of Contribution \$ \$0.00	9 In-kind contribution description Movie Night Basket
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Retired		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date 11/19/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Meredith Peterson Contributor address; City; State; Zip Code 2205 N. Frazier #107 Conroe TX 77303	Amount of Contribution \$ \$50.00	In-kind contribution description Mary Kay Products
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) MANA COER		Employer (FOR NON-JUDICIAL) (See Instructions) Bath + Body Works	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <u>10</u>	
2 FILER NAME <u>Glen Ike Fluellen</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <u>11/19/15</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Bernadine Taylor</u> 7 Contributor address: City: State: Zip Code <u>12270 Rollingwood Lp. Conroe TX 77303</u>	8 Amount of Contribution \$ <u>\$55.00</u>	9 In-kind contribution description <u>Punch Bowl CHRISTMAS BOWL w/ Fudge 2 SKILLETS</u>
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <u>Not employed</u>		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date <u>11/19/15</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Janice Sager</u> Contributor address: City: State: Zip Code <u>9852 N. Crystal Springs Conroe TX</u>	Amount of Contribution \$ <u>\$40.00</u>	In-kind contribution description <u>Soap BASKET</u>
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<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.			

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <u>10</u>	
2 FILER NAME <u>Glen Ike Fluellen</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <u>11/19/15</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Ike Fluellen Campaign</u> Contributor address; City; State; Zip Code <u>P.O. Box 921 Willis TX 77378</u>	8 Amount of Contribution \$ <u>\$50.00</u>	9 In-kind contribution description <u>TEXAS BASKET</u> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <u>Retired</u>		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date <u>11/19/15</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Terry Fluellen</u> Contributor address; City; State; Zip Code <u>12606 Virgo Willis TX 77318</u>	Amount of Contribution \$ <u>\$10.00</u>	In-kind contribution description <u>MIKASA CANDLESTICK HOLDERS</u> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <u>Not employed</u>		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<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.			

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <u>10</u>	
2 FILER NAME <u>Glen Ike Fluellen</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <u>11/19/15</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Larry + Chris Reichert</u>	8 Amount of Contribution \$ <u>\$50.00</u>	9 In-kind contribution description <u>Gift Card</u>
7 Contributor address; City; State; Zip Code <u>400 W. Montgomery Willis TX 76033</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <u>OWNER'S</u>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <u>Poppy's Seafood</u>	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date <u>11/19/15</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Joe Sager</u>	Amount of Contribution \$ <u>\$50.00</u>	In-kind contribution description <u>Dog Barking Alarm</u>
Contributor address; City; State; Zip Code <u>9852 N. Crystal Springs Conroe TX 77303</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<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.			



# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <u>10</u>	
2 FILER NAME <u>Glen Ike Fluellen</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <u>11/19/15</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Rita Taylor</u>	8 Amount of Contribution \$ <u>\$35.00</u>	9 In-kind contribution description <u>CANDY CANE Wreath</u> <u>HANGING CROSS</u>
7 Contributor address; City; State; Zip Code <u>12192 Rollingwood Lp. Conroe TX 77303</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <u>Realtor</u>		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date <u>11/19/15</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Terry Fluellen</u>	Amount of Contribution \$ <u>\$50.00</u>	In-kind contribution description <u>Bath + Body Works</u> <u>Basket</u>
Contributor address; City; State; Zip Code <u>12608 Virgo Willis TX 77318</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <u>Not Employed</u>		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<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.			

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <u>10</u>	
2 FILER NAME <u>Glen Ike Fluellen</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <u>11/19/15</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Kelly Taylor</u> 7 Contributor address: City: State: Zip Code <u>9008 Mann Ln. Montgomery TX 77316</u>	8 Amount of Contribution \$ <u>\$115</u>	9 In-kind contribution description <u>Essential oils</u> <u>Diffuser</u> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <u>Owner - Cassia Essential Oils</u>		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date <u>11/19/15</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Staci Fluellen</u> Contributor address: City: State: Zip Code <u>12608 Virgo Willis TX 77318</u>	Amount of Contribution \$ <u>\$45.00</u>	In-kind contribution description <u>scripture frame</u> <u>toddler outfit</u> <u>wood cross</u> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <u>Admin</u>		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<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.			

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <u>10</u>	
2 FILER NAME <u>Glen Ike Fluellen</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <u>11/19/15</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Regina Drake</u> 7 Contributor address; City; State; Zip Code <u>510 Harbor Dr Spicewood TX 78669</u>	8 Amount of Contribution \$ <u>\$600.00</u>	9 In-kind contribution description <u>In-office teeth whitening</u>
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <u>Office Worker</u>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <u>Parke &amp; Rogers Dentistry</u>	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date <u>11/19/15</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Lauren Fluellen &amp; Kelli Noriega</u> Contributor address; City; State; Zip Code <u>12979 Orion Ct. Willis TX 77318</u>	Amount of Contribution \$ <u>\$20.00</u>	In-kind contribution description <u>Embroidered Item</u>
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <u>OWNERS</u>		Employer (FOR NON-JUDICIAL) (See Instructions) <u>CRAFTY COTTAGE</u>	
Contributor's principal occupation (FOR JUDICIAL) <u>12979 Orion Ct. Willis TX 77318</u>		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<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.			

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 10	
2 FILER NAME Glen Ike Fluellen		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 11/19/15	6 Full name of contributor Tracy + Tammy Hudgins 7 Contributor address: 13509 JBL Memorial Willistx 77318 City: State: Zip Code	8 Amount of Contribution \$ \$100.00	9 In-kind contribution description 4 sports BLANKets
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Peace Officer / Hc worker		11 Employer (FOR NON-JUDICIAL) (See Instructions) Lonestar College	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date 11/19/15	Full name of contributor Dwayne Campbell Contributor address: 7156 Clearwater Willistx 77318 City: State: Zip Code	Amount of Contribution \$ \$25.00	In-kind contribution description Pest Control Service
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 10	
2 FILER NAME Glen Ike Fluellen		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 11/19/15	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#): Terry Fluellen + Bernadine Taylor 7 Contributor address; City; State; Zip Code 12608 Virgo Willis TX 77318	8 Amount of Contribution \$ \$20.00	9 In-kind contribution description CHRISTIAN Items Basket
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Not Employed		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date 11/19/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#): Emily Jones Contributor address; City; State; Zip Code 308 Rind St. Montgomery TX 77356	Amount of Contribution \$ \$750.00	In-kind contribution description Monthly FLORAL PACKAGE
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Owner		Employer (FOR NON-JUDICIAL) (See Instructions) Pecan Hill Florist	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <u>10</u>	
2 FILER NAME <u>Glen Ike Fluellen</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <u>11/19/15</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Sandra Walker</u>	8 Amount of Contribution \$ <u>\$50.00</u>	9 In-kind contribution description <u>Flameless Candle</u> <u>LAMP</u> <u>Ceramic Purse</u>
7 Contributor address; City; State; Zip Code		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date <u>11/19/15</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>John Stamper</u>	Amount of Contribution \$ <u>\$150.00</u>	In-kind contribution description <u>Knife</u> <u>Framed Knife</u> <u>FRAMED Picture</u>
Contributor address; City; State; Zip Code <u>1817 Ranch TRAIL CT Magnolia TX 77354</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <u>Retired</u>		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<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: 17

2 FILER NAME

Glen Ike Fluellen

3 Filer ID (Ethics Commission Filers)

4 Date

11/19/15

5 Full name of contributor

☐ out-of-state PAC (ID#:

Ann Kate

7 Amount of contribution (\$)

\$60.00

6 Contributor address;

City; State; Zip Code

585 Edgewood Dr. Montgomery TX 77356

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11/15/15

Full name of contributor

☐ out-of-state PAC (ID#:

Ralph & Kathy Sepulveda

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

13059 Centaurus Ct. Willis TX 77318

\$95.00

Principal occupation / Job title (See Instructions)

Metro Bus Driver / Teachers Aide

Employer (See Instructions)

Houston / Magnolia I.S.D.

Date

11/30/15

Full name of contributor

☐ out-of-state PAC (ID#:

Rene & Neysa Lorenzo

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

13630 Heron Field Ct Houston TX

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

12/1/15

Full name of contributor

☐ out-of-state PAC (ID#:

Mike Moore

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

NorthRide Dr. Conroe TX 77303

Principal occupation / Job title (See Instructions)

Retired Peace Officer

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: 17

2 FILER NAME

Glen Ike Fluellen

3 Filer ID (Ethics Commission Filers)

4 Date

11/19/15

5 Full name of contributor

Yvette Gilbert

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

\$ 6.00

6 Contributor address;

City; State; Zip Code

16200 Porter Ln. Porter TX 77365

\$ 20.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11/19/15

Full name of contributor

Steve Warren

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$ 120.00

Contributor address;

City; State; Zip Code

4475 Trinity Mills Rd. Dallas TX 75370

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/25/15

Full name of contributor

Jordan Stepanski

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$ 80.00

11/19/15

Contributor address;

City; State; Zip Code

474 Hostetter Rd. New Waverly TX 77358

\$ 20.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/19/15

Full name of contributor

Clay & Carol Shugart

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$ 200.00

Contributor address;

City; State; Zip Code

13112 Julius Ct. Willis TX 77318

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Technical Support/Teacher

W.I.S.D.

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:

17

2 FILER NAME

Glen Ike Fluellen

3 Filer ID (Ethics Commission Filers)

4 Date

11/19/15

5 Full name of contributor

☐ out-of-state PAC (ID#:

Willie Weemes

7 Amount of contribution (\$)

\$20.00

6 Contributor address;

City: State: Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11/19/15

Full name of contributor

☐ out-of-state PAC (ID#:

Matthew + Michelle Sweeney

Amount of contribution (\$)

\$20.00

Contributor address;

City: State: Zip Code

Principal occupation / Job title (See Instructions)

Peace Officers

Employer (See Instructions)

Date

11/19/15

Full name of contributor

☐ out-of-state PAC (ID#:

Karen Pawlak

Amount of contribution (\$)

\$10.00

Contributor address;

City: State: Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/19/15

Full name of contributor

☐ out-of-state PAC (ID#:

John + Sharon Schluter

Amount of contribution (\$)

\$80.00

Contributor address;

City: State: Zip Code

200 Hartford Dr. Canoe TX 77303

Principal occupation / Job title (See Instructions)

Nurse

Employer (See Instructions)

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

17

2 FILER NAME

Glen Ike Fluellen

3 Filer ID (Ethics Commission Filers)

4 Date

10/26/15

5 Full name of contributor

☐ out-of-state PAC (ID#:

NANCY JOHNSON

7 Amount of contribution (\$)

\$10.00

6 Contributor address;

City; State; Zip Code

15124 Cozy Cove Ln. Willis TX 77318

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/29/15

Full name of contributor

☐ out-of-state PAC (ID#:

Stevie & Jessica Taylor

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

12988 Pearson Rd. Montgomery TX 77356

Principal occupation / Job title (See Instructions)

Pastor

Employer (See Instructions)

NewWaverly Fellowship

Date

10/29/15

Full name of contributor

☐ out-of-state PAC (ID#:

Jerry & Shirley Allamon

Amount of contribution (\$)

\$500.00

Contributor address;

City; State; Zip Code

34 Naples Ln. Montgomery TX 77356

Principal occupation / Job title (See Instructions)

Machinist

Employer (See Instructions)

OWNERS - ALLAMON TOOL

Date

10/30/15

Full name of contributor

☐ out-of-state PAC (ID#:

Mike & Ruby Scott

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

10006 Estes Hill Ln. Conroe TX 77302

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.

# 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>Glen Ike Fluellen</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>11/19/15</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Carolyn Lehman</b> 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) <b>\$20.00</b>
8 Principal occupation / Job title (See Instructions) <b>Retired</b>		9 Employer (See Instructions)
Date <b>11/19/15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>MARY DURHAM</b> Contributor address; City; State; Zip Code	Amount of contribution (\$) <b>\$45.00</b>
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions)
Date <b>11/19/15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Charles Trotter, SR.</b> Contributor address; City; State; Zip Code <b>10053 West Shore Willis TX 77318</b>	Amount of contribution (\$) <b>\$10.00</b>
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions)
Date <b>11/19/15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Charles &amp; Sandy Trotter</b> Contributor address; City; State; Zip Code <b>10395 Champion Forest Ln, Conroe TX 77303</b>	Amount of contribution (\$) <b>\$160.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **17**

2 FILER NAME **Glen Ike Fluellen**

3 Filer ID (Ethics Commission Filers)

4 Date  
**8/25/15**

5 Full name of contributor ☐ out-of-state PAC (ID#:  
**Ann Young**

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code  
**12596 Sagittarius Dr. E. Willis TX 77318**

**\$100.00**

8 Principal occupation / Job title (See Instructions)

**Retired**

9 Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#:  
**9/20/15 Helen Briggs**

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
**12595 Sagittarius Dr. Willis TX 77318**

**\$20.00**

Principal occupation / Job title (See Instructions)

**Retired**

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#:  
**10/13/15 Wayne Klein**

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
**15547 Knotty Oaks Trail Magnolia TX 77355**

**\$100.00**

Principal occupation / Job title (See Instructions)

**Retired**

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#:  
**10/18/15 Jimmy & Rita Taylor**

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
**12192 Rollingwood Ln. Conroe TX 77303**

**\$100.00**  
**\$50.00**

Principal occupation / Job title (See Instructions)

**FIRE FIGHTER / Realtor**

Employer (See Instructions)

**Houston F.D.**

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: **17**

2 FILER NAME

**Glen Ike Fluellen**

3 Filer ID (Ethics Commission Filers)

4 Date

**8/16/15**

5 Full name of contributor

**Jerry Orton**

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

**\$ 200.00**

6 Contributor address;

City; State; Zip Code

**327 Fantasy Ln. Montgomery TX 77135**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

**8/16/15**

Full name of contributor

**Ken Porter**

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

**\$20.00**

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**8/16/15  
9/20/15  
11/19/15  
12/31/15**

Full name of contributor

**Bernadine TAYLOR**

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

**\$25.00**

Contributor address;

City; State; Zip Code

**12270 Rollingwood Ln. Conroe TX 77303**

**\$ 200.00**

**\$ 60.00**

**\$ 50.00**

Principal occupation / Job title (See Instructions)

**Retired**

Employer (See Instructions)

Date

**8/16/15**

Full name of contributor

**Robert Holden**

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

**\$40.00**

Contributor address;

City; State; Zip Code

**14210 Dairyland Dr. Willis TX 77318**

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.

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 17

2 FILER NAME

Glen I Fluelen

3 Filer ID (Ethics Commission Filers)

4 Date

12/7/15

5 Full name of contributor

☐ out-of-state PAC (ID#:

John Weisner

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

City; State; Zip Code

P.O. Box 2348 Conroe TX 77305

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/8/15

Full name of contributor

☐ out-of-state PAC (ID#:

Jenny & Bob Stewart

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

205 Kings Lane Montgomery TX 77356

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/11/15

Full name of contributor

☐ out-of-state PAC (ID#:

Lane & Elizabeth Wagner

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

12601 Virgo Willis TX 77318

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/1/15

Full name of contributor

☐ out-of-state PAC (ID#:

Ricky Drake

Amount of contribution (\$)

\$20.00

Contributor address;

City; State; Zip Code

2827 Lexington PARK DR. Spring TX 77373

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: <b>17</b>
2 FILER NAME <b>Glen Ike Fluellen</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>11/19/15</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Billy + Chris Huntsman</b> 6 Contributor address; City; State; Zip Code <b>P.O. Box 1486 Conroe TX 77305</b>	7 Amount of contribution (\$) <b>\$70.00</b>
8 Principal occupation / Job title (See Instructions) <b>Peace Officer</b>		9 Employer (See Instructions) <b>Aldine I.S.D.</b>
Date <b>11/19/15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>John Fancher</b> Contributor address; City; State; Zip Code <b>11760 E. Lakeshore Dr. Conroe TX 77303</b>	Amount of contribution (\$) <b>\$50.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>11/19/15</b> <b>11/1/15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Glen &amp; Cheryl Colby</b> Contributor address; City; State; Zip Code <b>13474 Levi Rd. Willis TX 77378</b>	Amount of contribution (\$) <b>\$20.00</b> <b>\$30.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>11/19/15</b> <b>11/19/15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Tolan Hill</b> Contributor address; City; State; Zip Code <b>17040 W. FM 1097 Rd. Unit #5303 Montgomery TX 77356</b>	Amount of contribution (\$) <b>\$50.00</b> <b>\$10.00</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: **17**

2 FILER NAME

**Glen Ike Fluellen**

3 Filer ID (Ethics Commission Filers)

4 Date

**11/19/15**

5 Full name of contributor

☐ out-of-state PAC (ID#:

**Kevin + Barbara Swatzel**

7 Amount of contribution (\$)

**\$60.00**

6 Contributor address;

City: State: Zip Code

**2251 Teas Crossing Conroe TX 77304**

8 Principal occupation / Job title (See instructions)

9 Employer (See instructions)

Date

**11/19/15**

Full name of contributor

☐ out-of-state PAC (ID#:

**Lucia Teinert**

Amount of contribution (\$)

**\$10.00**

Contributor address;

City: State: Zip Code

**10611 Royal Sterling Conroe TX 77323**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

**11/19/15**

Full name of contributor

☐ out-of-state PAC (ID#:

**Jodie Reed**

Amount of contribution (\$)

**\$10.00**

Contributor address;

City: State: Zip Code

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

**11/19/15**

Full name of contributor

☐ out-of-state PAC (ID#:

**Joe Sager**

Amount of contribution (\$)

**\$10.00**

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: **17**

2 FILER NAME

**Glen Ike Fluelen**

3 Filer ID (Ethics Commission Filers)

4 Date

**11/19/15**

5 Full name of contributor

**Georgette Whalley**

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

**\$70.00**

6 Contributor address;

City; State; Zip Code

**13 APRIL HI Montgomery TX 77356**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

**ASAP BAIL Bonds**

Date

**11/19/15**

Full name of contributor

**Leslie Isbell**

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

**\$10.00**

Contributor address;

City; State; Zip Code

**10890 ROSE ROYAL DR. CONROE TX 77303**

Principal occupation / Job title (See Instructions)

**Church Secretary**

Employer (See Instructions)

**Christ the King Church**

Date

**11/19/15**

Full name of contributor

**Ron Pickering**

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

**\$55.00**

Contributor address;

City; State; Zip Code

**12149 IVY DR. CONROE TX 77303**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**11/19/15**

Full name of contributor

**Ken Stadler**

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

**\$70.00**

Contributor address;

City; State; Zip Code

**18917 HARBOURSIDE MONTGOMERY TX 77356**

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: 17

2 FILER NAME *Glen Ike Fluellen*

3 Filer ID (Ethics Commission Filers)

4 Date

*7/24/15*

5 Full name of contributor

*RAY LEONARD STEINMANN*

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

*\$100.00*

6 Contributor address;

City; State; Zip Code

*7333 Teasdale Dr. Conroe TX 77304*

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

*7/27/15*

Full name of contributor

*Jerry Dossey*

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

*\$200.00*

Contributor address;

City; State; Zip Code

*16 Panorama Dr. Conroe TX 77304*

Principal occupation / Job title (See Instructions)

*Retired Peace Officer*

Employer (See Instructions)

Date

*9/10/15*

Full name of contributor

*Jim + Lynda McLaughlin*

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

*\$199.00*

Contributor address;

City; State; Zip Code

*11667 Sagittarius Dr. W. Willis TX 77378*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*8/16/15*

Full name of contributor

*Bill Englert*

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

*\$100.00*

Contributor address;

City; State; Zip Code

*3203 Wilderness Way Montgomery TX 77316*

*\$500.00*

*\$500.00*

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.

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

17

2 FILER NAME

Glen Ike Fluellen

3 Filer ID (Ethics Commission Filers)

4 Date

11/19/15

5 Full name of contributor

☐ out-of-state PAC (ID#:

Vicky McKenna

7 Amount of contribution (\$)

\$120.00

6 Contributor address;

City; State; Zip Code

10059 Northridge Conroe TX 77383

8 Principal occupation / Job title (See Instructions)

NURSE

9 Employer (See Instructions)

HERMAN MEMORIAL

Date

11/19/15

Full name of contributor

☐ out-of-state PAC (ID#:

Mike & Darlene Smith

Amount of contribution (\$)

\$500.00

Contributor address;

City; State; Zip Code

31014 Beckyl Ln Magnolia TX 77354

Principal occupation / Job title (See Instructions)

MAJOR

Employer (See Instructions)

H.C.S.O.

Date

11/1/19

Full name of contributor

☐ out-of-state PAC (ID#:

Donny & Shirley Taylor

Amount of contribution (\$)

\$20.00

Contributor address;

City; State; Zip Code

12579 Sagittarius Dr. E. Willis TX 77388

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

11/1/19

Full name of contributor

☐ out-of-state PAC (ID#:

Ginger Russell

Amount of contribution (\$)

\$20.00

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: 17

2 FILER NAME Glen Ike Fluellen

3 Filer ID (Ethics Commission Filers)

4 Date  
11/1/15  
11/19/15

5 Full name of contributor ☐ out-of-state PAC (ID#:  
RAY + Beverly Brown  
6 Contributor address; City; State; Zip Code  
15318 Piney Point Ln. Conroe TX 77303

7 Amount of contribution (\$)  
\$50.00  
\$20.00

8 Principal occupation / Job title (See Instructions)  
Retired

9 Employer (See Instructions)

Date  
11/4/15

Full name of contributor ☐ out-of-state PAC (ID#:  
Mike + Denise Walsh  
Contributor address; City; State; Zip Code  
6862 Kingston Cove Willist TX 77318

Amount of contribution (\$)  
\$150.00

Principal occupation / Job title (See Instructions)  
Pastor

Employer (See Instructions)  
Christ the King Church

Date  
11/1/15  
11/15/15  
11/29/15

Full name of contributor ☐ out-of-state PAC (ID#:  
John + Jean Pever  
Contributor address; City; State; Zip Code  
13581 Hackberry Manor Dr Willist TX 77318

Amount of contribution (\$)  
\$25.00  
\$25.00  
\$20.00

Principal occupation / Job title (See Instructions)  
Retired

Employer (See Instructions)

Date  
11/8/15  
11/29/15

Full name of contributor ☐ out-of-state PAC (ID#:  
Alan + Janet Kent  
Contributor address; City; State; Zip Code  
11811 Langtree Ln. Conroe TX 77303

Amount of contribution (\$)  
\$100.00  
\$100.00

Principal occupation / Job title (See Instructions)  
Retired

Employer (See Instructions)

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 17

2 FILER NAME Glen Ike Fluellen

3 Filer ID (Ethics Commission Filers)

4 Date 11/19/15

5 Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Kay Southers

7 Amount of contribution (\$)

6 Contributor address;

City: State: Zip Code

\$10.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

11/19/15

E. K. Johnson

Amount of contribution (\$)

Contributor address;

City: State: Zip Code

\$10.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

11/19/15

MARK Frank

Amount of contribution (\$)

Contributor address;

City: State: Zip Code

\$10.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

11/19/15

Larry Brandt

Amount of contribution (\$)

Contributor address;

City: State: Zip Code

\$10.00

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: 17

2 FILER NAME

Glen Ike Fluellen

3 Filer ID (Ethics Commission Filers)

4 Date

11/19/15

5 Full name of contributor

☐ out-of-state PAC (ID#)

Sandra League

6 Contributor address;

City: State: Zip Code

P.O. Box 1434 Conroe TX 77305

7 Amount of contribution (\$)

\$10.00

8 Principal occupation / Job title (See instructions)

Sales person

9 Employer (See instructions)

MARY KAY

Date

11/19/15

Full name of contributor

☐ out-of-state PAC (ID#)

DOUG PARKER

Contributor address;

City: State: Zip Code

1091 Elkins Lake Huntsville TX

Amount of contribution (\$)

\$10.00

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

11/19/15

Full name of contributor

☐ out-of-state PAC (ID#)

Steve Parker

Contributor address;

City: State: Zip Code

Amount of contribution (\$)

\$10.00

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

11/19/15

Full name of contributor

☐ out-of-state PAC (ID#)

Lonnie & Emma Needham

Contributor address;

City: State: Zip Code

Amount of contribution (\$)

\$20.00

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: **17**

2 FILER NAME

**Glen Ike Fluellen**

3 Filer ID (Ethics Commission Filers)

4 Date

**11/19/15**

5 Full name of contributor

**Robert + Brenda Fluellen**

☐ out-of-state PAC (ID#)

7 Amount of contribution (\$)

**\$154.00**

6 Contributor address;

City; State; Zip Code

**6882 Pearson Rd. Midway TX 75852**

**\$100.00**

8 Principal occupation / Job title (See Instructions)

**machinist**

9 Employer (See Instructions)

**Allanon Tool**

Date

**11/19/15**

Full name of contributor

**LARRY Charbonneau**

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

**\$100.00**

Contributor address;

City; State; Zip Code

**12590 Melville Dr. Montgomery TX 73206**

**\$10.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**11/19/15**

Full name of contributor

**Ralph Smith**

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

**\$50.00**

Contributor address;

City; State; Zip Code

**20261 Southwood Oaks Porter TX**

**\$10.00**

Principal occupation / Job title (See Instructions)

**Retired Peace Officer**

Employer (See Instructions)

Date

**11/19/15**

Full name of contributor

**MADONNA Miller**

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

**\$20.00**

Contributor address;

City; State; Zip Code

**12626 Antares Willis TX 77318**

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 FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
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: <b>33</b>	2 FILER NAME <b>GLEN IKE FLUELLEN</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>12/08/15</b>	5 Payee name <b>Heidi Roark</b>	
6 Amount (\$) <b>75.79</b>	7 Payee address; City; State; Zip Code <b>2114 Hickory Trail Pl. Rody TX 7450</b>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) <b>EVENT</b>	(b) Description <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>11/27/15</b>	Payee name <b>FAST Balloons</b>	
Amount (\$) <b>90.99</b>	Payee address; City; State; Zip Code <b>1335 W. 134th. Gardena Ca. 90247</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>EVENT</b>	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
Date <b>11/19/15</b>	Payee name <b>Montgomery Historical Society</b>	
Amount (\$) <b>75.00</b>	Payee address; City; State; Zip Code <b>8225 FM 149 Montgomery TX 77316</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Advertising</b>	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



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
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: <b>33</b>	2 FILER NAME <b>GLENIKE FLUELLEN</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>12/04/15</b>	5 Payee name <b>Jim's Hardware</b>	
6 Amount (\$) <b>38.91</b>	7 Payee address; City; State; Zip Code <b>14460 Liberty St. Montgomery TX 71356</b>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) <b>Advertising</b>	(b) Description <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>12/04/15</b>	Payee name <b>Envelopes.Com</b>	
Amount (\$) <b>65.91</b>	Payee address; City; State; Zip Code <b>5300 New Horizons Blvd. Amityville NY 11701</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Advertising</b>	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		

Date <b>11/20/15</b>	Payee name <b>Hobby Lobby</b>	
Amount (\$) <b>69.71</b>	Payee address; City; State; Zip Code <b>1217 336 Lp Conroe TX 71301</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <b>Fundraising</b>	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

# 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: <b>33</b>		2 FILER NAME <b>GLEN IKE FLUELLEN</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>9/25/15</b>		5 Payee name <b>AMAZON.COM</b>			
6 Amount (\$) <b>70.86</b>		7 Payee address; City; State; Zip Code <b>440 Terry Ave N. Seattle, WA 98109</b>			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) <b>Advertising</b>		(b) Description <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>10/7/15</b>		Payee name <b>City of Willis</b>			
Amount (\$) <b>50.00</b>		Payee address; City; State; Zip Code <b>200 North Bell Willis TX 77378</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>Advertising</b>		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	
Date <b>11/30/15</b>		Payee name <b>Oriental TRADING</b>			
Amount (\$) <b>14.99</b>		Payee address; City; State; Zip Code <b>P.O. Box 2308 Omaha NE 68103</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>Advertising</b>		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**

# 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: <b>33</b>		2 FILER NAME <b>Glen Ike Fivellen</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>10/30/15</b>		5 Payee name <b>LIFEWAY</b>			
6 Amount (\$) <b>21.63</b>		7 Payee address; City; State; Zip Code <b>19075 Portofino I-45 Conroe TX 77385</b>			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) <b>Fundraising</b>		(b) Description <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>8/17/15</b>		Payee name <b>HEB</b>			
Amount (\$) <b>19.12</b>		Payee address; City; State; Zip Code <b>2108 N. Frazier St. Conroe TX 77301</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>EVENT</b>		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	
Date <b>7/22/15</b>		Payee name <b>STAPLES</b>			
Amount (\$) <b>66.67</b>		Payee address; City; State; Zip Code <b>19507 I-45N. Conroe TX</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>Printing</b>		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	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>					

# 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: 33		2 FILER NAME GLEN IKE FLUELLEN		3 Filer ID (Ethics Commission Filers)	
4 Date 7/28/15		5 Payee name BRAUNIS			
6 Amount (\$) 82.81		7 Payee address: City: State: Zip Code 810 W. DAVIS ST. CONROE TX 77301			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising		(b) Description <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 8/14/15		Payee name ALPDI			
Amount (\$) 18.57		Payee address: City: State: Zip Code 2045 N. Loop 336 CONROE TX 77304			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) EVENT		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	
Date 8/10/15		Payee name Netbrand Media			
Amount (\$) 50.19		Payee address: City: State: Zip Code 14550 Beechnut St. Houston TX			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising		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	
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.

1 Total pages Schedule F1: <b>33</b>		2 FILER NAME <b>GLEN I KE FLUELLEN</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>11/19/15</b>		5 Payee name <b>Big Little Fudge</b>			
6 Amount (\$) <b>20.41</b>		7 Payee address; City; State; Zip Code <b>18417-105 Montgomery TX 77356</b>			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) <b>Fundraising</b>		(b) Description <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>12/4/15</b>		Payee name <b>CARD + PARTY FACTORY</b>			
Amount (\$) <b>30.63</b>		Payee address; City; State; Zip Code <b>705 W. DAVIS CONROE TX 77301</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>EVENT</b>		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	
Date <b>11/30/15</b>		Payee name <b>Academy</b>			
Amount (\$) <b>51.95</b>		Payee address; City; State; Zip Code <b>1414 Loop 336 W. Conroe TX 77304</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>EVENT</b>		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	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>					

# 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: <b>33</b>	2 FILER NAME <b>GLEN I KE FLUELLEN</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>11/19/15</b>	5 Payee name <b>I-tunes</b>	
6 Amount (\$) <b>9.55</b>	7 Payee address; City; State; Zip Code <b>Online</b>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>EVENT</b>	(b) Description <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>11/19/15</b>	Payee name <b>EVENTS PLUS</b>	
Amount (\$) <b>96.98</b>	Payee address; City; State; Zip Code <b>8809 FAWN TRAIL COMROE TX 77385</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>EVENT</b>	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		
Date <b>11/24/15</b>	Payee name <b>NASHVILLE WRAPS</b>	
Amount (\$) <b>66.22</b>	Payee address; City; State; Zip Code <b>242 MOLLY WALTON DR. HENDERSONVILLE TN 37075</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	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		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# 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: <b>33</b>	2 FILER NAME <b>GLEN IKE FLUELLEN</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>8/20/15</b>	5 Payee name <b>Montgomery County</b>	
6 Amount (\$) <b>100.00</b>	7 Payee address; City; State; Zip Code <b>510 Hwy 75 Willis TX 77378</b>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>EVENT</b>	(b) Description <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>9/18/15</b>	Payee name <b>D Bostick IT Services</b>		
Amount (\$) <b>200.69</b>	Payee address; City; State; Zip Code <b>1712 N. Frazier Conroe TX 77301</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	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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Date <b>9/30/15</b>	Payee name <b>TEXAS GOP STORE</b>		
Amount (\$) <b>1220.52</b>	Payee address; City; State; Zip Code <b>404 I-45 Huntsville TX 77488</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	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**

# 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: <b>33</b>		2 FILER NAME <b>GLENIKE FLLWELLEN</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>10/1/15</b>		5 Payee name <b>Groggy Dog T's</b>			
6 Amount (\$) <b>238.15</b>		7 Payee address; City; State; Zip Code <b>14259 Liberty St. Montgomery TX</b>			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) <b>Advertising</b>		(b) Description <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>11/19/15</b>		Payee name <b>FedEX office</b>			
Amount (\$) <b>255.61</b>		Payee address; City; State; Zip Code <b>1304 W. DAVIS Conroe TX</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>Printing</b>		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	
Date <b>11/24/15</b>		Payee name <b>Montgomery County Republican Party</b>			
Amount (\$) <b>1000.00</b>		Payee address; City; State; Zip Code <b>310 Metcalf St. Conroe TX 77301</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>Fee</b>		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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# 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: 33		2 FILER NAME GLEN I KE FLEWELLEN		3 Filer ID (Ethics Commission Filers)	
4 Date 8/17/15		5 Payee name PAPA JOHNS			
6 Amount (\$) 235.42		7 Payee address; City; State; Zip Code 18442 105 Montgomery TX 77356			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) EVENT		(b) Description <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 11/20/15		Payee name Montgomery County			
Amount (\$) 250.00		Payee address; City; State; Zip Code 510 Hwy 75 Willis TX 77378			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) EVENT		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	
Date 10/16/15		Payee name MOTIVATORS INC.			
Amount (\$) 177.00		Payee address; City; State; Zip Code 123 Frost St. #201 Westbury NY 11590			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising		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	
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.

1 Total pages Schedule F1: <b>33</b>	2 FILER NAME <b>GLEN IKE FUELLOW</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>12/7/15</b>	5 Payee name <b>MOTIVATORS INC.</b>	
6 Amount (\$) <b>149.00</b>	7 Payee address; City; State; Zip Code <b>123 Frost St. #201 Westburg NY 11590</b>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Advertising</b>	(b) Description <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>8/12/15</b>	Payee name <b>U.S.P.S.</b>		
Amount (\$) <b>28.00</b>	Payee address; City; State; Zip Code <b>809 W. DALLAS CONROE TX 77301</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	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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Date <b>7/28/15</b>	Payee name <b>U.S.P.S.</b>		
Amount (\$) <b>19.60</b>	Payee address; City; State; Zip Code <b>809 W. DALLAS CONROE TX 77301</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	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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# 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: <u>33</u>		2 FILER NAME <u>GLEN IKE FLUELLEN</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>11/2/15</u>		5 Payee name <u>KROGER</u>			
6 Amount (\$) <u>43.64</u>		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <u>EVENT</u>		(b) Description <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 <u>88</u>		Payee name <u>KROGER</u>			
Amount (\$) <u>88.20</u>		Payee address; City; State; Zip Code <u>12605 I-45 WILLS TX 77378</u>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <u>EVENT</u>		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	
Date <u>10/13/15</u>		Payee name <u>TRACTOR SUPPLY</u>			
Amount (\$) <u>63.65</u>		Payee address; City; State; Zip Code <u>12466 I-45 N. WILLS TX 77378</u>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <u>Advertising</u>		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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# 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: <b>33</b>	2 FILER NAME <b>GLEN I KE FLUELLEN</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>10/19/15</b>	5 Payee name <b>TRACTOR SUPPLY</b>	
6 Amount (\$) <b>42.35</b>	7 Payee address: City: State: Zip Code <b>12466 I-45 N. Willis TX 77378</b>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Advertising</b>	(b) Description <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>11/30/15</b>	Payee name <b>TRACTOR SUPPLY</b>	
Amount (\$) <b>49.23</b>	Payee address: City: State: Zip Code <b>12466 I-45 N. Willis TX 77378</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	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

Date <b>12/1/15</b>	Payee name <b>FACEBOOK</b>	
Amount (\$) <b>13.99</b>	Payee address: City: State: Zip Code <b>MENLO PARK CA</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	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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# 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: <u>33</u>		2 FILER NAME <u>GLEN IKE FLUREN</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>10/10/15</u>		5 Payee name <u>FACEBOOK</u>			
6 Amount (\$) <u>25.14</u>		7 Payee address: City: State: Zip Code <u>Menlo Park CA</u>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <u>Advertising</u>		(b) Description <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 <u>8/31/15</u>		Payee name <u>FACEBOOK</u>			
Amount (\$) <u>9.91</u>		Payee address: City: State: Zip Code <u>Menlo Park CA</u>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <u>Advertising</u>		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	
Date <u>8/24/15</u>		Payee name <u>FACEBOOK</u>			
Amount (\$) <u>25.08</u>		Payee address: City: State: Zip Code <u>Menlo Park CA</u>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <u>Advertising</u>		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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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 9(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: **33** 2 FILER NAME **GLEN IKE FLUELLEN** 3 Filer ID (Ethics Commission Filers)

4 Date **11/2/15** 5 Payee name **FACEBOOK**

6 Amount (\$) **20.34** 7 Payee address; City; State; Zip Code **MENLO PARK CA**

8 PURPOSE OF EXPENDITURE **Advertising** (a) Category (See Categories listed at the top of this schedule) (b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

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

Date **12/29/15** Payee name **FACEBOOK**

Amount (\$) **155.85** Payee address; City; State; Zip Code **MENLO PARK CA**

PURPOSE OF EXPENDITURE **Advertising** Category (See Categories listed at the top of this schedule) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

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

Date **11/2/15** Payee name **FACEBOOK**

Amount (\$) **65.42** Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE **Advertising** Category (See Categories listed at the top of this schedule) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

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

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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: 33	2 FILER NAME GLEN IKE FLUELLEN	3 Filer ID (Ethics Commission Filers)
4 Date 8/1/15	5 Payee name FACEBOOK	
6 Amount (\$) 35.11	7 Payee address; City: State; Zip Code Menlo Park CA	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description <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 7/1/15	Payee name FACEBOOK	
Amount (\$) 105.01	Payee address; City: State; Zip Code Menlo Park CA	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	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
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Date 7/1/15	Payee name FACEBOOK	
Amount (\$) 8.74	Payee address; City: State; Zip Code Menlo Park CA	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	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
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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  
Salary/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: <b>33</b>	2 FILER NAME <b>OLEN IKE FLUELLEN</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>12/8/15</b>	5 Payee name <b>OFFICE DEPOT</b>	
6 Amount (\$) <b>16.24</b>	7 Payee address; City; State; Zip Code <b>1319 W. DAVIS ST. CONROE TX 77304</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Printing</b>	(b) Description <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>12/2/15</b>	Payee name <b>office Depot</b>	
Amount (\$) <b>54.10</b>	Payee address; City; State; Zip Code <b>1319 W. DAVIS ST. CONROE TX 77304</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Printing</b>	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
Date <b>12/1/15</b>	Payee name <b>Office Depot</b>	
Amount (\$) <b>17.86</b>	Payee address; City; State; Zip Code <b>1319 W. DAVIS ST. CONROE TX 77304</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Printing</b>	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

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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: 33		2 FILER NAME GLEN IKE FLUELLON		3 Filer ID (Ethics Commission Filers)	
4 Date 12/21/15		5 Payee name Office Depot			
6 Amount (\$) 21.71		7 Payee address; City; State; Zip Code 1319 W. DAVIS ST. CONROE TX 77304			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Printing		(b) Description <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 12/26/15		Payee name Office Depot			
Amount (\$) 29.77		Payee address; City; State; Zip Code 1319 W. DAVIS CONROE TX 77304			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Printing		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	
Date 12/28/15		Payee name Office Depot			
Amount (\$) 7.86		Payee address; City; State; Zip Code 1319 W. DAVIS CONROE TX 77304			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Printing		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	

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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: <b>33</b>	2 FILER NAME <b>COLON IKE FLUELLEN</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>11/3/15</b>	5 Payee name <b>Office Depot</b>	
6 Amount (\$) <b>9.74</b>	7 Payee address; City; State; Zip Code <b>1319 W. DAVIS Conroe TX 77304</b>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Printing</b>	(b) Description <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>11/10/15</b>	Payee name <b>Office Depot</b>	
Amount (\$) <b>17.27</b>	Payee address; City; State; Zip Code <b>1319 W. DAVIS Conroe TX 77304</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Printing</b>	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
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Date <b>12/17/15</b>	Payee name <b>Office Depot</b>	
Amount (\$) <b>15.72</b>	Payee address; City; State; Zip Code <b>1319 W. DAVIS Conroe TX 77304</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Printing</b>	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
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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: <b>33</b>	2 FILER NAME <b>OLEN IKE FLUELEN</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>11/4/15</b>	5 Payee name <b>U.S.P.S.</b>	
6 Amount (\$) <b>98.00</b>	7 Payee address; City; State; Zip Code <b>809 W. DALLAS CONROE TX 77301</b>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Advertising</b>	(b) Description <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>10/16/15</b>	Payee name <b>office Depot</b>	
Amount (\$) <b>19.49</b>	Payee address; City; State; Zip Code <b>1319 W. DAVIS CONROE TX 77304</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Printing</b>	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		

Date <b>11/2/15</b>	Payee name <b>office Depot</b>	
Amount (\$) <b>38.62</b>	Payee address; City; State; Zip Code <b>1319 W. DAVIS CONROE TX 77304</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Printing</b>	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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# 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: <b>33</b>		2 FILER NAME <b>GLEN IKE FLUellen</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>9/21/15</b>		5 Payee Name <b>Office Depot</b>			
6 Amount (\$) <b>19.49</b>		7 Payee address; City: State; Zip Code <b>1319 W. DAVIS CONROE TX 77304</b>			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) <b>Printing</b>		(b) Description <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>10/30/15</b>		Payee name <b>VISTA PRINTS</b>			
Amount (\$) <b>172.96</b>		Payee address; City: State; Zip Code <b>ONLINE</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>Advertising</b>		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	
Date <b>11/11/15</b>		Payee name <b>VISTA PRINTS</b>			
Amount (\$) <b>59.33</b>		Payee address; City: State; Zip Code <b>ONLINE</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>Advertising</b>		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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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 9(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: 33	2 FILER NAME GLEN IKE FLUELLEN	3 Filer ID (Ethics Commission Filers)
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4 Date 10/12/15	5 Payee name VISTA PRINTS
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6 Amount (\$) 40.46	7 Payee address: City: State: Zip Code ONLINE
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/26/15	Payee name Vista Prints
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Amount (\$) 84.97	Payee address: City: State: Zip Code ONLINE
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/17/15	Payee name VISTA PRINTS
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Amount (\$) 142.97	Payee address: City: State: Zip Code ONLINE
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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  
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: 33		2 FILER NAME GLEN IKE FLUELLEN		3 Filer ID (Ethics Commission Filers)	
4 Date 7/9/15		5 Payee name VISTA PRINTS			
6 Amount (\$) 215.44		7 Payee address; City; State; Zip Code ONLINE			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising		(b) Description <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 12/2/15		Payee name VISTA PRINTS			
Amount (\$) 142.97		Payee address; City; State; Zip Code ONLINE			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising		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	
Date 10/20/15		Payee name WALMART			
Amount (\$) 98.00		Payee address; City; State; Zip Code 1407 N. Loop 336 Conroe TX			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Event		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	

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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: 33		2 FILER NAME GLEN IRE FLUELLEN		3 Filer ID (Ethics Commission Filers)	
4 Date 11/16/15		5 Payee name WAL-MART			
6 Amount (\$) 8.49		7 Payee address: City: State: Zip Code 1407 N. Loop 336 W. Conroe TX			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) EVENT		(b) Description <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 11/16/15		Payee name WALMART			
Amount (\$) 96.36		Payee address: City: State: Zip Code 1407 N. Loop 336 W. Conroe TX			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Event		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	
Date 11/16/15		Payee name WALMART (Montgomery)			
Amount (\$) 75.71		Payee address: City: State: Zip Code 1407 N. Loop 336 W. Conroe TX			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Event		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	

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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: 33		2 FILER NAME COLEEN Ike Fivellon		3 Filer ID (Ethics Commission Filers)	
4 Date 11/9/15		5 Payee name WALMART			
6 Amount (\$) 37.74		7 Payee address: City: State: Zip Code 1407 N. Loop 336 Conroe TX			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Event		(b) Description <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 10/31/15		Payee name WALMART			
Amount (\$) 8.96		Payee address: City: State: Zip Code 1407 N. Loop 336 Conroe TX			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Event		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	
Date 10/7/15		Payee name WALMART			
Amount (\$) 98.00		Payee address: City: State: Zip Code 1407 N. Loop 336 Conroe TX			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising		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	

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 33 2 FILER NAME OLENKE FLUellen 3 Filer ID (Ethics Commission Filer)

4 Date 9/30/15 5 Payee name WALMART

6 Amount (\$) 98.00 7 Payee address; City; State; Zip Code 1407 N. Loop 336 Conroe TX

8 PURPOSE OF EXPENDITURE Advertising (a) Category (See Categories listed at the top of this schedule) (b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense.

Complete ONLY if direct expenditure to benefit COH Candidate / Officeholder name Office sought Office held

Date 9/4/15 Payee name WALMART

Amount (\$) 10.76 Payee address; City; State; Zip Code 1407 N. Loop 336 Conroe TX

PURPOSE OF EXPENDITURE Advertising Category (See Categories listed at the top of this schedule) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense.

Complete ONLY if direct expenditure to benefit COH Candidate / Officeholder name Office sought Office held

Date 8/14/15 Payee name WALMART

Amount (\$) 32.53 Payee address; City; State; Zip Code 1407 N. Loop 336 Conroe TX

PURPOSE OF EXPENDITURE Event Category (See Categories listed at the top of this schedule) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense.

Complete ONLY if direct expenditure to benefit COH 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/Officer/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: 33	2 FILER NAME GLEN Ike Fivellen	3 Filer ID (Ethics Commission Filers)
4 Date 12/14/15	5 Payee name WALMART	
6 Amount (\$) 127.40	7 Payee address; City; State; Zip Code 1407 N. Loop 336 Conroe TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event/MAILING	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officer/holder living expense.

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

Date 12/10/15	Payee name WALMART	
Amount (\$) 75.71	Payee address; City; State; Zip Code 1407 N. Loop 336 Conroe TX	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officer/holder living expense.

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

Date 12/7/15	Payee name WALMART	
Amount (\$) 119.08	Payee address; City; State; Zip Code 1407 N. Loop 336 Conroe TX	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officer/holder living expense.

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officer/holder 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/Bookkeeping  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officer/holder/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: 33	2 FILER NAME GLEN IKE FUELLER	3 Filer ID (Ethics Commission Filer)
4 Date 12/7/15	5 Payee name WALMART	
6 Amount (\$) 168.74	7 Payee address; City; State; Zip Code 1407 N. Loop 336 W. Conroe TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officer/holder living expense.

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officer/holder name	Office sought	Office held
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Date 12/3/15	Payee name WALMART		
Amount (\$) 105.83	Payee address; City; State; Zip Code 1407 N. Loop 336 W. Conroe TX		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising/Event	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officer/holder living expense.	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officer/holder name	Office sought	Office held
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Date 12/1/15	Payee name WALMART		
Amount (\$) 45.43	Payee address; City; State; Zip Code 1407 N. Loop 336 W. Conroe TX		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising/Events	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officer/holder living expense.	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officer/holder 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 3(a)

Advertising Expense  
Accounting/Bookkeeping  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officer/holder/Political Committee  
Credit Card Payment

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Printing Expense  
Salary/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: <b>33</b>	2 FILER NAME <b>OLENKE FIVELLEN</b>	3 Filer ID (Ethics Commission Filer)
4 Date <b>11/20/15</b>	5 Payee name <b>WALMART</b>	
6 Amount (\$) <b>15.27</b>	7 Payee address; City; State; Zip Code <b>1407 N. Loop 336 W. Conroe TX</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising/Event</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officer/holder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officer/holder name	Office sought	Office held
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Date <b>11/24/15</b>	Payee name <b>WALMART</b>		
Amount (\$) <b>294.00</b>	Payee address; City; State; Zip Code <b>1407 N. Loop 336 W. Conroe TX</b>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officer/holder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officer/holder name	Office sought	Office held
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Date <b>12/21/15</b>	Payee name <b>WALMART</b>		
Amount (\$) <b>147.00</b>	Payee address; City; State; Zip Code <b>1407 N. Loop 336 W. Conroe TX</b>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officer/holder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officer/holder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 9(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: 33	2 FILER NAME COLENIKE F LUELLER	3 Filer ID (Ethics Commission Filer)
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4 Date 11/12/15	5 Payee name SAM'S
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6 Amount (\$) 158.47	7 Payee address; City; State; Zip Code 2000 Westview Blvd Conroe TX
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense.
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/9/15	Payee name SAM'S
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Amount (\$) 53.97	Payee address; City; State; Zip Code 2000 Westview Blvd Conroe TX
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/16/15	Payee name SAM'S
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Amount (\$) 179.78	Payee address; City; State; Zip Code 2000 Westview Blvd. Conroe TX
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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  
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: <b>33</b>		2 FILER NAME <b>GLEN IKE FLUELLEN</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>9/30/15</b>		5 Payee name <b>SAM'S</b>			
6 Amount (\$) <b>40.57</b>		7 Payee address; City; State; Zip Code <b>2000 Westview Blvd Conroe TX</b>			
8 <b>PURPOSE OF EXPENDITURE</b>		8(a) Category (See Categories listed at the top of this schedule) <b>Event</b>		8(b) Description <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>9/22/15</b>		Payee name <b>SAMS</b>			
Amount (\$) <b>60.60</b>		Payee address; City; State; Zip Code <b>2000 Westview Blvd Conroe TX</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>Event</b>		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	
Date <b>9/21/15</b>		Payee name <b>SAMS</b>			
Amount (\$) <b>370.04</b>		Payee address; City; State; Zip Code <b>2000 Westview Blvd Conroe TX</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>Event</b>		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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# 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/Officerholder/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: <b>33</b>		2 FILER NAME <b>GLEN IKE FLUELLEN</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>8/14/15</b>		5 Payee name <b>SAM'S</b>			
6 Amount (\$) <b>22.44</b>		7 Payee address; City; State; Zip Code <b>Event 2000 Westview Conroe TX</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <b>Event</b>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officerholder living expense.	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officerholder name		Office sought Office held	
Date <b>7/2/15</b>		Payee name <b>SAM'S.</b>			
Amount (\$) <b>33.49</b>		Payee address; City; State; Zip Code <b>2000 Westview Conroe TX</b>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>Event</b>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officerholder living expense.	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officerholder name		Office sought Office held	
Date <b>12/7/15</b>		Payee name <b>SAM'S</b>			
Amount (\$) <b>139.49</b>		Payee address; City; State; Zip Code <b>2000 Westview Conroe TX</b>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>Event</b>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officerholder living expense.	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officerholder name		Office sought Office held	

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**SCHEDULE F-1**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officsholder/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)

2 FILER NAME

**S Filor ID (Ethics Commission Filers)**

#### 4. Design

5 Payerne - 10000

**6 Amount (\$)**

7 Payee address: City: State: Zip Code

2

**PURPOSE  
OF  
EXPENDITURE**

**(a) Category** (See Categories listed at the top of this schedule)

## Event

**(b) Description**

☐ Check if travel outside of Texas. Complete Schedule T.

☐ Check if Austin, TX. officeholder living expense

**8 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

☐ Check if travel outside of Texas. Complete Schedule T.  
☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct  
expenditure to benefit C/OH

**Candidate / Officeholder name**

## Office sought

**Office held**

Date \_\_\_\_\_

**Payer's name**

Amount (\$)

Payee address: City: State: Zip Code

### PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)

### Description

☐ Check if travel outside of Texas. Complete Schedule T.

☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct  
expenditure to benefit C/OH

**Candidate / Officeholder name**

## Office sought

### Office held

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