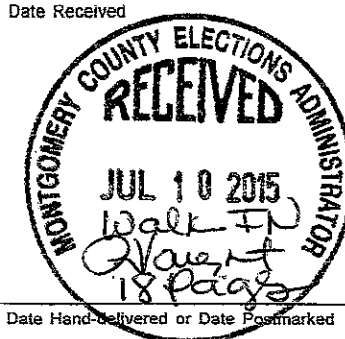


**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <div style="text-align: center; font-size: 2em;">18</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: _____ FIRST: <u>Glen</u> MI: <u>I</u> NICKNAME: <u>IKE</u> LAST: <u>Fluellen</u> SUFFIX: _____	OFFICE USE ONLY Date Received  Date Hand-delivered or Date Postmarked	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: <u>12608 Virgo Dr. Willis TX 77318</u> APT / SUITE #: _____ CITY: _____ STATE: _____ ZIP CODE: _____		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: <u>(936)</u> PHONE NUMBER: <u>856-8247</u> EXTENSION: _____		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: _____ FIRST: <u>Terry</u> MI: <u>L</u> NICKNAME: _____ LAST: <u>Fluellen</u> SUFFIX: _____	Receipt # _____ Amount \$ _____ Date Processed _____ Date Imaged _____	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): <u>12608 Virgo DR. Willis TX 77318</u> APT / SUITE #: _____ CITY: _____ STATE: _____ ZIP CODE: _____		
8 CAMPAIGN TREASURER PHONE	AREA CODE: <u>(936)</u> PHONE NUMBER: <u>856-8247</u> EXTENSION: _____		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <u>3 / 11 / 15</u> THROUGH <u>7 / 15 / 15</u>		
11 ELECTION	ELECTION DATE Month Day Year <u> / / 2016</u>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <u> / </u>	13 OFFICE SOUGHT (if known) <u>Constable Pct. 1 Montgomery County</u>	

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.

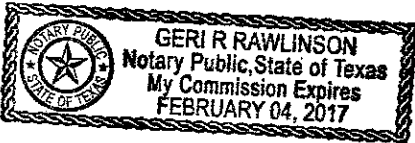
COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
COMMITTEE ADDRESS	
COMMITTEE CAMPAIGN TREASURER NAME	
COMMITTEE CAMPAIGN TREASURER ADDRESS	

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 1080.52
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 7079.52
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 578.32
	4. TOTAL POLITICAL EXPENDITURES	\$ 3362.10
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3717.42
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 Ike Fluellen, this the 10th day of July, 2015, to certify which, witness my hand and seal of office.

Geri Rawlinson
Signature of officer administering oath

Geri Rawlinson
Printed name of officer administering oath

CSR
Title of officer administering oath

SUBTOTALS - COH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 70,79.52
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 730,00
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 33,621.00
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$ 0
8. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 353,79
9. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
10. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
11. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.
-- Complete only if "Report Type" on page 1 is marked "Final Report" --

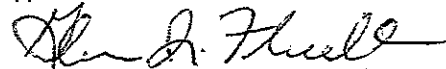
1 C/OH NAME

2 Filer ID (Ethics Commission Filers)

Glen I. Fowell

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.



Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

-- Complete A & B below only if you are not an officeholder. --

A. CAMPAIGN FUNDS

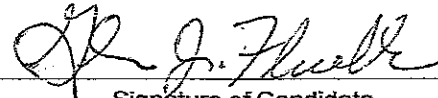
Check only one:

- I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.



Signature of Candidate

5 OFFICEHOLDER

-- Complete this section only if you are an officeholder --

- I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **6**

2 FILER NAME

Don Ike Fluellen

3 Filer ID (Ethics Commission Filers)

4 Date

6/18/15

5 Full name of contributor

Larry Brandt

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$70.00

6 Contributor address;

City; State; Zip Code

12823 Ridgecrest Willis TX 77378

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

6/18/15

Full name of contributor

Kelli Cook

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

14218 Fm 1097 Willis TX 77378

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/18/15

Full name of contributor

Vicky McKenna

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

10059 Northridge Conroe TX 77383

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Nurse

Memorial HERMAN

Date

6/18/15

Full name of contributor

PAT + Dennis Tibbs

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$75.00

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: **6**

2 FILER NAME **Glen I. Fluellen**

3 Filer ID (Ethics Commission Filers)

4 Date **5/18/15** 5 Full name of contributor out-of-state PAC (ID#: _____) **Betty Anderson**
 6 Contributor address; City; State; Zip Code
503 Rosewood Sherrandoah TX 77381

7 Amount of contribution (\$) **\$60.00**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date **5/28/15** Full name of contributor out-of-state PAC (ID#: _____) **Sheryl Taylor**
 Contributor address; City; State; Zip Code
5800 Lumberdale #48 Houston TX 77092

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Admin

Misomer

Date **6/1/15** Full name of contributor out-of-state PAC (ID#: _____) **Ronnie + Londa Chavez**
 Contributor address; City; State; Zip Code

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **6/9/15** Full name of contributor out-of-state PAC (ID#: _____) **MARK + TRICIA Puls**
 Contributor address; City; State; Zip Code
12185 LAKE VISTA DR. WILLIS TX 77318

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

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: **6**

2 FILER NAME

Glen I. Fluellen

3 Filer ID (Ethics Commission Filers)

4 Date

4/19/15

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

Ralph & Kathy Sepulveda

6 Contributor address; City; State; Zip Code

13059 Centaurus Ct. Willis TX 77318

7 Amount of contribution (\$)

\$ 210.⁰⁰

8 Principal occupation / Job title (See instructions)

TEACHERS AID

9 Employer (See instructions)

MAGNOLIA I.S.D.

Date

5/14/15

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

Clay & Carol Shugart

Contributor address; City; State; Zip Code

13112 Sirius Ct. Willis TX 77318

Amount of contribution (\$)

\$ 2040.⁰⁰

Principal occupation / Job title (See instructions)

TEACHER

Employer (See instructions)

W.I.S.D.

Date

5/16/15

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

Jesse & Lauren Fluellen

Contributor address; City; State; Zip Code

12979 Orion Ct. Willis TX 77318

Amount of contribution (\$)

\$ 70.⁰⁰

Principal occupation / Job title (See instructions)

LAW ENFORCEMENT

Employer (See instructions)

MCSB

Date

5/16/15

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

Bob Bagley

Contributor address; City; State; Zip Code

14655 Old Humber Pipeline Rd.

Amount of contribution (\$)

\$ 130.⁰⁰

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: **6**

2 FILER NAME
Colen I. Fluellen

3 Filer ID (Ethics Commission Filers)

4 Date

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

7 Amount of contribution (\$)

6/21/15

CHARLES & KAREN BRETT

\$100.00

6 Contributor address: City: State: Zip Code
10516 Sunflower Willis TX 77318

8 Principal occupation / Job title (See Instructions)
Staircase builder

9 Employer (See Instructions)
Self employed

Date

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

Amount of contribution (\$)

6/18/15

WAYNE & Debbie Clark

\$120.00

Contributor address: City: State: Zip Code
2319 Stable Ridge Conroe TX 77384

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

6/18/15

Jim & Angie Napolitano

\$260.00

Contributor address: City: State: Zip Code
110 Harbour Town Ln. Montgomery TX 77356

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

6/18/15

Maggie Durham

\$70.00

Contributor address: City: State: Zip Code
12230 Rollingwood Ln. Conroe TX 77385

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Retired

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6
2 FILER NAME Glen I. Fluelen		3 Filer ID (Ethics Commission Filers)
4 Date 4/12/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JANET KENT	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 11811 Langtree Conroe TX 77303		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 4/12/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jimmy & Rita Taylor	Amount of contribution (\$) \$160.00
Contributor address; City; State; Zip Code 12192 Rollingwood Lp Conroe TX 77303		
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) Houston
Date 4/12/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeff & Lisa Federico	Amount of contribution (\$) \$184.00
Contributor address; City; State; Zip Code 1212 N. SAN JACINTO Conroe TX 77301		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/12/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bernadine & Bobby Taylor	Amount of contribution (\$) \$220.00
Contributor address; City; State; Zip Code 12270 Rollingwood Lp. Conroe TX 77303		
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: **6**

2 FILER NAME
Colen I. Floetken

3 Filer ID (Ethics Commission Filers)

4 Date

6/14/15

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

Luanne Johns

6 Contributor address; City; State; Zip Code

23907 TriLake Rd. Montgomery TX 77366

7 Amount of contribution (\$)

\$75.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

6/18/15

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

Richie & Derlene Foster

Contributor address; City; State; Zip Code

10486 Champion Vlg. Conroe TX 77303

Amount of contribution (\$)

\$60.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/18/15

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

Dale & Cherry Fessenden

Contributor address; City; State; Zip Code

5697 Whipperwill Conroe TX 77303

Amount of contribution (\$)

\$115.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/14/15

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

Yvette Gilbert + Mickey Coilbert

Contributor address; City; State; Zip Code

116230 Porter Ln. Porter TX 77365

Amount of contribution (\$)

\$80.00

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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 4	
2 FILER NAME Glen I. Fluellen		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 620.00	
5 Date 6/18/15	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joe + Janice SAGER	8 Amount of Contribution \$ \$115.00	9 In-kind contribution description Soap box + safety kit
7 Contributor address; City: State: Zip Code 9852 N. Crystal Springs Conroe TX 77385		<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 6/18/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RITA TAYLOR	Amount of Contribution \$ \$80.00	In-kind contribution description Rug BABY chest HAIR clippers
Contributor address; City: State: Zip Code 12192 Rollingwood Ln. Conroe TX 77385		<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Realtor		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: <u>4</u>	
2 FILER NAME <u>Colen I. Fluellen</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>620.00</u>	
5 Date <u>6/18/15</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Bernadine Taylor</u>	8 Amount of Contribution \$ <u>\$75.00</u>	9 In-kind contribution description <u>Vera Bradley Basket Candle Fudge in Dish Coffee Basket</u>
7 Contributor address; City; State; Zip Code <u>12270 Rollingwood Ln. Conroe, TX 77383</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>6/18/15</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>EARL JOHNSON</u>	Amount of Contribution \$ <u>\$65.00</u>	In-kind contribution description <u>MAGNOLIA TREE</u>
Contributor address; City; State; Zip Code <u>502 W. Mont. St. #4174 Willis</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)			

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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: **4**

2 FILER NAME
Den T. Fluellen

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$ **620.00**

5 Date 6/18/15	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DWAYNE CAMPBELL	8 Amount of Contribution \$ \$75.00	9 In-kind contribution description Pest Control Service
7 Contributor address; City; State; Zip Code 7156 Clearwater Willis TX 77318		<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T	

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Pest Control Service	11 Employer (FOR NON-JUDICIAL) (See Instructions) Self
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 6/18/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bill Englert	Amount of Contribution \$ \$150.00	In-kind contribution description Quarter State Contests
Contributor address; City; State; Zip Code 3203 Wilderness Way Mont. TX 70115		<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)	

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: 4	
2 FILER NAME <i>Colen T. Fluellen</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <i>620.00</i>	
5 Date <i>6/18/15</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>MASSIE DURHAM</i>	8 Amount of Contribution \$ <i>\$60.00</i>	9 In-kind contribution description <i>Jade pendant</i>
7 Contributor address; City; State; Zip Code <i>12230 Rollingwood Ln. Conroe TX 77303</i>		<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>Retired</i>		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	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
			<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)			

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3	2 FILER NAME Glen (Ike) Fluellen	3 Filer ID (Ethics Commission Filers)
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4 Date 5/20/15	5 Payee name Vista Prints
6 Amount (\$) \$466.09	7 Payee address; City; State; Zip Code 95 Hayden Ave. Lexington MA 02421

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6/1/15	Payee name SAM'S
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Amount (\$) \$609.50	Payee address; City; State; Zip Code Conroe, TX
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/19/15	Payee name Groggy Dogs T's
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Amount (\$) \$473.41	Payee address; City; State; Zip Code 308 Pond St. Montgomery TX 77356
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	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 <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 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: 3	2 FILER NAME Glen Ike Fluellen	3 Filer ID (Ethics Commission Filers)
4 Date 6/1/15	5 Payee name TEXAS COOP STORE	
6 Amount (\$) \$633.91	7 Payee address: City: State: Zip Code 404 I-45 S. Huntsville, TX 77346	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(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 4/4/15	Payee name FACEBOOK	
Amount (\$) \$142.53	Payee address: City: State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	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 6/18/15	Payee name All STAR Moonwalks	
Amount (\$) \$108.25	Payee address: City: State: Zip Code 173 Springs Edge DR Mont, TX 77356	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 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: 3	2 FILER NAME Glen Ike Fluellen	3 Filer ID (Ethics Commission Filers)
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4 Date 6/23/15	5 Payee name JESSICA TAYLOR
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6 Amount (\$) \$159.95	7 Payee address: City, State, Zip Code 12988 Pearson Rd. Mont. TX 77356
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event Expense	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6/16/15	Payee name Premier Wedding Rentals
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Amount (\$) \$188.08	Payee address: City, State, Zip Code 706 Mc Caleb Rd. St. F Montgomery TX 77316
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address: City, State, Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME <i>Glen Ike Fullen</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>3/17/15</i>	5 Payee name <i>TEXAS COOP STORE</i>
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6 Amount (\$) <i>\$225.79</i> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>404 I-45 South Huntsville TX 77340</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>	(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 <i>Ike Fullen</i>	Office sought <i>Constable Pet 1</i>	Office held <i>-</i>
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Date <i>3/31/15</i>	Payee name <i>USPS</i>
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Amount (\$) <i>\$28.00</i> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>609 N. CAMPBELL ST. Willis TX 77378-9998</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Office Overhead/Rental</i>	(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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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>3/11/15</i>	Payee name <i>Preferred BANK</i>
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Amount (\$) <i>\$100.00</i> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>1192 West Dallas St. St. A. Conroe TX 77301</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Acct. Banking</i>	(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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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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