

PERSONAL FINANCIAL STATEMENT

FORM PFS - TEC

Note: A PFS filed with the Texas Ethics Commission must be filed electronically. The only exception is for individuals appointed to office. See the PFS Instruction Guide for more information.

COVER SHEET

PAGE 1

Filed in accordance with chapter 572 of the Government Code.
For filings required in 2023, covering calendar year ending December 31, 2022.
Use FORM PFS--INSTRUCTION GUIDE when completing this form.

TOTAL NUMBER OF PAGES FILED

Filer ID

1 NAME

TITLE; FIRST; MI

Allen Jerome

NICKNAME; LAST; SUFFIX

(A.J.) Self

OFFICE USE ONLY

Date Received 07-13-2023

Angela Inojan

2 ADDRESS

ADDRESS / PO BOX: APT / SUITE #: CITY, STATE: ZIP CODE

768 Cr 4534 Whitewright, Tx
75491

(Check If Filer's Home Address)

Date Hand-delivered or Date Postmarked

07-13-2023

Receipt #

Amount \$

3 TELEPHONE NUMBER

AREA CODE

PHONE NUMBER; EXTENSION

(214) 952-1370

Date Processed

07-13-2023

Date Imaged

4 REASON FOR FILING STATEMENT

- CANDIDATE County Commissioner Pot. 2 (INDICATE OFFICE)
- ELECTED OFFICER _____ (INDICATE OFFICE)
- APPOINTED OFFICER _____ (INDICATE AGENCY)
- EXECUTIVE HEAD _____ (INDICATE AGENCY)
- FORMER OR RETIRED JUDGE SITTING BY ASSIGNMENT
- STATE PARTY CHAIR _____ (INDICATE PARTY)
- OTHER _____ (INDICATE POSITION)

5 Family members whose financial activity you are reporting (see instructions).

SPOUSE Samantha Self

DEPENDENT CHILD 1. Cooper Self

2. Callie Self

3. Conner Self

In Parts 1 through 20, you will disclose your financial activity during the preceding calendar year. In Parts 1 through 14 and 20, you are required to disclose not only your own financial activity, but also that of your spouse or a dependent child (see instructions).

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

On this page, indicate any Parts of Form PFS that are not applicable to you. If you do not place a check in a box, then pages for that Part must be included in the report. ***If you place a check in a box, do NOT include pages for that Part in the report.***

6 PARTS NOT APPLICABLE TO FILER

- N/A Part 1A - Sources of Occupational Income
- N/A Part 1B - Retainers
- N/A Part 2 - Stock
- N/A Part 3 - Bonds, Notes & Other Commercial Paper
- N/A Part 4 - Mutual Funds
- N/A Part 5 - Income from Interest, Dividends, Royalties & Rents
- N/A Part 6 - Personal Notes and Lease Agreements
- N/A Part 7A - Interests in Real Property
- N/A Part 7B - Interests in Business Entities
- N/A Part 8 - Gifts
- N/A Part 9 - Trust Income
- N/A Part 10A - Blind Trusts
- N/A Part 10B - Trustee Statement
- N/A Part 11A - Ownership of Business Associations
- N/A Part 11B - Assets of Business Associations
- N/A Part 11C - Liabilities of Business Associations
- N/A Part 12 - Boards and Executive Positions
- N/A Part 13 - Expenses Accepted Under Honorarium Exception
- N/A Part 14 - Interest in Business in Common with Lobbyist
- N/A Part 15 - Fees Received for Services Rendered to a Lobbyist or Lobbyist's Employer
- N/A Part 16 - Representation by Legislator Before State Agency
- N/A Part 17 - Benefits Derived from Functions Honoring Public Servant
- N/A Part 18 - Legislative Continuances
- N/A Part 19 - Contracts with Governmental Entity
- N/A Part 20 - Bond Counsel Services Provided by a Legislator

SOURCES OF OCCUPATIONAL INCOME

PART 1A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and do NOT include this page in the report.**

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

<p>¹ INFORMATION RELATES TO</p>	<p><input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____</p>
<p>² EMPLOYMENT</p> <p><input checked="" type="checkbox"/> EMPLOYED BY ANOTHER</p>	<p>NAME AND ADDRESS OF EMPLOYER / POSITION HELD <input type="checkbox"/> (Check If Filer's Home Address)</p> <p>Fannin County 101 E. Sam Rayburn Suite 303 Bonham Tx, 75491</p> <hr/> <p><input type="checkbox"/> SELF-EMPLOYED NATURE OF OCCUPATION</p>
<p>INFORMATION RELATES TO</p>	<p><input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____</p>
<p>EMPLOYMENT</p> <p><input checked="" type="checkbox"/> EMPLOYED BY ANOTHER</p>	<p>NAME AND ADDRESS OF EMPLOYER / POSITION HELD <input type="checkbox"/> (Check If Filer's Home Address)</p> <p>Whitewright Elementary 305 W Highland Dr Whitewright, Tx 75491 Librarian</p> <hr/> <p><input type="checkbox"/> SELF-EMPLOYED NATURE OF OCCUPATION</p>
<p>INFORMATION RELATES TO</p>	<p><input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____</p>
<p>EMPLOYMENT</p> <p><input type="checkbox"/> EMPLOYED BY ANOTHER</p>	<p>NAME AND ADDRESS OF EMPLOYER / POSITION HELD <input type="checkbox"/> (Check If Filer's Home Address)</p> <p><input type="checkbox"/> SELF-EMPLOYED NATURE OF OCCUPATION</p>

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

INTERESTS IN REAL PROPERTY

PART 7A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and do NOT include this page in the report.**

Describe all beneficial interests in real property held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For an explanation of "beneficial interest" and other specific directions for completing this section, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
2 STREET ADDRESS <input type="checkbox"/> NOT AVAILABLE <input checked="" type="checkbox"/> CHECK IF FILER'S HOME ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE 768 Cr 4534 Whitewright Tx 75491
3 DESCRIPTION <input type="checkbox"/> LOTS <input checked="" type="checkbox"/> ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED 1.0
4 NAMES OF PERSONS RETAINING AN INTEREST <input type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)	
5 IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$9,440 <input type="checkbox"/> \$9,440 - \$18,889 <input type="checkbox"/> \$18,890 - \$47,219 <input type="checkbox"/> \$47,220 OR MORE


HELD OR ACQUIRED BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
STREET ADDRESS <input type="checkbox"/> NOT AVAILABLE <input type="checkbox"/> CHECK IF FILER'S HOME ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE
DESCRIPTION <input type="checkbox"/> LOTS <input type="checkbox"/> ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED
NAMES OF PERSONS RETAINING AN INTEREST <input type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)	
IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$9,440 <input type="checkbox"/> \$9,440 - \$18,889 <input type="checkbox"/> \$18,890 - \$47,219 <input type="checkbox"/> \$47,220 OR MORE

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PERSONAL FINANCIAL STATEMENT SIGNATURE PAGE

The law requires the personal financial statement to be verified. The verification page must have the signature of the individual required to file the personal financial statement; it must be verified by either being signed in front of a notary or the filer must also fill out the unsworn declaration. Without proper verification, the statement is not considered filed.

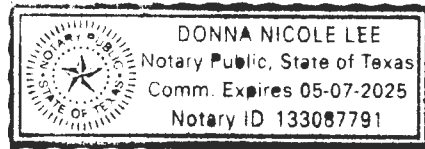
I swear, or affirm, under penalty of perjury, that this financial statement covers calendar year ending December 31, 2022, and is true and correct and includes all information required to be reported by me under chapter 572 of the Government Code.



Signature of Filer

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Allen Jerome Self this the 12 day of July, 20 23, to certify which, witness my hand and seal of office.

Donna Nicole Lee Donna Nicole Lee Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

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

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

Signature of Filer (Declarant)