

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

|  |               |   |                               |
|--|---------------|---|-------------------------------|
| The C/OH Instruction Guide explains how to complete this form. |               | 1 Filer ID (Ethics Commission Filers)                                   | 2 Total pages filed: <b>6</b> |
| 3 CANDIDATE / OFFICEHOLDER NAME                                | MS / MRS / MR | FIRST   | MI                            |
|  | NICKNAME      | LAST  | SUFFIX                        |
| Mr.  |               | John  | H                             |
| P.O. Box 727, Bonham, Texas 75418                              |               | STATE; ZIP CODE   |                               |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS                     |               | Change of Address   |                               |
| 5 CANDIDATE / OFFICEHOLDER PHONE                               |               | AREA CODE   | PHONE NUMBER                  |
| Mrs.   |               | (903 )  | 815-8618                      |
| 6 CAMPAIGN TREASURER NAME                                      |               | MS / MRS / MR   | FIRST                         |
| Mrs.   |               | Mary  | MI                            |
| 7 CAMPAIGN TREASURER ADDRESS                                   |               | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE |                               |
| 8 CAMPAIGN TREASURER PHONE                                     |               | AREA CODE   | PHONE NUMBER                  |
| 9 REPORT TYPE  |               | EXTENSION   |                               |
| 10 PERIOD COVERED  |               | 2401 N. Shore Drive, Bonham, Texas 75418                                |                               |
| 11 ELECTION  |               | 2401 N. Shore Drive, Bonham, Texas 75418                                |                               |
| 12 OFFICE  |               | 13 OFFICE SOUGHT (if known)   |                               |
| 14 NOTICE FROM POLITICAL COMMITTEE(S)                          |               | Fannin County Criminal District Attorney                                |                               |

**OFFICE USE ONLY**

Date Received  
**2/21/2024**  
**10:40 AM**

*Vicki Miller*

Date Hand-delivered or Date Postmarked  
**2/21/2024**

Receipt # \_\_\_\_\_ Amount \$ \_\_\_\_\_

Date Processed  
**2/21/2024**

Date Imaged \_\_\_\_\_

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

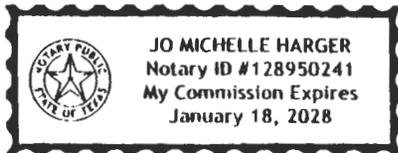
|                                     |   |   |
|-------------------------------------|---|---|
| <b>15 C/OH NAME</b><br>John Skotnik |   | <b>16 Filer ID</b> (Ethics Commission Filers) |
| <b>17 CONTRIBUTION TOTALS</b>       | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 360.00                                     |
|                                     | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ 3710.00                                    |
| <b>EXPENDITURE TOTALS</b>           | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$  |
|                                     | 4. TOTAL POLITICAL EXPENDITURES   | \$ 1834.40                                    |
| <b>CONTRIBUTION BALANCE</b>         | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ 1935.60                                    |
| <b>OUTSTANDING LOAN TOTALS</b>      | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ 20.00                                      |

**18 SIGNATURE** 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.

*John Skotnik*  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by John Skotnik this the 21 day of February 2024, to certify which, witness my hand and seal of office.

*Jo Michelle Harger* Signature of officer administering oath  
Jo Michelle Harger Printed name of officer administering oath  
Notary 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 Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

|  |  |   |
|--|--|---|
| <b>19 FILER NAME</b><br>John Skotnik   |  | <b>20 Filer ID (Ethics Commission Filers)</b> |
| <b>21 SCHEDULE SUBTOTALS</b><br>NAME OF SCHEDULE                                       |  | <b>SUBTOTAL AMOUNT</b>                        |
| 1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                       |  | \$ 3350.00                                    |
| 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                         |  | \$  |
| 3. SCHEDULE B: PLEDGED CONTRIBUTIONS   |  | \$  |
| 4. SCHEDULE E: LOANS   |  | \$  |
| 5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS               |  | \$ 1834.40                                    |
| 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  |  | \$  |
| 7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS              |  | \$  |
| 8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                       |  | \$  |
| 9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                         |  | \$  |
| 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        |  | \$  |
| 11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           |  | \$  |
| 12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER |  | \$  |

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

|  |  |   |
|--|--|---|
| The Instruction Guide explains how to complete this form.                                |  | 1 Total pages Schedule A1:<br><b>2</b>        |
| 2 FILER NAME<br><b>John Skotnik</b>  |  | 3 Filer ID (Ethics Commission Filers)         |
| 4 Date<br><b>1/29/24</b>   | 5 Full name of contributor out-of-state PAC (ID# _____)<br><b>Matt Simpson</b> | 7 Amount of contribution (\$) <b>\$500.00</b> |
| 6 Contributor address; City; State; Zip Code<br><b>605 Hunter, Bonham, TX 75418</b>      |  |   |
| 8 Principal occupation / Job title (See Instructions)<br><b>Title attorney</b>           |  | 9 Employer (See Instructions)                 |
| Date<br><b>1/29/24</b>   | Full name of contributor out-of-state PAC (ID# _____)<br><b>Beth Robertson</b> | Amount of contribution (\$) <b>\$500.00</b>   |
| Contributor address; City; State; Zip Code<br><b>709 N. Center, Bonham, TX 75418</b>     |  |   |
| Principal occupation / Job title (See Instructions)<br><b>Title attorney</b>             |  | Employer (See Instructions)                   |
| Date<br><b>1/29/24</b>   | Full name of contributor out-of-state PAC (ID# _____)<br><b>Bruce Maniet</b>   | Amount of contribution (\$) <b>\$250.00</b>   |
| Contributor address; City; State; Zip Code<br><b>1007 Johnson Trail, Bells, TX 75414</b> |  |   |
| Principal occupation / Job title (See Instructions)<br><b>Physician</b>                  |  | Employer (See Instructions)                   |
| Date<br><b>2/2/24</b>  | Full name of contributor out-of-state PAC (ID# _____)<br><b>John Hall</b>      | Amount of contribution (\$) <b>\$100.00</b>   |
| Contributor address; City; State; Zip Code<br><b>2113 CR 1035, Ravenna, TX 75418</b>     |  |   |
| Principal occupation / Job title (See Instructions)<br><b>Retired</b>                    |  | 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

If the requested information is not applicable, **DO NOT include this page in the report.**

|  |   |  |
|--|---|--|
| The Instruction Guide explains how to complete this form.                                  |   | 1 Total pages Schedule A1:<br>2                  |
| 2 FILER NAME<br><b>John Skotnik</b>  |   | 3 Filer ID (Ethics Commission Filers)            |
| 4 Date<br>2/2/24   | 5 Full name of contributor out-of-state PAC (ID# _____)<br><b>Myles Porter</b>  | 7 Amount of contribution (\$)<br><b>\$500.00</b> |
| 6 Contributor address; City; State; Zip Code<br><b>809 Mockingbird, Bonham, TX 75418</b>   |   |  |
| 8 Principal occupation / Job title (See Instructions)<br><b>Attorney</b>                   |   | 9 Employer (See Instructions)                    |
| Date<br>2/2/24   | Full name of contributor out-of-state PAC (ID# _____)<br><b>Mike Evans</b>      | Amount of contribution (\$)<br><b>\$500.00</b>   |
| Contributor address; City; State; Zip Code<br><b>400 Rainey, Bonham, TX 75418</b>          |   |  |
| Principal occupation / Job title (See Instructions)<br><b>attorney</b>                     |   | Employer (See Instructions)                      |
| Date<br>2/20/24  | Full name of contributor out-of-state PAC (ID# _____)<br><b>J. Wynn Dillard</b> | Amount of contribution (\$)<br><b>\$1000.00</b>  |
| Contributor address; City; State; Zip Code<br><b>19109 Windmill lane, Dallas, TX 75252</b> |   |  |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                      |
| Date   | Full name of contributor out-of-state PAC (ID# _____)                           | Amount of contribution (\$)                      |
| Contributor address; City; State; Zip Code   |   |  |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                      |

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|   |  |   |
|---|--|---|
| <b>1</b> Total pages Schedule F1:<br>1                              | <b>2</b> FILER NAME<br>John Skotnik  | <b>3</b> Filer ID (Ethics Commission Filers)                |
| <b>4</b> Date<br>2/8/24   | <b>5</b> Payee name<br>Fannin County Leader News   |   |
| <b>6</b> Amount (\$)<br>\$1034.40                                   | <b>7</b> Payee address; City; State; Zip Code<br>P.O. Box 296, Bonham, Texas 75418   |   |
| <b>PURPOSE OF EXPENDITURE</b>                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>advertising   | <b>(b)</b> Description<br>Newspaper ads                     |
|   | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right;">Check if Austin, TX, officeholder living expense</span> |   |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name  | Office sought <span style="float:right;">Office held</span> |
| Date<br>2/21/24   | Payee name<br>Discover Outdoor   |   |
| Amount (\$)<br>\$800.00   | Payee address; City; State; Zip Code<br>PO Box 6351, Paris, TX 75461   |   |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)<br>advertising  | Description<br>Digital Billboard ad                         |
|   | Check if travel outside of Texas. Complete Schedule T. <span style="float:right;">Check if Austin, TX, officeholder living expense</span>            |   |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Officeholder name  | Office sought <span style="float:right;">Office held</span> |
| Date  | Payee name   |   |
| Amount (\$)   | Payee address; City; State; Zip Code   |   |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)   | Description   |
|   | Check if travel outside of Texas. Complete Schedule T. <span style="float:right;">Check if Austin, TX, officeholder living expense</span>            |   |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Officeholder name  | Office sought <span style="float:right;">Office held</span> |

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