# 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:			2 Total pages filed:		
3	CANDIDATE / OFFICEHOLDER	MS/MRS/MR Mr.	Joh	FIRST I <b>n</b>		мі Н		OFFICE USE ONLY	
	NAME	NICKNAME		otnik		SUF	FIX	VI6/2024	
4	CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 727, Bonham, Texas 75418					10:20 Am Valimler		
5	CANDIDATE/ OFFICEHOLDER PHONE	(903 )		NUMBER 8618		EXTENSION		Date Hand-delivered or Date Postmarked  Receipt # Amount \$	
6	CAMPAIGN TREASURER NAME	MS / MRS / MR  Mrs.  NICKNAME	M	ary LAST ansom		MI SUF	FIX	Date Processed  Date Imaged	
			1 \(	21130111					
	CAMPAIGN TREASURER ADDRESS	1	STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE; ZIP CODE  2401 N. Shore Dr., Bonham, Texas 75418						
1)	Residence or Business)								
8	CAMPAIGN TREASURER PHONE	( 903 )		3124		EXTENSION			
9	REPORT TYPE	January 15	province	30th day before e	election	Runoff		15th day after campaign treasurer appointment (Officeholder Only)	
		July 15		8th day before ek	ection	Exceeded M Reporting L		Final Report (Attach C/OH - FR)	
10	PERIOD COVERED	Month	Day	Year			Month	Day Year	
12 / 6 / 23 THROUGH 12 / 31 /					/ 31 / 23				
11 ELECTION		ELECTION DA	TE			ELECT	TION TYPE		
		Month Day	Year	■ Primary	Run	off Ot	her		
				General	Spe		escription		
		3 / 5	<b>24</b>	Contra	Оре				
12	OFFICE	OFFICE HELD (if any)			1	office sough nnin Cour		minal District Attorney	
14	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 OF FICEHOLDER. 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	COMMITTE	E NAME					
		GENERAL	COMMITTE	E ADDRESS					
	Additional Pages	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME							
COMMITTEE CAMPAIGN TREASURER ADDRESS									
							-		
	GO TO PAGE 2								

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

OAIIII AIOI	TI MANUE REPORT		
15 C/OH NAME John H Skotnik		16 Filer ID	(Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
EXPENDITURE TOTALS	1 3 TOTAL HINITEMIZED DOLLTICAL EXPENDITURE		
	4. TOTAL POLITICAL EXPENDITURES	\$	1,309.95
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY \$	0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$	20.00
	swear, or affirm, under penalty of perjury, that the accompanying report is true quired to be reported by me under Title 15, Election Code.	e and correc	t and includes all information
	Jah &	ht	L
	Signature of Ca	ndidate or (	Officeholder
	Please complete either option below	v:	
(1) Affidavit	NATALIE L MASSEY Notary Public, State of Texas My Commission Expires January 22, 2024 NOTARY ID 13232241-3		
NOTARY STAMP/SEA		, (	~
Swom to and subscribed	before me by Tohn SKPTNIK this the which, witness my hand and seal of office.	_/ <i>b</i> c	lay of JONVary
Masali Como	sour Matalie Massay	Notos	7
Signature of officer administr		Tit	of officer administering oath
(2) Unsworn Declarat	on OR		
My name is	, and my date of birth is		
My address is			
	, ,	state) (zip	, , ,
Executed in	County, State of , on the day of (month	1)	20 (year)
	Signature of Candi	toto/Office he	Idor (Dodoront)

### **SUBTOTALS - C/OH**

### FORM C/OH COVER SHEET PG 3

'	19 FILER NAME  John Skotnik  20 Filer ID (Ethics Corr			ion Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE E: LOANS		\$	20.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	
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 FUI	NDS	\$	1,309.95
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$	

LOANS SCHEDULE E

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

The	1 Total pages Schedule E:					
2 FILER NAME	3 Filer ID (Ethics Commission Filers)					
John Skotnik						
4 TOTAL OF UN	ITEMIZED LOANS		\$			
5 Date of loan	7 Name of lender out-of-state F	PAC (ID#:)	9 Loan Amount (\$)			
12/21/2023	John Skotnik		20.00			
6 Is lender a financial Institution?	8 Lender address; City; P.O. Box 727, Bonham Texas 7	State; Zip Code	10 Interest rate 0.00			
YN	T.O. DOX 727, Bollinam Toxas .		11 Maturity date			
12 Principal occupation Attorney	on / Job title (See Instructions)	13 Employer (See Instructions) Self	3			
14 Description of Colla	ateral	Check if personal funds were deposited into political account (See Instructions)				
16 GUARANTOR INFORMATION	17 Name of guarantor	J	19 Amount Guaranteed (\$)			
	18 Guarantor address; City;	State; Zip Code				
■ not applicable						
		24 = 1	L			
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)				
Date of loan	Name of lender out-of-state	PAC (ID#:)	Loan Amount (\$)			
Is lender a financial	Lender address; City;	State; Zip Code	Interest rate			
Institution?			Maturity date			
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)				
Description of Colla	ateral	Check if personal funds were deposited into political				
none		account (See Instruct				
GUARANTOR INFORMATION	Name of guarantor	_	Amount Guaranteed (\$)			
	Guarantor address; City;	State; Zip Code				
not applicable						
Principal Occupati	on (See Instructions)	Employer (See Instructions)				
If le	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

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

#### **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

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

Candidate/Officeholder/Political Committee Legal Services Salanes/avages/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 John Skotnik  3 Filer ID (Ethics Commis					
4 Date	5 Payee name					
12/06/2023 Fannin County Republican Party						
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code		
1,250.00  Reimbursement from political contributions intended	P.O. Box 83, Randolph, Texas 7547	75				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE OF	other	filing fee for candidate				
EXPENDITURE	(c) Check if travel outside of Texas. Complete Schedule T. 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	Payee name					
12/13/2023	Mo's Trophies					
Amount (\$)	Payee address;	City;	Sta <b>t</b> e;	Zip Code		
21.00  Reimbursement from political contributions intended  711 14th Street, Honey Grove, Texas 75446						
DURROSE	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	other	name badge				
	Check if travel outside of Texas. Complete Schedule T.	le T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name	Office sought Office held				
Date	Payee name					
12/22/2023	Office Depot					
Amount (\$)	Payee address;	City;	State;	Zip Code		
38.95  Reimbursement from   ✓ political contributions intended	4015 N. Hwy 75, Sherman, Texas 7	75090				
DUBBOSE	Category (See Categories listed at the top of this schedule)	Description	1			
PURPOSE OF	other	Campaign bank account stampers				
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
		Office held				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		опісе пеіа		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						