APPOINTMENT OF A CAMPAIGN TREASURER FORM CTA BY A CANDIDATE

PG₁

See	See CTA Instruction Guide for detailed instructions.						
2 CANDIDATE	MS/MRS/MR FIRST MI	OFFICE USE ONLY					
NAME	Mr. John H	Filer ID #					
	NICKNAME LAST SUFFIX	Date Received 2/11/2023					
	Skotnik	1:50 PM					
3 CANDIDATE MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE P.O. Box 727, Bonham, Fannin County, Texas 75418	Ongyla Froziur Date Hand-delivered or Postmarked					
4 CANDIDATE	AREA CODE PHONE NUMBER EXTENSION	12/11/2023 Receipt # Amount \$					
PHONE	(903) 815-8618	Date Processed					
5 OFFICE HELD (if any)		Date Imaged					
6 OFFICE SOUGHT (if known)	Fannin County Criminal District Attorney						
7 CAMPAIGN TREASURER NAME	Ms/mrs/mr First MI NICKNAME Mrs. Mary Jo Ransom	LAST SUFFIX					
8 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	STREET ADDRESS: APT/SUITE #. CITY: 2401 N. Shore Dr., Bu.	state: ZIP CODE wham TX 7548					
9 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (903) 640 - 3124						
10 CANDIDATE SIGNATURE	I am aware of the Nepotism Law, Chapter 573 of the	Texas Government Code.					
	I am aware of my responsibility to file timely reports the Election Code.	as required by title 15 of					
	I am aware of the restrictions in title 15 of the Election from corporations and labor organizations.	n Code on contributions					
	Signature of Candidate	12/11/2023 Date Signed					
GO TO PAGE 2							

	The C/OH Instruction G	uide explains how	to comple	te this form.	1 Filer II	O (Ethics Comm	nission Filers)	2 Total pages filed:
3	CANDIDATE / OFFICEHOLDER	Ms/MRs/MR Mr.	Joh	FIRST I n		N H	1	OFFICE USE ONLY
	NAME	NICKNAME		otnik		S	UFFIX	VI6/2024
4	CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	P.O. Box 727			75418	STATE; Z	IP CODE	10:20 Aim Valimiler
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			SUFFIX	Date Imaged
			170	31150111				
	CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (2401 N. Sho				CITY, 118		STATE; ZIP CODE
(1	Residence or Business)							
8	CAMPAIGN TREASURER PHONE	(903)		3124		EXTENSION		
9	REPORT TYPE	January 15	p-19-1-9-1-9-1-9-1-9-1-9-1-9-1-9-1-9-1-9	30th day before e	election	Runoff		15th day after campaign treasurer appointment (Officeholder Only)
		July 15		8th day before ek	ection	Exceede Reportin	ed Modified g Limit	Final Report (Attach C/OH - FR)
10	PERIOD COVERED	Month 13	Day	Year			Month	Day Year
		12	/ 6	23	THRO	UGH	12	/ 31 / 23
11	ELECTION	ELECTION DA	TE			ELE	CTION TYPE	
		Month Day	Year	■ Primary	Run	off	Other	
		3 / 5	24	General	Spe	cial	Description	
		3 / 3 /	24					
12	OFFICE	OFFICE HELD (if any)			1	office soud		minal District Attorney
14	NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	EHOLDER. T	HESE EXPENDITURE	S MAY HAVE BE	EN MADE WITH	OUT THE CAND	ADE BY POLITICAL COMMITTEES TO SUPPORT IDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR HEY RECEIVE NOTICE OF SUCH EXPENDITURES.
	COMMITTEL(S)	COMMITTEE TYPE	COMMITTE	E NAME				
	Additional Dance	GENERAL	COMMITTE	E ADDRESS				
	Additional Pages	SPECIFIC	COMMITTE	EE CAMPAIGN TRE	EASURER NAM	E		
			COMMITTI	EE CAMPAIGN TR	EASURER AD	DRESS		
	GO TO PAGE 2							

OAMI AIGI	TI MANUE ILLI OILI		
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)	1	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL 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 O LAST DAY OF THE REPORTING PERIOD	FTHE	\$ 20.00
l .	swear, or affirm, under penalty of perjury, that the accompanying report is tru quired to be reported by me under Title 15, Election Code.	e and corre	ect and includes all information
	Joh S	ht	L
	Signature of Ca	andidate 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		
	this the which, witness my hand and seal of office.	Nota	day of <u>January</u> ,
(0) 11	OR		,
(2) Unsworn Declarati	ion		
My name is	, and my date of birth is		
My address is			·
	, ,	, ,	ip code) (country)
Executed in	County, State of, on the day of(mont	h)	, 20 (year)
	Signature of Candi	date/Officeh	oolder (Declarant)

SUBTOTALS - C/OH

'	19 FILER NAME John Skotnik 20 Filer ID (Ethics Con					
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE					
1.	1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS					
2.	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS					
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$			
4.	SCHEDULE E: LOANS	\$	20.00			
5.	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS					
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS					
7.	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.	10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH					
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	\$				
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	Instruction Guide explains how to compl	ete this form.	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 ut-of-state i	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	,		11 Maturity date
12 Principal occupation Attorney	on / Job title (See Instructions)	13 Employer (See Instructions) Self	
14 Description of Colla	ateral	Check if personal fundaccount (See Instruct	ds were deposited into political
16 GUARANTOR INFORMATION	17 Name of guarantor	J	19 Amount Guaranteed (\$)
	18 Guarantor address; City;	State; Zip Code	
■ not applicable			
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)
ls 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 Colle	ateral	Check if personal fun	ds were deposited into political
none		account (See Instruc	tions)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupati	оп (See Instructions)	Employer (See Instructions)	
If le	ATTACH ADDITIONAL COP	PIES OF THIS SCHEDULE AS NE struction guide for additional re	

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 Event Expense Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense
Printing Expense
Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politic Credit Card Payment	The Instruction Guide explains how to	complete this form.	Other (enter a categor	y not listed above)		
1 Total pages Schedule G:	2 FILER NAME John Skotnik		3 Filer ID (Ethics	Commission Filers)		
4 Date 12/06/2023	5 Payee name Fannin County Republican Party					
6 Amount (\$) 1,250.00 Reimbursement from political contributions intended	7 Payee address; P.O. Box 83, Randolph, Texas 754	City;	State;	Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) other	(b) Description filing fee for ca	ndidate			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living ex	rpense		
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 (\$) 21.00 Reimbursement from political contributions intended	Payee address; 711 14th Street, Honey Grove, Tex	City; as 75446	State;	Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) other	Description name badge				
	Check if travel outside of Texas. Complete Schedule T.	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 (\$) 38.95 Reimbursement from political contributions intended	Payee address; 4015 N. Hwy 75, Sherman, Texas	City; 75090	State;	Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) other	Description Campaign bar	nk account sta	mpers		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living e	xpense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held		
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEED	DED			

The C/OH Instruction G	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 7		
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST Mr. John	мі Н	OFFICE USE ONLY		
NAME	nickname last Skotnik	SUFFIX	Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	P.O. Box 727, Bonham, Texas	CITY; STATE; ZIP CODE 75418	Violi Mille		
Change of Address					
5 CANDIDATE/ OFFICEHOLDER PHONE	(903) 815-8618	EXTENSION	Date Hand delivered or Date Postmarked		
6 CAMPAIGN TREASURER NAME	Ms/MRs/MR FIRST Mrs. Mary	MI	Receipt # Amount \$		
NAME	NICKNAME LAST Ransom	SUFFIX	Date Imaged		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / S 2401 N. Shore Drive, Bonham,		STATE; ZIP CODE		
(Residence or Business)					
8 CAMPAIGN TREASURER	AREA CODE PHONE NUMBER	EXTENSION			
PHONE	(903) 640-3124				
9 REPORT TYPE	January 15 30th day before	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)		
- AND AND	July 15 8th day before el	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year	Month	Day Year		
COVERED	1 / 1 / 24	тнкоидн 1	/ 26 / 24		
11 ELECTION	ELECTION DATE	ELECTION TYPE	:		
	Month Day Year Primary	Runoff Other Description			
	3 / 5 / 24 \ \ General	Special			
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (If know Fannin County Cr	iminal District Attorney		
POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURE CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQL	ES MAY HAVE BEEN MADE WITHOUT THE CAN	IDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR		
	COMMITTEE TYPE COMMITTEE NAME				
Additional Pages	GENERAL COMMITTEE ADDRESS				
	SPECIFIC COMMITTEE CAMPAIGN TR	EASURER NAME			
	COMMITTEE CAMPAIGN TR	REASURER ADDRESS			
GO TO PAGE 2					

	VI IIVAIIVE INCI	W. Sales Co.				
15 C/OH NAME John Skotnik	16 F	Filer ID (Ethics Commission Filers)				
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 290.00				
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 900.00				
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 3,137.45				
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,137.45				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DATE. OF REPORTING PERIOD	\$ 710.00				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 20.00				
Signature of Candidate or Officeholder Please complete either option below:						
NOTARY STAMP/SEA Sworn to and subscribed 20 2 4 to certify	NOTART ID 13321300-9	th day of February.				
Signature of officer administe	ering oath Printed name of officer administering oath	Title of officer administering oath				
	OR					
(2) Unsworn Declarati	on					
My name is	, and my date of birth is					
	(street) (city) (state)	(zip code) (country)				
Executed in	County, State of , on the day of (month)	, 20 (year)				
	Signature of Candidate/C	Officeholder (Declarant)				

SUBTOTALS - C/OH

	n Skotnik	20 Filer ID (Ethics Cor	mmissi	ion Filers)		
	CHEDULE SUBTOTALS AME OF SCHEDULE			SUBTOTAL AMOUNT		
1.	1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS					
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$			
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS					
4.	SCHEDULE E: LOANS	\$				
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON	\$	500.00			
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS					
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS					
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD					
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	\$	3,137.45			
10.	C. 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 CONTRIBUTI TO FILER	ONS RETURNED	\$			

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 t	o complete this	s form.	1 Total pages Schedule A1: 1
2 FILER NAME John Skot	nik			3 Filer ID (Ethics Commission Filers)
4 Date	Tom Turner	out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
01/10/2024	6 Contributor address; 300 E. Russell, I	City;	State; Zip Code	400.00
8 Principal occu Retired	pation / Job title (See Instructions)		9 Employer (See Instruct	ions)
Date	Gene Danner		C (ID#:)	Amount of contribution (\$)
01/10/2024	Contributor address; 538 CR 1433, Bo	City;	, ,	500.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	ions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Contributor address;		State; Zip Code	
Principal occu	aation / Job title (See Instructions)		Employer (See Instruct	ions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	tions)
44.40	ATTACH ADDITI	ONAL COPIES	OF THIS SCHEDULE AS N	EEDED
	If contributor is out-of-state PAC	niesse see Insti	ruction quide for additional	enorting requirements

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
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)

orodicard aymon	The Instruction Guide explains how to d	complete this form.				
1 Total pages Schedule F1:	2 FILER NAME John Skotnik		3 Filer ID (Ethics	s Commission Filers)		
4 Date 01/18/2024	5 Payee name Fannin County Leader News	,				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code		
500.00	P.O. Box 296, Bonham, Texas 75418	3				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE OF EXPENDITURE	Advertising	News paper ads				
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living					
9 Complete ONLY if direct expenditure to benefit C/OF	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 Austi	n, TX, officeholder living) expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held		
Date	Payee name			A A A A A		
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 Austi	n, TX, officeholder living	g 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 NEE	EDED			

EXPENDITURES MADE BY CREDIT CARD

Forms provided by Texas Ethics Com

Reset Form

SCHEDULE F4

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Mad Candidate/Officeholder/Pol The Instruction	Event Exp Fees Food/Bev le By Gift/Award	erage Expense ds/Memorials Expense vices	Loan Re Office O Polling E Printing	payment/Reimbursement verhead/Rental Expense Expense Expense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above) R EACH CREDIT CARD ISSUER		
1 TOTAL PAGES SCHEDULE F4: 1	2 FILER NAME John Skotnik				3 FILER ID (Ethics Commission Filers)		
4 TOTAL OF UNITEMIZED EX	PENDITURES CHARGED TO A	CREDIT CARD			\$ 0.00		
5 CREDIT CARD ISSUER	Name of financial institu Synchrony Bank	tion					
6 PAYMENT	(a) Amount Charged \$ 2,637.45	(b) Date Expendito 01/15/2		(c) Date(s) Credit Card Is 1/15/24	suer Paid		
7 PAYEE	(a) Payee name Texas GO	P Store	(b) Payee ad 404 45	Idress; 5, Huntsville, TX	City, State, Zip Code 77488		
8 PURPOSE OF EXPENDITURE Political	(a) Category (See Categories advertising	listed at the top of this sche	dule)	(b) Description signs			
□ Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Ar			stin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder	name	Of	fice Sought	Office Held		
PAYMENT	(a) Amount Charged \$500.00	(b) Date Expendito 01/25/20		(c) Date(s) Credit Card is 1/25/24	ssuer Paid		
PAYEE	(a) Payee name The Fannin Cou	unty Leader	(b) Payee ac	ddress; k 296, Bonham 1	City, State, Zip Code		
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories Advertising	listed at the top of this sche	edule)	(b) Description print ad			
Non-Political	(c) Check if travel or	atside of Texas. Complet	te Schedule T.	Check if A	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder	name	Of	fice Sought	Office Held		
PAYMENT	(a) Amount Charged	(b) Date Expendit	ure Charged	(c) Date(s) Credit Card Is	ssuer Paid		
PAYEE	(a) Payee name		(b) Payee ad	idress;	City, State, Zip Code		
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories listed at the top of this schedule)			(b) Description			
Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder I				Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder	name	Of	ffice Sought	Office Held		
Forms provided by Texas Et			S OF THIS	SCHEDULE AS NE	EDED Revised 1/1/2024		

Reset Page

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 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)

Credit Card Payment	The Instruction Guide explains how to	complete this form.			
1 Total pages Schedule G:	² FILER NAME John Skotnik		3 Filer ID (Ethics C	Commission Filers)	
4 Date 01/15/2024	5 Payee name Texas GOP Store				
6 Amount (\$) 2,637.45 Reimbursement from political contributions intended	7 Payee address; 404 I 45, Huntsville, TX 77488	City;	State;	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Signs			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living exp	ense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	C	Office held	
Date 01/25/2024	Payee name The Fannin County Leader				
Amount (\$) 500.00 Reimbursement from political contributions intended	Payee address; P.O. Box 296, Bonham, Texas 754	City; 18	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising	Description print ad in pape	er		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name	Office sought	C	Office held	
Date	Payee name				
Amount (\$)	Payee address;	City;	State;	Zip Code	
political contributions intended		- Indian	and the North Property of the Annual Property	AND THE RESERVE OF THE PERSON	
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 exp	pense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	(Office held	
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEED	ED		

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 / MR Mr.	_{FIRST} John	MI H	OFFICE USE ONLY
INAIVIL	NICKNAME	Skotnik	SUFFIX	2/2//2024
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; P.O. Box 727	APT / SUITE #; , Bonham, Texas	CITY; STATE; ZIP CODE 75418	10:40 Am
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (903)	815-8618	EXTENSION	Paly Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs. NICKNAME	Mary LAST Ransom	MI	Receipt # Amount \$ Que Processed 202 4 Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or		no po box please); APT / : re Drive, Bonham		STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE (903)	PHONE NUMBER 640-3124	EXTENSION	
9 REPORT TYPE	January 15 July 15	30th day before 8th day before e		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month 1	Day Year / 25 / 24	THROUGH 2	Day Year / 24 / 24
11 ELECTION	Month Day	Year Primary 24 Genera	Description	E
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if know Fannin County Cr	riminal District Attorney
14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITUR	ES MAY HAVE BEEN MADE WITHOUT THE CAI UIRED TO REPORT THIS INFORMATION ONLY IF	MADE BY POLITICAL COMMITTEES TO SUPPORT NOIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
		GO TO	PAGE 2	

15 C/OH NAME John 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)	\$ 360.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3710.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	^{\$} 1834.40
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	
	wear, or affirm, under penalty of perjury, that the accompanying report is true	e and correct and includes all information
	Signature of Ca	ndidate or Officeholder
(1) Affidavit	JO MICHELLE HARGER Notary ID #128950241 My Commission Expires January 18, 2028	
NOTARY STAMP/SEAL Sworn to and subscribed		21 day of February
7 1	which, witness my hand and seal of office. January Jo Michelle Harger	Notary Title of officer administering oath
	OR	
(2) Unsworn Declaration	on	
My name is	, and my date of birth is	
My address is		,
Executed in	(street) (city) (s County, State of , on the day of (month	(country) (zip code) (country) (year)
	Signature of Candid	date/Officeholder (Declarant)

SUBTOTALS - C/OH

19 FILE John	RNAME Skotnik	20 Filer ID (Ethics Co	mmission Filers)
	EDULE SUBTOTALS E OF SCHEDULE		SUBTOTAL AMOUNT
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		
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.	2. 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	1 Total pages Schedule A1:			
John Skot	nik			3 Filer ID (Ethics Commission Filers)	
4 Date 1/29/24	Full name of contributor Matt Simpson	out-of-state PAC (ID#:)		7 Amount of contribution (\$) \$500.00	
	6 Contributor address;	City;	State; Zip Code		
	605 Hunter, Bonham, TX	75418			
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	ctions)	
Title attorney					
Date	Full name of contributor	out-of-state PAG	C (ID#)	Amount of contribution (\$)	
1/29/24	Beth Robertson			\$500.00	
	Contributor address;		State; Zip Code		
	709 N. Center, Bonham,	ΓX 75418			
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	ctions)	
Title attorney					
Date	Full name of contributor	out-of-state PA	C (ID#)	Amount of contribution (\$)	
1/29/24	Bruce Maniet			\$250.00	
	Contributor address;	City;	State; Zip Code		
	1007 Johnson Trail, Bells, T	X 75414			
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	ctions)	
Physician					
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)	
2/2/24	John Hall			\$100.00	
	Contributor address;	City;	State; Zip Code		
	2113 CR 1035, Ravenna,	TX 75418			
Principal occup	pation / Job title (See Instructions)	· · · · ·	Employer (See Instruc	ctions)	
Reitired					

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:
John Skot	nik				3 Filer ID (Ethics Commission Filers)
4 Date 2/2/24	5 Full name of contributor out-of-state PAC (ID#) Myles Porter		7 Amount of contribution (\$) \$500.00		
		City;		Zip Code	
	809 Mockingbird, Bonham	, IX /5418		(Can Instance	*:
Attorney	pation / Job title (See Instructions)		9 Employ	ver (See Instruc	uons)
Date 2/2/24	Full name of contributor Mike Evans	out-of-state PAC (ID#:))	Amount of contribution (\$) \$500.00
	Contributor address;	City;			
	400 Rainey, Bonham, TX	75418			
Principal occup	pation / Job title (See Instructions)		Employ	er (See Instruc	tions)
attorney				, , , , , , , , , , , , , , , , , , , ,	
Date 2/20/24	Full name of contributor out-of-state PAC (ID#) J. Wynn Dillard		Amount of contribution (\$) \$1000.00		
	Contributor address;	City;	State;		
	19109 Windmill lane, Dallas,	TX 75252			
Principal occu	pation / Job title (See Instructions)		Emplo	yer (See Instruc	ctions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State;	Zip Code	
Principal occu	pation / Job title (See Instructions)		Emplo	yer (See Instruc	ctions)

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 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
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)

order dymon	The Instruction Guide explains how to o	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME John Skotnik	3	Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee name			
2/8/24	Fannin County Leader News			
6 Amount (\$) \$1034.40	7 Payee address; P.O. Box 296, Bonham, Texas 75418	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) advertising	(b) Description Newpaper ads		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, 1	X, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
2/21/24	Discover Outdoor			
Amount (\$) \$800.00	Payee address; PO Box 6351, Paris, TX 75461	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising	Description Digital Billboard	ad	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, 1	ΓX, officeholder livin	g expense
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,	ΓX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	ED	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT			FORM C/OH COVER SHEET PG 1	
The C/OH Instruction G	Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR Mr.	FIRST John	H ^{MI}	OFFICE USE ONLY
NAME	NICKNAME	LAST	SUFFIX	Date Received
	MONIAME	Skotnik	30111X	11512025
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	P.O. Box 727		CITY; STATE: ZIP CODE	Victor mila
Change of Address				
5 CANDIDATE/ OFFICEHOLDER PHONE	(903)	815-8618	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN	MS / MRS / MR	FIRST	MI	Receipt # Amount \$
TREASURER NAME	Mrs.	Mary		Date Plocespect / 200
1,7,1,1,1	NICKNAME	LAST	SUFFIX	Date Imaged
		Ransom		Date Imaged
7 CAMPAIGN	STREET ADDRESS	(NO PO BOX PLEASE); APT / S	SUITE #; CITY;	STATE; ZIP CODE
TREASURER ADDRESS	2404 N. C.	nora Driva Danham	T 75440	
(Residence or Business)	2401 N. SI	nore Drive, Bonham	, Texas /5418	
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION	
TREASURER				
PHONE	(903)	640-3124		
9 REPORT TYPE	X January 15	30th day before e	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD	Month	Day Year	Month	Day Year
COVERED	02	/25 / 2024	THROUGH 12	31 / 2024
	/		711KOUGH 12	31 / 2024
11 ELECTION	ELECTION DA		ELECTION TYPE	
	Month Day	Year Primary	Runoff Other Description	
	11 / 05/	2024 General	Special	
42 055105	OFFICE HELD #4		40	
12 OFFICE	OFFICE HELD (if any)	criminal District Attorney	13 OFFICE SOUGHT (if known	1)
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFICE	CEHOLDER. THESE EXPENDITURE	S MAY HAVE BEEN MADE WITHOUT THE CAN	ADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	RED TO REPORT THIS INFORMATION ONLY IF	THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
	GENERAL	COMMITTEE ADDRESS		
Additional Pages		COMMITTEE CAMBAIGN TRE	TACUES NAME	
	SPECIFIC	COMMITTEE CAMPAIGN TRE	HADUKEK NAME	
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS	Li a
	-	GO TO	PAGE 2	

77779						
15 C/OH NAME John H. Sko	tnik	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) 	\$ O				
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ O				
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$				
	4. TOTAL POLITICAL EXPENDITURES	\$221.00				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LA- OF REPORTING PERIOD					
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	\$ 20.00				
I	wear, or affirm, under penalty of perjury, that the accompanying report is tru	e and correct and includes all information				
MICH. STARY STARY (1) Affidavít, 70-202	Signature of Candidate or Officeholder Please complete either option below: (1) Affidavit, 70-2026					
NOTARY STAMP/SEA	before me by John H. Skotnik this the	15th day of January.				
20 2 5 , to certify	which, witness my hand and seal of office.	day of oan vy,				
Sprence ?		Notary				
Signature of officer administe	ring oath Printed name of officer administering oath	Title of officer administering oath				
(0) 11	OR					
(2) Unsworn Declarati	on					
My name is	, and my date of birth is					
My address is		·				
Formula dia	(street) (city)	state) (zip code) (country)				
Executed in	County, State of, on the day of(month	n) , 20 (year) .				
	Signature of Candi	date/Officeholder (Declarant)				

SUBTOTALS - C/OH

19	FILER NAME	mmission Filers)	
	John H. Skotnik		
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTION	S	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL	\$221.00	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITIC	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL	\$	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS T	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL	CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRI	BUTIONS RETURNED	\$

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 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/Waoes/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District
Other (enter a extension not listed above)

Candidate/Officeholder/Politica Credit Card Payment	, one, margamentonate Expense	Nages/Contract Labor	Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME John H. Skotnik		3 Filer ID (Ethics Commission Filers)	
4 Date 3/7/2024	5 Payee name Fannin County Leader News			
6 Amount (\$) \$221.00	P.O. Box 296, Bonham, Texas 75418	City;	State; Zip Code	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	advertising	Newspaper Ads		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, 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 (\$)	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	n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	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	n, 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 NEE	DED	