

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: **9**

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: **MR** FIRST: **JOHN** MI: **"54077"**
NICKNAME: LAST: **AKIN** SUFFIX:

OFFICE USE ONLY

Date Received

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
P.O. BOX 359 STOCKDALE TX 78160

Change of Address

FILED

For record in my office
Date of filing: **Jan 20 2022**
At: **2:45 o'clock PM**

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE: **(830)** PHONE NUMBER: **534-3474** EXTENSION:

Date Hand-delivered or Date Postmarked

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: **MRS** FIRST: **ISABELLA** MI: **ANN**
NICKNAME: LAST: **AKIN** SUFFIX:

Receipt #

Amount

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
106 EAST LORENZ STOCKDALE TX 78160

8 CAMPAIGN TREASURER PHONE

AREA CODE: **(830)** PHONE NUMBER: **433-0870** EXTENSION:

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)
 July 15 8th day before election Exceeded Modified Reporting Limit Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year: **01 / 01 / 2022** THROUGH Month Day Year: **01 / 24 / 2022**

11 ELECTION

ELECTION DATE: Month Day Year: **03 / 01 / 2022**
ELECTION TYPE: Primary Runoff Other Description
 General Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

COMMISSIONER PRECINCT FOUR

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 / 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

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

EVA S MARTINEZ County Clerk
Wilson County Texas
By *[Signature]* Deputy

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME JOHN "SCOTT" AKIN 16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6,300.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,201.35
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 10,100.72
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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.


Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

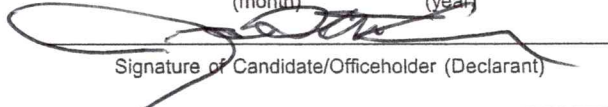
Sworn to and subscribed before me by _____ this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is JOHN "SCOTT" AKIN, and my date of birth is 10/07/1969.
My address is PO BOX 353 196 EAST LORENZ, STACKPAVE, TX, 78160, WILSON.
(street) (city) (state) (zip code) (country)
Executed in Wilson County, State of TEXAS, on the 25TH day of JANUARY, 20 22.
(month) (year)


Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME <i>JOHN "SCOTT" AKIN</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>6300.00</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>1161.55</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>1039.80</i>
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> 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:
2 FILER NAME JOHN "SCOTT" ALLEN		3 Filer ID (Ethics Commission Filers)
4 Date 1/14/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MICHAEL & SUSAN COON	7 Amount of contribution (\$) \$2000.00
6 Contributor address; City; State; Zip Code P.O. BOX 411 STOCKDALE TX 78160		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/16/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JUDY & LARRY CHILDRESS	Amount of contribution (\$) \$200.00
Contributor address; City; State; Zip Code 1943 FM 3335 STOCKDALE TX 78160		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/15/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BOBBY & ELEANOR HAUER	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 3088 HWY 87E STOCKDALE TX 78160		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/17/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THOMAS WYKER	Amount of contribution (\$) \$300.00
Contributor address; City; State; Zip Code 10410 BUTTON QUADR. AUSTIN TX 78758		
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

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:
2 FILER NAME JOHN "SCOTT" ALLEN		3 Filer ID (Ethics Commission Filers)
4 Date 1/17/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JULIA & RALPH DONAHU	7 Amount of contribution (\$) \$200.00
6 Contributor address; City; State; Zip Code 4925 COUNTY RD 1144 RIVIERA TX 78379		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 1/13/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TOM & SARCIA ALLEN	Amount of contribution (\$) \$2000.00
Contributor address; City; State; Zip Code 127 SUNFLOWER LANE SAN ANTONIO TX 78213		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 1/18/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LOR J WEST	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code P.O. BOX 135 STOCKDALE TX 78160		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 1/16/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SHARON WEST	Amount of contribution (\$) \$400.00
Contributor address; City; State; Zip Code 8724 FM 1347 STOCKDALE TX 78160		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		
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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:
2 FILER NAME JOHN "SCOTT" ALLEN		3 Filer ID (Ethics Commission Filers)
4 Date 1/19/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROYCE WETZ	7 Amount of contribution (\$) \$200.00
6 Contributor address; City; State; Zip Code 501 S. 2ND ST STOCKDALE TX 78160		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 1/16/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LACRETIA McREYNOLDS	Amount of contribution (\$) \$300.00
Contributor address; City; State; Zip Code 11606 SAGEHOLLOW LANE HOUSTON TX 77089		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 1/19/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RAY & TERI WOLFE	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code P.O. BOX 55 STOCKDALE TX 78160		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> 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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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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.

1 Total pages Schedule F1:	2 FILER NAME JOHN "SCOTT" AKIN	3 Filer ID (Ethics Commission Filers)
4 Date 1/18/2022	5 Payee name WILSON COUNTY REPUBLICAN PARTY	
6 Amount (\$) \$280.00	7 Payee address; City; State; Zip Code 860 PADDY RD FLORESVILLE TX 78114	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE	(b) Description LINCOLN DAY DINNER
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 1/19/2022	Payee name STOCKDALE ATHLETIC ASSOCIATION (SISD)		
Amount (\$) \$100.00	Payee address; City; State; Zip Code P.O. BOX 7 STOCKDALE TX 78160		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description FUNDRAISER FOR ATHLETICS	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date 1/24/2022	Payee name VISTAPRINT NETHERLANDS B.V.		
Amount (\$) \$756.55	Payee address; City; State; Zip Code P.O. BOX 842882 BOSTON, MA 02284-2882		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description DIRECT MAILINGS	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, 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 NEEDED

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.

1 Total pages Schedule F1:	2 FILER NAME JOHN "SCOTT" AKIN	3 Filer ID (Ethics Commission Filers)
4 Date 1/18/22	5 Payee name OLGA MARAERO ELECTION ADMINISTRATOR	
6 Amount (\$) \$25.00	7 Payee address; City; State; Zip Code P.O. BOX 188 FONESVILLE TX 78114	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FEES	(b) Description POPULATE VOTER'S LIST FROM 2020 ELECTION
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, 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
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living 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
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, 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 NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(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 F4:	2 FILER NAME <i>JOHN "SCOTT" ALLEN</i>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ <i>1039.80</i>
5 Date <i>1/7/2022</i>	6 Payee name <i>WILSON COUNTY NEWS</i>	
7 Amount (\$)	8 Payee address; City; State; Zip Code <i>1012 C ST. FURNESVILLE TX 78114</i>	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>ADVERTISING EXPENSE</i>	(b) Description <i>PRINT ADVERTISING</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
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	
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