CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

				0 - 1 - 51-1
The C/OH Instruction G	uide explains how to c	omplete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR	FIRST John	MI C	OFFICE USE ONLY
NAME	NICKNAME	LAST Sikes	SUFFIX	Date Received (10NS AUMINISTRA
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; 202 Stubblefiel	APT / SUITE #; C d Drive; Diboll, 7	CITY; STATE; ZIP CODE	THE STATE OF THE S
	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand delivered of Party Postmarked
5 CANDIDATE/ OFFICEHOLDER PHONE	(936)	707-3805		Receipt # Amount \$
6 CAMPAIGN TREASURER	MS / MRS / MR Mrs.	FIRST Paula	MI	Date Processed
NAME	NICKNAME	LAST Savoie	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO 200 Z. S. Robe	PO BOX PLEASE); APT / Serts Rd; Hunting		STATE; ZIP CODE
(Residence or Business)				
8 CAMPAIGN TREASURER PHONE	(936)	465-6480	EXTENSION	
9 REPORT TYPE	January 15	30th day before	Exceeded Modified	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before el	ection Reporting Limit	
10 PERIOD COVERED	Month 1	Day Year 1 / 23	THROUGH 12	Day Year / 31 / 23
11 ELECTION	ELECTION DATE		ELECTION TY	PE
3000	Month Day	Year Primary Genera	Runoff Other Description Special	8
	3 / 5 /	24		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if knd	own)
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFICER CONSENT. CANDIDATES A			MADE BY POLITICAL COMMITTEES TO SUPPORT ANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
	GENERAL	COMMITTEE ADDRESS		
Additional Pages	SPECIFIC	COMMITTEE CAMPAIGN TE	REASURER NAME	
		COMMITTEE CAMPAIGN T	REASURER ADDRESS	
		GO TO	PAGE 2	

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics	Commission Filers)
John C Sikes 17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS, CONTRIBUTIONS MADE ELECTRONICALLY)	(OTHER THAN OR \$	100.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEE	ES OF LOANS)	100.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	
	4. TOTAL POLITICAL EXPENDITURES	\$	974.25
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED OF REPORTING PERIOD	AS OF THE LAST DAY \$	0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LAST DAY OF THE REPORTING PERIOD	G LOANS AS OF THE \$	
	uired to be reported by me under Title 15, Election Code.	Signature of Candidate or Office	holder
	Please complete either op	otion below:	
(1) Affidavit	WPU EMILY DELAFOSSE Notary Public State of Texas ID # 12643142-2 My Comm. Expires 02-29-2024		
NOTARY STAMP/SEA	before me by John Sikes	this the day o	Jan,
20 24, to certify Gued Delegation of the certify Signature of officer administer	which, witness my hand and seal of office. 2 FOSSC Emily Deletos	se Nos	officer administering oath
(2) Unsworn Declarati	OR		
My name is	, and my	y date of birth is	
My address is	(street)	city) (state) (zip cod	e) (country)
Executed in	County, State of , on the	day of, 20	ear)
	Sic	gnature of Candidate/Officeholder	(Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

		JBTOTAL MOUNT
	\$	100.00
ons	\$	
	\$	
SCHEDULE E: LOANS		
AL CONTRIBUTIONS	\$	
	\$	
TICAL CONTRIBUTIONS	\$	
	\$	
SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		874.25
SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		
SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		
. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		
1.	AL CONTRIBUTIONS TICAL CONTRIBUTIONS AL FUNDS S TO A BUSINESS OF C/OH CAL CONTRIBUTIONS	\$ ONS \$ \$ AL CONTRIBUTIONS \$ TICAL CONTRIBUTIONS \$ SAL FUNDS \$ S TO A BUSINESS OF C/OH \$ CAL CONTRIBUTIONS \$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

	The state of the s		
The	Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A1:
2 FILER NAME John C Sike	es		3 Filer ID (Ethics Commission Filers)
4 Date 12/05/2023	5 Full name of contributor out-of-state PAC (Steve Kinard 6 Contributor address; City;	D#:) State; Zip Code	7 Amount of contribution (\$)
	5737 Caruth Blvd; Dallas,	TX 75209	
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date		(ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES O		

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

Event Expense Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/M The Instruction Guide explains how to c	/ages/Contract Labor omplete this form.	Other (enter a catego	ory not listed above)
1 Total pages Schedule F1:	2 FILER NAME John C Sikes		3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee name			
12/01/2023	Pineywoods Printing			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
974.25	2409 East Lufkin Ave; Lufkin, TX 759	901		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Yard signs		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE	Category (See Categories listed at the top of this schedule)	Description		
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office		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 Aus	stin, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NE	EDED	
<u> </u>		And the second s		Pavisad 8/17/20

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
Credit Card Payment

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)

The Instruction Guide explains how to complete this form.

Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers
1	John C Sikes		
Date	5 Payee name		*
12/01/2023	Pineywoods Printing		
Amount (\$)	7 Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended	2409 East Lufkin Ave; Lufkin, TX 7		
DUBBOOK	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Yard Signs	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, 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		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
EXPENDITORE	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit Co		Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF			
EXPENDITURE	On the Manual and the Complete	Check if Aug	stin, TX, officeholder living expense
	Check if travel outside of Texas, Complete Schedule T.	Office sought	Office held
	Candidate / Officeholder name	Office sought	Cilia illia