

# 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:

**10**

**3** CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

Mr.

FIRST  
John

MI  
A

NICKNAME

LAST

Stokes

SUFFIX

**OFFICE USE ONLY**

Date Received

**4** CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX;  
2501 Live Oak

APT / SUITE #;

CITY;

STATE;

ZIP CODE

San Angelo TX 76901

Change of Address

**5** CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

( 806 ) 632-7213

Date Hand-delivered or Date Postmarked

**6** CAMPAIGN TREASURER NAME

MS / MRS / MR

Mr.

FIRST  
Lane

MI  
D

NICKNAME

LAST

Allison

SUFFIX

Receipt #

Amount \$

Date Processed

Date Imaged

**7** CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

2534 W. Avenue K

San Angelo

TX

76901

(Residence or Business)

**8** CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

( 325 ) 212-1699

**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

Month

Day

Year

12 / 22 / 2021

THROUGH

01 / 19 / 2022

**11** ELECTION

ELECTION DATE

Month

Day

Year

01 / 29 / 2022

ELECTION TYPE

Primary

Runoff

Other Description

General

Special

**12** OFFICE

OFFICE HELD (if any)

**13** OFFICE SOUGHT (if known)

City Council SMD 5

**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**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

<b>15 C/OH NAME</b> John Austin Stokes		<b>16 Filer ID (Ethics Commission Filers)</b>
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$6,165.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$0.00
	4. TOTAL POLITICAL EXPENDITURES	\$2,131.72
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$7,024.74
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 250.00

**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.



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.

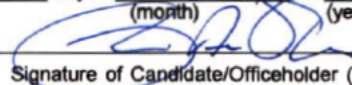
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

OR

**(2) Unsworn Declaration**

My name is John A. Stokes and my date of birth is [REDACTED]  
 My address is 2501 LIVE OAK, SAN ANTONIO, TX, 78901, Texas  
(street) (city) (state) (zip code) (country)

Executed in Tom Green County, State of TEXAS, on the 21 day of JANUARY, 2022.  
(month) (year)

  
Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

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

<b>19 FILER NAME</b>		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b>	<b>NAME OF SCHEDULE</b>	<b>SUBTOTAL AMOUNT</b>
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 6,165.00
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 type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 2131.72
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
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.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: <b>5</b>
<b>2</b> FILER NAME John Austin Stokes		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 12/22/2021	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lane Allison <hr/> <b>6</b> Contributor address; City; State; Zip Code 2534 W. Avenue K San Angelo TX 76901	<b>7</b> Amount of contribution (\$) \$300.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
<b>Date</b> 12/22/2021	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Brian Raymond <hr/> <b>Contributor address;</b> City; State; Zip Code 2514 W. Avenue J San Angelo TX 76901	<b>Amount of contribution (\$)</b> \$ 500.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 12/22/2021	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Mike Boyd <hr/> <b>Contributor address;</b> City; State; Zip Code 6517 Green Oaks Christoval TX 76935	<b>Amount of contribution (\$)</b> \$ 200.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 12/28/2021	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Deadman <hr/> <b>Contributor address;</b> City; State; Zip Code 2605 Douglas Drive San Angelo TX 76901	<b>Amount of contribution (\$)</b> \$100.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>

**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.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1:
<b>2</b> FILER NAME John Austin Stokes		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 12/31/2021	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John D and Vicki Stokes <b>6</b> Contributor address; City; State; Zip Code 1305 Avenue C Ozona TX 76943	<b>7</b> Amount of contribution (\$) \$1500.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 01/06/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elizabeth Pfluger White Contributor address; City; State; Zip Code PO Box 1991 San Angelo TX 76902	Amount of contribution (\$) \$ 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/06/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee Pfluger Ranch Contributor address; City; State; Zip Code PO Box 1991 San Angelo TX 76902	Amount of contribution (\$) \$ 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/06/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amy Pfluger Contributor address; City; State; Zip Code PO Box 1991 San Angelo TX 76902	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME John Austin Stokes		3 Filer ID (Ethics Commission Filers)
4 Date 12/28/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Deadman	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 2605 Douglas Dr San Angelo TX 76901		DUPLICATE ENTRY ERROR
8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)	

Date 01/19/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kenny Jastrow	Amount of contribution (\$) \$ 200.00
Contributor address; City; State; Zip Code 1429 Grierson San Angelo TX 76901		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 01/19/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Genevieve Mejia	Amount of contribution (\$) \$ 250.00
Contributor address; City; State; Zip Code 1106 Alta Loma San Angelo TX 76901		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 01/11/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Russell Devorsky	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 2524 Gary Ln. Waco TX 76708		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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<b>2</b> FILER NAME John Austin Stokes		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 01/11/2022	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pierce Miller <b>6</b> Contributor address; City; State; Zip Code 5807 Pecan Valley San Angelo TX 76904	<b>7</b> Amount of contribution (\$) \$50.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 01/17/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brock Jones Contributor address; City; State; Zip Code PO Box 2008 Ozona TX 76943	Amount of contribution (\$) \$ 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/19/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) San Angelo Firefighters Association PAC Contributor address; City; State; Zip Code 15 W. Beauregard Ave San Angelo TX 76901	Amount of contribution (\$) \$ 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/20/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christina Van Ittersum Contributor address; City; State; Zip Code 2107 W. Avenue L San Angelo TX 76901	Amount of contribution (\$) \$15.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1:
<b>2</b> FILER NAME John Austin Stokes		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 01/12/2022	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wendy Holtsclaw <hr/> <b>6</b> Contributor address; City; State; Zip Code 916 Askew Street Fort Worth TX 76244	<b>7</b> Amount of contribution (\$) \$100.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)

<b>Date</b> 01/10/2022	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Susan Kinney <hr/> <b>Contributor address;</b> City; State; Zip Code 910 W. Washington San Angelo TX 76901	<b>Amount of contribution (\$)</b> \$ 100.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>

<b>Date</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) <hr/> <b>Contributor address;</b> City; State; Zip Code	<b>Amount of contribution (\$)</b> \$
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>

<b>Date</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) <hr/> <b>Contributor address;</b> City; State; Zip Code	<b>Amount of contribution (\$)</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>

<b>Date</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) <hr/> <b>Contributor address;</b> City; State; Zip Code	<b>Amount of contribution (\$)</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>

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# UNPAID INCURRED OBLIGATIONS

# SCHEDULE F2

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.

<b>1</b> Total pages Schedule F2: 2	<b>2</b> FILER NAME John Austin Stokes	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$ 2,131.72
<b>5</b> Date 01/13/2022	<b>6</b> Payee name McLaughlin Advertising and Consulting	
<b>7</b> Amount (\$) \$1,281.72	<b>8</b> Payee address; 115 S. Park St.,	City; San Angelo State; TX Zip Code 76901
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Mailers
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>11</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 01/13/2022	Payee name Mclaughlin Advertising and Consulting		
Amount (\$) \$350.00	Payee address; 115 S. Park St.,	City; San Angelo	State; TX Zip Code 76901
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Billboard	
	<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

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# UNPAID INCURRED OBLIGATIONS

# SCHEDULE F2

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.

<b>1</b> Total pages Schedule F2: 2	<b>2</b> FILER NAME John Austin Stokes	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$ 2,131.72
<b>5</b> Date 01/13/2022	<b>6</b> Payee name McLaughlin Advertising and Consulting	
<b>7</b> Amount (\$) \$500.00	<b>8</b> Payee address; 115 S. Park St., City: San Angelo State: TX Zip Code 76901	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Google Ads
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>11</b> 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
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		