

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: 5
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR FIRST JOHN MI "SCOTT"		OFFICE USE ONLY Date Received FEB 02 2026 RECEIVED <i>Algo M. Marrero</i> Date Hand-delivered or Date Postmarked
	NICKNAME LAST AKIN SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. BOX 359 STOCKDALE TEXAS 78160		
	AREA CODE PHONE NUMBER EXTENSION (830) 534-3474		
5 CANDIDATE / OFFICEHOLDER PHONE	MS / MRS / MR MRS. FIRST BARBARA MI ANN		
	NICKNAME LAST AKIN SUFFIX		
6 CAMPAIGN TREASURER NAME	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 106 EAST LORENZ STOCKDALE TEXAS 78160		
	AREA CODE PHONE NUMBER EXTENSION (830) 433-0870		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	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)		
	PERIOD COVERED Month Day Year THROUGH Month Day Year 1 / 1 / 2026 2 / 1 / 2026		
8 CAMPAIGN TREASURER PHONE	ELECTION DATE Month Day Year 3 / 3 / 2026		
	ELECTION TYPE ☒ Primary ☐ Runoff ☐ Other Description ☐ General ☐ Special		
9 REPORT TYPE	OFFICE HELD (if any) WILSON COUNTY COMMISSIONER; PRECINCT FOUR		
	OFFICE SOUGHT (if known)		
10 NOTICE FROM POLITICAL COMMITTEE(S) ☐ Additional Pages	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 ☐ GENERAL ☐ SPECIFIC		
	COMMITTEE NAME		
	COMMITTEE ADDRESS		
	COMMITTEE CAMPAIGN TREASURER NAME		
COMMITTEE CAMPAIGN TREASURER ADDRESS			

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

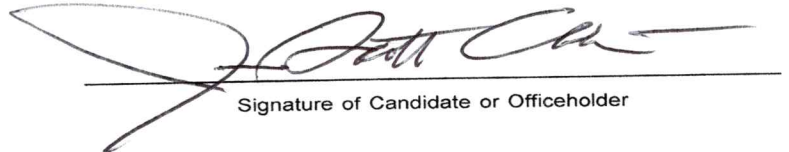
15 C/OH NAME

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)	\$ 0
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,607.25
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 474.45
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

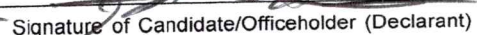
Printed name of officer administering oath

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 106 EAST LORENZ, STOCKDALE, TEXAS, 75160, WILSON.
(street) (city) (state) (zip code) (country)
Executed in WILSON County, State of TEXAS, on the 2ND day of FEBRUARY, 20 26.
(month) (year)


Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

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19 FILER NAME <i>JOHN "SCOTT" AKIN</i>		20 Filer ID (Ethics Commission 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	\$
5.	☒ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>520.00</i>
6.	☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	☐ SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	☒ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>1,087.25</i>
9.	☐ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	☐ 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	\$

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
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.

1 Total pages Schedule F1: 1	2 FILER NAME JOHN "SCOTT" AKIN		3 Filer ID (Ethics Commission Filers)	
4 Date 1/27/2026	5 Payee name DANIEL GUTIERREZ			
6 Amount (\$) \$200.00	7 Payee address; 201 E. MAYER		City; STOCKDALE	State; TX
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) GIFT/AWARDS/MEMORIAL		(b) Description PURCHASE A HAND - CRAFTED KNIFE FOR THE LINCOLN DAY LIVE AUCTION	
	(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			
Date 1/29/2026	Payee name WILSON COUNTY REPUBLICAN PARTY			
Amount (\$) \$320.00	Payee address; 1616 CR 357		City; ADKINS	State; TX
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE		Description LINCOLN DAY DINNER	
	☐ 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/OH			
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, TX, officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
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, TX, officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH			

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
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)

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1 Total pages Schedule F4: 1	2 FILER NAME JOHN "SCOTT" ALLEN	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 1087.25
5 Date 1/16/2026	6 Payee name VISTAPRINT	
7 Amount (\$) \$102.78	8 Payee address; 275 WYMAN ST.	City; State; Zip Code WALTHAM MA 02451
9 TYPE OF EXPENDITURE	☒ Political ☐ Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description PUSH CARD / POSTCARD
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date	Payee name EAGLE FORD SIGNS	
Amount (\$) \$984.47	Payee address; 1013 C ST.	City; State; Zip Code FLORESVILLE TX 78114
TYPE OF EXPENDITURE	☒ Political ☐ Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description SIGNS
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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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