

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:

OFFICE USE ONLY

Date Received

Filed For Record
Time 1:00 pm

JAN 10 2024

Casey Brown
Elections Administrator
By: [Signature] Deputy

Date Hand-delivered or Date Postmarked

Receipt # Amount \$

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI
Mr. John B
.....
NICKNAME LAST SUFFIX
Wilbanks

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
P.O. Box 616 Palestine, TX 75802

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(903) 724-0042

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
Mr. Harris (NMI)
.....
NICKNAME LAST SUFFIX
Lohmeyer

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
102 Timberwilde Lane Elkhart, TX 75839

(Residence or Business)

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(903) 724-3632

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
07 / 27 / 2023 THROUGH 12 / 31 / 2023

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff Other Description
03 / 05 / 2024 General Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known) Anderson County
County Commissioner - Precinct 3

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.

<input type="checkbox"/> Additional Pages <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	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**

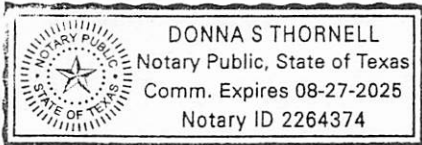
15 C/OH NAME <u>Mr. John B. Wilbanks</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>4,701.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>3,585.01</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>1,115.99</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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]
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ this the 10th day of January, 2024, to certify which, witness my hand and seal of office.

Donna S. Thornell DONNA S. THORNELL _____
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____

(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.

(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>Mr. John B. Wilbanks</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	\$ 4,701.00
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 checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3,585.01
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
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.

The Instruction Guide explains how to complete this form.		1 Total pages, Schedule A1: 3 (1 of 3)
2 FILER NAME Mr. John B. Wilbanks		3 Filer ID (Ethics Commission Filers)
4 Date 7/27/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John B. Wilbanks	7 Amount of contribution (\$) \$1.00
6 Contributor address; City; State; Zip Code PO Box 616 Palestine TX 75802		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/13/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John B. Wilbanks	Amount of contribution (\$) \$750.00
Contributor address; City; State; Zip Code PO Box 616 Palestine TX 75802		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/27/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John B. Wilbanks	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code PO Box 616 Palestine TX 75802		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/29/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ken Tomblin	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 140 ACR 434 Palestine, TX 75803		
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>		

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: 3 (2 of 3)
2 FILER NAME Mr. John B. Wilbanks		3 Filer ID (Ethics Commission Filers)
4 Date 11/29/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeffrey Schwab	7 Amount of contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code 1421 Virginia Ave Palestine TX 75803	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/29/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rick Hardy	Amount of contribution (\$) \$500.00
	Contributor address; City; State; Zip Code 412 E. Spring St Palestine, TX 75801	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/29/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John & Theresa Davis	Amount of contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code 43 Woodshay Dr Montgomery TX 77356	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/29/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark Davis	Amount of contribution (\$) \$400.00
	Contributor address; City; State; Zip Code PO Box 1093 Palestine TX 75802	
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: 3 (3 of 3)
2 FILER NAME Mr. John B. Wilbanks		3 Filer ID (Ethics Commission Filers)
4 Date 11/30/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cliff Johnson	7 Amount of contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code PO Box 770 Palestine TX 75802		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/30/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chrs Dobie	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 7411 E US 84 Palestine TX 75801		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/18/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cody & Jackie Newton	Amount of contribution (\$) \$300.00
Contributor address; City; State; Zip Code 339 ACR 434 Palestine TX 75803		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/19/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wayne & Kathy Newton	Amount of contribution (\$) \$300.00
Contributor address; City; State; Zip Code 2000 ACR 437 Frankston TX 75763		
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.

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: 3 (1 of 3)	2 FILER NAME Mr. John B. Wilbanks	3 Filer ID (Ethics Commission Filers)
4 Date 7/27/23	5 Payee name Anderson County Elections Office	
6 Amount (\$) \$1.00	7 Payee address; 703 N. Mallard Street STE 116 Palestine TX 75801 City: State: Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	
	(b) Description Election Package Appointment of Campaign Treasurer by Candidate	
	(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 11/13/23	Payee name Anderson County Republican Party	
Amount (\$) \$750.00	Payee address; 1118 N. Link St Palestine TX 75801 City: State: Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	
	(b) Description Republican Party Filing Fee	
	(c) <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 \$1,331.67	Payee name DRI Printing (Signs.com)	
Amount (\$)	Payee address; 1550 S. Gladiola Rd Salt Lake City, UT 84104 City: State: Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expenses	
	(b) Description Yard Signs (60" X 36") Campaign Signs	
	(c) <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: 3 (2023)	2 FILER NAME Mr. John B. Wilbanks	3 Filer ID (Ethics Commission Filers)
--	--------------------------------------	---------------------------------------

4 Date 12/8/23	5 Payee name Dollar General Store
-------------------	--------------------------------------

6 Amount (\$) \$13.53	7 Payee address; City; State; Zip Code 601 N. Elm Palestine TX 75801
--------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expenses	(b) Description Candy for Palestine Downtown Christmas Parade
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 12/13/23	Payee name PRI Printing (Signs.com)
------------------	--

Amount (\$) \$549.02	Payee address; City; State; Zip Code 1550 S. Gladiola Rd Salt Lake City UT 84104
-------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expenses	Description Yard Signs (24" x 18") Campaign Signs
	(c) <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
--	-------------------------------	---------------	-------------

Date 12/18/23	Payee name VFW Post 3984
------------------	-----------------------------

Amount (\$) \$100.00	Payee address; City; State; Zip Code 160 ACR 2101 Palestine TX 75801
-------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expenses	Description Campaign Sign/Ad
	(c) <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

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: 3 (3 of 3)	2 FILER NAME Mr. John B. Wilbanks	3 Filer ID (Ethics Commission Filers)
4 Date 12/20/23	5 Payee name Tractor Supply Co.	
6 Amount (\$) \$69.16	7 Payee address; City; State; Zip Code 2200 Loop 256 Palestine, TX 75801	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description T-Posts / Zip Ties for Hanging Signs
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12/27/23	Payee name Great American T-Shirt Company	
Amount (\$) \$270.63	Payee address; City; State; Zip Code 2005 Crockett Rd Palestine, TX 75801	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Name Tags
	<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
Date 12/28/23	Payee name Cody Harris Campaign	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 1007 N. Mallard St Palestine, TX 75801	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions made By Candidate	Description Sponsor Gov Abbott visit
	<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 Cody Harris	Office sought Office held State Rep Dist 8 State Rep District 8

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED