

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:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST John	MI D
	NICKNAME	LAST Knighr	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX:	APT / SUITE #:	CITY; STATE; ZIP CODE TX 75191
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (214)	PHONE NUMBER 597-5679	EXTENSION
	6 CAMPAIGN TREASURER NAME		
6 CAMPAIGN TREASURER NAME	MS / MRS / <u>MR</u>	FIRST Gree	MI
	NICKNAME	LAST Wilhelm	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;		CITY; STATE; ZIP CODE TX 76065
	500 S. 9th St. midlothian		
8 CAMPAIGN TREASURER PHONE	AREA CODE (972)	PHONE NUMBER 351-0041	EXTENSION
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)		
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month	Day	Year
	1	17	25
	THROUGH		Month Day Year
			4 / 3 / 25
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month Day Year 05 / 03 / 2025	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Midlothian ISD Place 4	
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> 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	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

OFFICE USE ONLY

Date Received

RECEIVED

APR / 3 2025

txc/steve

Date Hand-Delivered or Date Postmarked

Receipt #	Amount \$
Date Processed	
Date Imaged	

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

15 C/OH NAME <u>John Knight</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)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>4000.⁰⁰</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>3719.⁰⁹</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>280.⁹¹</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.

John D Knight
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 Knight and my date of birth is [REDACTED]

My address is [REDACTED] Ovine (city) Tx (state) 75141 (zip code) USA (country)

Executed in Midlothian County, State of Tx, on the 3rd day of April, 2025

John D Knight
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

John Knight

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,000. 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	\$ 3,719.09
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
2 FILER NAME John Knight		3 Filer ID (Ethics Commission Filers)
4 Date 1/23/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jenn Knight	7 Amount of contribution (\$) 1,000.⁰⁰
	6 Contributor address; City; State; Zip Code P.O. Box 355 Midlothian Tx 76065	
8 Principal occupation / Job title (See Instructions) Econ Dev		9 Employer (See Instructions) City of Red Oak
Date 1/29/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Access Self Storage - Red Oak, LP	Amount of contribution (\$) 500.⁰⁰
	Contributor address; City; State; Zip Code 3404 N. I 35 Lancaster, Tx 75134	
Principal occupation / Job title (See Instructions) Storage		Employer (See Instructions) Access
Date 1/30/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bob Wessa	Amount of contribution (\$) 250.⁰⁰
	Contributor address; City; State; Zip Code [REDACTED] Ovilia Tx 75154	
Principal occupation / Job title (See Instructions) IT Consultant		Employer (See Instructions) Self
Date 1/30/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kevin & Jennifer McDonnell	Amount of contribution (\$) 500.⁰⁰
	Contributor address; City; State; Zip Code [REDACTED] Midlothian Tx 76065	
Principal occupation / Job title (See Instructions) Attorney & CPA / CPA		Employer (See Instructions) Simplified Solutions
<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:
2 FILER NAME <i>John Knight</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>1/31/25</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Knight+Time LLC</i>	7 Amount of contribution (\$) <i>500.00</i>
6 Contributor address; City; State; Zip Code <i>613 Ferris Ave Ste 201 Waco, TX 76765</i>		
8 Principal occupation / Job title (See Instructions) <i>Jeweler</i>		9 Employer (See Instructions) <i>Knight+Time LLC</i>
Date <i>2/2/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Don Altman</i>	Amount of contribution (\$) <i>250.00</i>
Contributor address; City; State; Zip Code <i>[REDACTED] Midlothian TX 76065</i>		
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Oncor</i>
Date <i>2/12/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>McCarthy-Larson LLC</i>	Amount of contribution (\$) <i>300.00</i>
Contributor address; City; State; Zip Code <i>P.O. 869 Midlothian TX 76065</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>2/15/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Custom Fence & Pergola LLC</i>	Amount of contribution (\$) <i>350.00</i>
Contributor address; City; State; Zip Code <i>105 Lone Elm Way TX 76167</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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 <i>John Knight</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2/8/25</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Greg Wilhelm</i>	7 Amount of contribution (\$) <i>250.⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>509 S. 9th St, Midlothian Tx 76065</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>1/23/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John Knight</i>	Amount of contribution (\$) <i>100.⁰⁰</i>
Contributor address; City; State; Zip Code <div style="background-color: black; width: 150px; height: 15px; display: inline-block;"></div> <i>Ovilla Tx 75154</i>		
Principal occupation / Job title (See Instructions) <i>Econ Dev</i>		Employer (See Instructions) <i>RedOak</i>
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)
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)

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 <i>John Knight</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>1/28/25</i>	5 Payee name <i>Signage Systems Dallas</i>
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6 Amount (\$) <i>558.57</i>	7 Payee address; City; State; Zip Code <i>7900 Ferguson Rd Dallas Tx 75228</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Signs Printing Exp</i>	(b) Description <i>100 small camp signs</i>
	(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
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Date <i>1/29/25</i>	Payee name <i>Deluxe Check</i>
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Amount (\$) <i>22.35</i>	Payee address; City; State; Zip Code <i>16505 W 113th Lenexa KS 66219</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Check Banking</i>	Description <i>Checks</i>
	(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
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Date <i>2/2/25</i>	Payee name <i>Brandon Potter</i>
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Amount (\$) <i>300.00</i>	Payee address; City; State; Zip Code <i>8621 mary ct Watahachie TX 75167</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>Photos</i>
	(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
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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 | Printing 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 <i>John Kolgh +</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>2/2/25</i>	5 Payee name <i>SOCO</i>	
6 Amount (\$) <i>275.⁰⁰</i>	7 Payee address; City; State; Zip Code <i>721 E Main Midlothian Tx 76065</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Food/Beverage Exp</i>	(b) Description <i>Hot Chocolate / Coffee / meet & greet</i>
	(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 <i>2/6/25</i>	Payee name <i>Signage Systems</i>	City; State; Zip Code
Amount (\$) <i>941.53</i>	Payee address; <i>7900 9700 Ferguson Rd Dallas Tx 75228</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing Exp</i>	Description <i>Signs & Car Wrap</i>
	<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 <i>2/10/25</i>	Payee name <i>Midlo Scoops</i>	City; State; Zip Code
Amount (\$) <i>51.64</i>	Payee address; <i>101 S. 3rd St Midlothian Tx 76065</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food/Ber Exp</i>	Description <i>Ice Cream / meet & greet</i>
	<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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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	3 Filer ID (Ethics Commission Filers)
4 Date 2/13/25	5 Payee name Midlothian Chamber	
6 Amount (\$) 70. ⁰⁰	7 Payee address; 116 N 8 th St Midlothian TX 76065	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Exp	(b) Description Chamber Lunch (2 tickets)
	(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 2/22/25	Payee name True Patriot	
Amount (\$) 1,500. ⁰⁰	Payee address; 7241 Spangier Rd Midlothian TX 76065	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Exp	Description Camp Management
	<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	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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