

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: <div style="text-align: center; font-size: 1.2em;">10</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr. FIRST John MI E		OFFICE USE ONLY <div style="font-size: 1.2em; color: blue;">April 3, 2025 9:07 am</div>
	NICKNAME LAST Bariou SUFFIX Jr		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 2323 Wilson Street San Angelo TX 76901		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION ()		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr. FIRST Adam MI C		Date Received
	NICKNAME LAST Johnke SUFFIX		Date Hand-delivered or Date Postmarked
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE 3214 Sunset Drive San Angelo TX 76904		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (325) 656.1641		
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 Month Day Year 01 / 29 / 2025 THROUGH 03 / 31 / 2025		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description 05 / 03 / 2025 <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) NONE San Angelo City Council- SMD2		
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		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

15 C/OH NAME Mr. John E. Bariou Jr.		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)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$1,228.32
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 972.13
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 132.09
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$0.00

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 E. Bariou Jr., and my date of birth is [REDACTED]

My address is 2323 Wilson Street, San Angelo, TX, 76901, United States.
(street) (city) (state) (zip code) (country)

Executed in Tom Green County, State of Texas, on the 3 day of APRIL, 2025.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

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

19 FILER NAME John E. Bariou Jr.		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1109.22
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 119.10
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 50.00
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 972.13
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 E. Bariou Jr.		3 Filer ID (Ethics Commission Filers)
4 Date 02/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joey Sosa 6 Contributor address; City; State; Zip Code 2914 Palo Duro Drive, San Angelo, Texas 76904	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 02/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adam Johnke & Shannon Carpenter Contributor address; City; State; Zip Code 3214 Sunset Drive, San Angelo, Texas 76904	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Business Owners		Employer (See Instructions) Self Employed
Date 02/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Judie & Paul English Contributor address; City; State; Zip Code 913 Cauley Lane, San Angelo, Texas 76903	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Business Owners		Employer (See Instructions) Self Employed
Date 02/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guy D. Andrews Contributor address; City; State; Zip Code 1620 Oregon Avenue, San Angelo, 76904	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		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:
2 FILER NAME John E. Bariou Jr.		3 Filer ID (Ethics Commission Filers)
4 Date 02/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Judd Weiss 6 Contributor address; City; State; Zip Code 3102 Lindell Avenue, San Angelo, Texas 76901	7 Amount of contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Self Employed		9 Employer (See Instructions)
Date 03/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rick Swain Contributor address; City; State; Zip Code 3220 Sunset Drive, San Angelo, Texas 76904	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tracy Guevara Contributor address; City; State; Zip Code 2315 Wilson, San Angelo, Texas 76901	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 03/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paul Oates Contributor address; City; State; Zip Code P.O. Box 2622, San Angelo, Texas 76902	Amount of contribution (\$) \$9.22
Principal occupation / Job title (See Instructions) Retired		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:
2 FILER NAME John E. Bariou Jr.		3 Filer ID (Ethics Commission Filers)
4 Date 03/22/2025	<div style="display: flex; justify-content: space-between;"><div>5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James McKinzie</div><div>7 Amount of contribution (\$) \$25.00</div></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div>6 Contributor address; City; State; Zip Code 2718 Erline Drive, San Angelo, Texas 76901</div></div>	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 03/27/2025	<div style="display: flex; justify-content: space-between;"><div>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karen Dannheim</div><div>Amount of contribution (\$) \$20.00</div></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div>Contributor address; City; State; Zip Code 651 County Road 109, Edorado, Texas 76936</div></div>	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date	<div style="display: flex; justify-content: space-between;"><div>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)</div><div>Amount of contribution (\$)</div></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div>Contributor address; City; State; Zip Code</div></div>	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date	<div style="display: flex; justify-content: space-between;"><div>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)</div><div>Amount of contribution (\$)</div></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div>Contributor address; City; State; Zip Code</div></div>	
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.		

SCHEDULE A2

The Instruction Guide explains how to complete this form.

3 Filer ID (Ethics Commission Filers)

\$ 119.10

9 In-kind contribution description

COSA Clerical Fees

☐ Check if travel outside of Texas. Complete Schedule T.

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

In-kind contribution description

Candidate Meal

\$17.88

☐ Check if travel outside of Texas. Complete Schedule T.

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

Revised 1/1/2024

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME John E. Bariou Jr.		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 03/052025	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shannon Carpenter	8 Amount of Contribution \$ \$96.34	9 In-kind contribution description By the Stream Media Advertising
7 Contributor address; City; State; Zip Code 3214 Sunset Drive, San Angelo, Texas 76904		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Business Owner		11 Employer (FOR NON-JUDICIAL)(See Instructions) Self Employed	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Business Owner		Employer (FOR NON-JUDICIAL)(See Instructions) Self Employed	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

PLEDGED CONTRIBUTIONS**SCHEDULE B**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 B: 1	
2 FILER NAME John E. Bariou Jr.				3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES				\$ 50.00	
5 Date 03/16/2025		6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Retha Franklin		8 Amount of Pledge \$ \$50.00	
		7 Pledgor address; City; State; Zip Code P.O. Box 1662, San Angelo, Texas 76902		9 In-kind contribution description Paypal donation initiated Not Yet Processed	
				<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (See Instructions) Retired				11 Employer (See Instructions)	
Date		Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)		Amount of Pledge \$	
		Pledgor address; City; State; Zip Code		In-kind contribution description	
				<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)				Employer (See Instructions)	
Date		Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)		Amount of Pledge \$	
		Pledgor address; City; State; Zip Code		In-kind contribution description	
				<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)				Employer (See Instructions)	
Date		Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)		Amount of Pledge \$	
		Pledgor address; City; State; Zip Code		In-kind contribution description	
				<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)				Employer (See Instructions)	
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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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card PaymentEvent Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal ServicesLoan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract LaborSolicitation/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:	2 FILER NAME Mr. John E. Bariou Jr.	3 Filer ID (Ethics Commission Filers)
4 Date 03/12/2025	5 Payee name Fast Signs	
6 Amount (\$) \$815.19	7 Payee address; City; State; Zip Code 720 Knickerbocker Road, San Angelo, Texas 76903	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Campaign Yard Signs, Business Cards
	(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 John E. Bariou Jr.	Office sought San Angelo City Council- SMD2 Office held NONE
Date 03/24/2025	Payee name Fast Signs	
Amount (\$) \$136.94	Payee address; City; State; Zip Code 720 Knickerbocker Road, San Angelo, Texas 76903	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Business Cards
	<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 John E. Bariou Jr.	Office sought San Angelo City Council- SMD2 Office held NONE
Date 03/27/2025	Payee name San Angelo Republican Women	
Amount (\$) \$20.00	Payee address; City; State; Zip Code P.O. Box 62472, San Angelo, Texas 76902	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Candidate Luncheon
	<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