CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

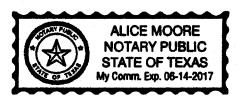
FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guil	DE explains how to complete this form. 1 ACCOUNT # (Ethics Commi		2 PAGE # 1 of 22
3 CANDIDATE/	MS / MRS / MR FIRST	MI	OFFICE USE ONLY
OFFICEHOLDER NAME	Mr. J. D.		
INVINE			
	NICKNAME LAST Johnson	SUFFIX	8 8 2
	OSIMIOSII .		
4 CANDIDATE /	ADDRESS / PO BOX; APT / SUITE #; CITY; STAT	E; ZIP CODE	
OFFICEHOLDER			
MAILING ADDRESS			Date Hand-delivered or Date Postmarked
7.551.250			The second
Change of Address			
Change of Address			100
			Receipt # Amount
5 CAMPAIGN	MS / MRS / MR FIRST	MI	Date Processed
TREASURER NAME	Mr. Darrell		Date Imaged
	NICKNAME LAST	SUFFIX	
		301114	
	Johnson		
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY;	STATE;	ZIP CODE
ADDRESS			
(Residence or business)			
7 CAMPAIGN	AREA CODE PHONE NUMBER EXTE	NSION	
TREASURER			
PHONE			
		,	
8 REPORT TYPE	January 15 30th day before election Run	off	15th day after campaign treasurer
			appointment (officeholder only)
			_
	July 15 X 8th day before election Exc	eeded \$500 limit	Final report (Attach C/OH - FR)
9 PERIOD			
COVERED	Month Day Year	Month Day	Year
	THROUGH		
	09/26/2014	10/25/201	14
10 ELECTION	ELECTION DATE ELECTION TYPE		
	Month Day Year Primary Run	off X	General Special
	11/04/2014	رت ا	
11 OFFICE	OFFICE HELD (if any)	ICE SOUGHT (if known)	
	l l		
	County Commissioner Pct 4 Cou District 4 Dist	nty Commission	er PCt 4
	District	110. 4	
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	GO TO PAGE 2		

CANDIDATE / OFFICEHOLDER	REPORT:
SUPPORT & TOTALS	

FORM C/OH COVER SHEET PG 2

13 C/OH NAME Johns	son, J. D. (Mr.)		14 ACC	OUNT #	(Ethics Com	nmission filers)
15 NOTICE FROM	have been made with	otice of political expenditures by political committees to support the cat nout the candidate's or officeholder's knowledge or consent. Candidately by receive notice of such expenditures	andidate / off tes and office	iceholder. T	hese expen required to	ditures may report this
POLITICAL COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS		COMMITTEE NAME	5		i no	
	GENERAL	COMMITTEE ADDRESS	:		######################################	
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		1 - 1 201	<u> </u>	
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS				
16 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED		\$		855.00
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$	31	1,655.00
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZE	D	\$		784.43
	4. TOTAL I	POLITICAL EXPENDITURES		\$	19	9,884.02
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE AY OF THE REPORTING PERIOD		\$	392	2,285.88
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD		\$		0.00
17 AFFIDAVIT				4 44		



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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said

to certify which, witness my hand and seal of office.

Signature of officer administering oath

Print name of officer administering oath

Title of officer administering oath

	The Instruction	אס Guide explains how to complete this form.		1 PAGE# Schedule: 1/	18 Report: 3/22		
1	EU ED MANE	Johanna J. D. (Ma.)		3 ACCOUNT#	(Ethics Commission filers)		
2	FILER NAME	Johnson, J. D. (Mr.)			Euros Commission mers)		
				00000001	The second secon		
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Adams, Neal and Sonja)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	10/07/2014	6 Contributor address; City; State; Zip Code 3950 Highway 360 Grapevine, TX 76051		\$1,000.00			
_					Texas, complete Schedule T)		
9	Principal occup	eation / Job title (See Instructions)	10 Employer (See in	structions)	SALES SALES		
	Date	Full name of contributor ut-of-state PAC (ID#	:)	Amount of	In-kind contribution		
		Alexander, R. Denny	, , , , , , , , , , , , , , , , , , , ,	contribution (\$)	description (if applicable)		
	10/10/2014	Contributor address; City; State; Zip Code 4200 South Hulen		\$100.00	! 		
l		Suite 617 Fort Worth. TX 76109			l		
		Tole Wording TX To Too		(If travel outside of	Texas, complete Schedule T)		
┝	Principal occur	pation / Job title (See Instructions)	Employer (See In				
	T Thiopar occup	audity sob due (occ moducacións)	Employer (Gee in	Su dottoris)			
	Date	Full name of contributor ut-of-state PAC (ID#	!)	Amount of	In-kind contribution		
		Alliston, Ruby		contribution (\$)	description (if applicable)		
	10/10/2014	Contributor address; City; State; Zip Code 3150 Tinsley Lane		\$100.00	 		
		Fort Worth, TX 76179		(If travel outside of	Texas, complete Schedule T)		
Г	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)			
_				·			
l	Date	Full name of contributor ut-of-state PAC (ID#	:)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
		Anfin, Tim and Karen		contribution (\$)	description (if applicable)		
					l ·		
l	10/07/2014	Contributor address; City; State; Zip Code		\$250.00	I		
		1321 Concho Drive Benbrook, TX 76126		İ .	I		
		,,			1		
l				(If travel outside of	Texas, complete Schedule T)		
_	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)			
	Date	Full name of contributor ut-of-state PAC (ID#)	Amount of	In-kind contribution		
		Baker, Hub		contribution (\$)	description (if applicable)		
					l		
	10/13/2014	Contributor address; City; State; Zip Code		\$1,000.00	1		
		121 East Exchange Avenue Fort Worth, TX 76164			I		
		. e					
				(If travel outside of	Texas, complete Schedule T)		
	Principal occur	ation / Job title (See Instructions)	Employer (See In				
	Till Spail Goodp	222 222 232 (222	Employor (God III				

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	The INSTRUCTION	סא Guide explains how to complete this form.		1 PAGE # Schedule: 2/3	16 Report: 4/22
2	FILER NAME	Johnson, J. D. (Mr.)		3 ACCOUNT# 00000001	(Ethics Commission filers)
4	Date	5 Full name of contributor ut-of-state PAC (ID: Banks, Landon	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	10/10/2014	6 Contributor address; City; State; Zip Code 4880 Boat Club Road Suite 100 Fort Worth, TX 76135	• • • • • • • • • • • • • • • • • • • •	\$150.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	10/15/2014	Contributor address; City; State; Zip Code 4237 Wells Drive Fort Worth, TX 76135		\$500.00	
				(If travel outside of	Texas, complete Schedule T)
\vdash	Principal occur	eation / Job title (See Instructions)	Employer (See In		Toxac, complete consecution,
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	10/24/2014	Contributor address; City; State; Zip Code 4450 Harley Ave. Fort Worth, TX 76107		\$1,000.00	[]]
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	estructions)	
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	10/15/2014	Contributor address; City; State; Zip Code 6301 Paper Shell Way Fort Worth, TX 76179		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	10/15/2014	Contributor address; City; State; Zip Code 8877 Boat club Road Fort Worth, TX 76179		\$250.00	;
				(If travel outside of	Texas, complete Schedule T)
-	Principal occup	lation / Job title (See Instructions)	Employer (See In	structions)	

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	The INSTRUCTION	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/	18 Report: 5/22	
2	FILER NAME	Johnson, J. D. (Mr.)		3 ACCOUNT # 0000001	(Ethics Commission filers)	
4	Date	5 Full name of contributor	#)	7 Amount of contribution (\$)	In Rind contribution description (if applicable)	
	10/14/2014	6 Contributor address; City; State; Zip Code Post Office3 Box 161786 Fort Worth, TX 76161		\$500.00	Texas, complete Schedule T)	
				1	18xas, complete Schedule 1/	
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See In:	structions)	Services Williams	
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	10/09/2014	Contributor address; City; State; Zip Code 1120 Hidden Road Fort Worth, TX 76107		\$100.00	! !	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup	pation / Job title (See Instructions)	Employer (See In:	structions)		
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	10/08/2014	Contributor address; City; State; Zip Code 2106 Carmel Court Arlington, TX 76012		\$100.00		
		Allington, 17 10012		(If travel outside of	Texas, complete Schedule T)	
	Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)		
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	10/11/2014	Contributor address; City; State; Zip Code Post Office Box 105 Argyle, TX 76226		\$250.00	 	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup	I pation / Job title (See Instructions)	Employer (See In:	L		
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	10/08/2014	Contributor address; City; State; Zip Code 500 West 7th Street Suite 600		\$200.00	! 	
		Fort Worth, TX 76102		are a contractate of		
				<u> </u>	Texas, complete Schedule T)	
	Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)		
			1			

The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/	18 Report: 6/22			
2 FILER NAME	Johnson, J. D. (Mr.)		3 ACCOUNT# 00000001	(Ethics Commission filers)			
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID) Cummings, Charles and Barbara	#)	7 Amount of contribution (\$)	In-kind contribution description (if applicable)			
10/13/2014	6 Contributor address; City; State; Zip Code 8999 Dickson Road Fort Worth, TX 76179		\$250.00				
			(if travel outside of	Texas, complete Schedule T)			
a Delevisor securi	Land Aller (One trade at least)	10 F 1 10 1	,				
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)				
Date	Full name of contributor ☐ out-of-state PAC (ID# Curry, Jan	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)			
10/16/2014	Contributor address; City; State; Zip Code 6125 Plum Valley Place Fort Worth, TX 76116		\$100.00	 			
	·		(If travel outside of	Texas, complete Schedule T)			
Principal occup	oation / Job title (See Instructions)	Employer (See In	structions)				
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
10/15/2014	Contributor address; City; State; Zip Code 3340 Camp Bowie Suite 100		\$500.00	! 			
·	Fort Worth, TX 76107			Texas, complete Schedule T)			
Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)				
Date	Full name of contributor ☐ out-of-state PAC (ID# Dean, Randal	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)			
10/13/2014	Contributor address; City; State; Zip Code 201 Main Street Suite 800 Fort Worth, TX 76102		\$200.00	 			
			(If travel outside of	Texas, complete Schedule T)			
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)				
Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
10/15/2014	Contributor address; City; State; Zip Code 8985 Boat Club Road Fort Worth, TX 76179		\$250.00	 			
			(If travel outside of	Texas, complete Schedule T)			
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)				

The Instructi	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 5/	18 Report: 7/22	
2 FILER NAME	Johnson, J. D. (Mr.)		3 ACCOUNT# 00000001	(Ethics Cormission filers)	
4 Date	5 Full name of contributor	#)	7 Amount of contribution (\$)	In-kind contribution description (if applicable)	
10/08/2014	6 Contributor address; City; State; Zip Code 1111 Pebble Creek Road Fort Worth, TX 76107		\$200.00		
	L			Texas, complete Schedule T)	
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In	structions)		
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
10/13/2014	Contributor address; City; State; Zip Code 4021 Hilltop Drive Southlake, TX 76092		\$200.00	 	
-			(If travel outside of	Texas, complete Schedule T)	
	I pation / Job title (See Instructions) missioner Precinct 3	Employer (See In		Toxas, complete contours .,	
County Com	Hissioner Fredition 5	ranani County			
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
10/08/2014	Contributor address; City; State; Zip Code Post Office Box 79488 Saginaw, TX 76179		\$600.00		
			(If travel outside of	Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See In:	structions)		
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
10/14/2014	Contributor address; City; State; Zip Code 4055 International Plaza Suite 200 Fort Worth, TX 76109		\$250.00		
			(If travel outside of	Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See In:	structions)		
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
10/15/2014	Contributor address; City; State; Zip Code 3100 West 7th Street Suite 200 Fort Worth, TX 76107		\$100.00		
	Total Holding 17 (1010)		(If travel outside of	Texas, complete Schedule T)	
Principal occup County Clerk	pation / Job title (See Instructions)	Employer (See Ins Tarrant County		Tokas, complete schedule 1)	

The INSTRUCTION GUIDE explains how to complete this form. 1 PAGE # Schedule: 6/18 Report: 8/22 2 FILER NAME Johnson, J. D. (Mr.) 3 ACCOUNT # (Ettrics Commission 00000001 4 Date 5 Full name of contributor out-of-state PAC (ID#) 7 Amount of contribution (\$) description (\$) description (\$) account the descr	bution
4 Date 5 Full name of contributor out-of-state PAC (ID#) 7 Amount of contribution (\$) 8 In-kind contribution (\$) description (If ap 10/09/2014 6 Contributor address; City; State; Zip Code \$100.00	bution
Gilbert, Arch 10/09/2014 6 Contributor address; City; State; Zip Code \$100.00	
10/09/2014 6 Contributor address; City; State; Zip Code \$100.00	11,100.00
Suite C Fort Worth, TX 76107	
(If travel outside of Texas, complete Sched	udie i, L
9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)	92 · · ·
Date Full name of contributor out-of-state PAC (ID#) Amount of In-kind contribution (\$) description (if ap	
10/08/2014 Contributor address; City; State; Zip Code \$100.00	
Fort Worth, TX 76135 (If travel outside of Texas, complete Scheen	dule T)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) description (if ap	
10/15/2014 Contributor address; City; State; Zip Code \$250.00 1608 Ashland Ave. Fort Worth, TX 76107	
(If travel outside of Texas, complete Scher	dule T)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) description (if ap	
10/08/2014 Contributor address; City; State; Zip Code \$100.00 6324 Skylark Circle Fort Worth, TX 76180	
(If travel outside of Texas, complete Sche	dula Ti 🗍
	I
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date Full name of contributor out-of-state PAC (ID#) Amount of ontribution (\$) description (if ap	
10/08/2014 Contributor address; City; State; Zip Code \$100.00 Post Office Box 162659	
Fort Worth, TX 76161 (If travel outside of Texas, complete Sche	dule T)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	

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	The INSTRUCTION	N GUIDE explains how to complete this form.		1 PAGE# Schedule: 7/18	3 Report: 9/22
2	FILER NAME	Johnson, J. D. (Mr.)		3 ACCOUNT # 00000001	(Ethucs Commission filers)
1	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Harlin, Trey)	7 Amount of contribution (\$)	8 In-kind contribution description (If applicable)
	10/15/2014	6 Contributor address; City; State; Zip Code 12505 Indian Creek Drive Fort Worth, TX 76179		\$250.00	exas, Complete Schedule T)
9	Principal occupa	ation / Job title (See Instructions)	10 Employer (See In		
-	Date	Full name of contributor ut-of-state PAC (ID# Hollenstein, A. G.)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	10/24/2014	Contributor address; City; State; Zip Code 4022 Shorefront Drive Fort Worth, TX 76135		\$2,000.00	
				(If travel outside of T	exas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor uut-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	10/07/2014	Contributor address; City; State; Zip Code		\$100.00	
		Fort Worth, TX 76102			Texas, complete Schedule T)
_	Principal occup	Dation / Job title (See Instructions)	Employer (See Ir	estructions)	
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	10/24/2014	Contributor address; City; State; Zip Code 4617 Tanque Drive		\$100.00	
		Fort Worth, TX 76137	(2)		Texas, complete Schedule T)
-	Principal occu	pation / Job title (See Instructions)	Employer (See		In-kind contribution
L	-	Full name of contributor ut-of-state PAC (II	O#)	Amount of contribution (\$)	description (if applicable)
	Date	Jensen, Katrina		\$200.00	1
	10/15/2014	Contributor address; City; State; Zip Code 2717 Stone Oak Drive Fort Worth, TX 76109		(If travel outside	of Texas, complete Schedule T)
1		For trous	Employer (Se	e Instructions)	
		(See Instructions)	Employs: (9)		Electronic Filing Version
	Principal oc	cupation / Job title (See Instructions)			

	The Instruction	N GUIDE explains how to complete this form.	•	1 PAGE # Schedule: 8/18 Report: 10/22		
2	FILER NAME	Johnson, J. D. (Mr.)		3 ACCOUNT # (Ethics Commission filers)	
4	Date	5 Full name of contributor ut-of-state PAC (ID# Johndroe, S. G. III)	7 Amount of contribution (\$)	description (if applicable)	
	10/12/2014	6 Contributor address; City; State; Zip Code 3909 Hamilton Ave. Fort Worth, TX 76107		\$100.00	PR DO	
				(If travel outside of Te	exas, complete Schedule T)	
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)	departure **	
	Date	Full name of contributor ut-of-state PAC (ID# Jones, Molly (Hon.))	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	10/22/2014	Contributor address; City; State; Zip Code 2601 5th Ave Fort Worth, TX 76110		\$200.00 		
				(If travel outside of Te	exas, complete Schedule T)	
	Principal occup	ation / Job title (See Instructions)	Employer (See In			
	Judge		Tarrant County	Criminal Court #6		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	10/09/2014	Contributor address; City; State; Zip Code Post Office Box 472179 Fort Worth, TX 76147		\$100.00 		
				(If travel outside of Te	exas, complete Schedule T)	
	Principal occup	ation / Job title (See Instructions)	Employer (See In	,	,	
2	Date	Full name of contributor	:)	Amount of	In-kind contribution	
		Lasater, Mollie and Gartand	,	contribution (\$)	description (if applicable)	
	10/10/2014	Contributor address; City; State; Zip Code 3815 Lisbon Street		\$100.00		
		Suite 203 Fort Worth, TX 76107		, I		
				(If travel outside of Te	exas, complete Schedule T)	
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	10/15/2014	Contributor address; City; State; Zip Code P. O. Box 17428 Austin, TX 78760		\$5,000.00		
		- Auguit, 17 10100				
				L`	exas, complete Schedule T)	
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)		

	The Instruction	N GUIDE explains how to complete this form.		1 PAGE# ∺ Schedule: 9/1	8 Report: 11/22	
2	FILER NAME	Johnson, J. D. (Mr.)		3 ACCOUNT # 00000001	(Ethics Commission filers)	
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Loftin, Stacy)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	10/08/2014	6 Contributor address; City; State; Zip Code 3950 State Hwy 360 Grapevine, TX 76051		\$750.00		
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See In	<u> </u>	Texas, complete Schedule T)	
	· mopal coop		10 2	,		
	Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	10/08/2014	Contributor address; City; State; Zip Code 2740 Purple Sage Trl. Fort Worth, TX 76179		\$100.00	 	
				(If travel outside of	Texas, complete Schedule T)	
┝	Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	10/13/2014	Contributor address; City; State; Zip Code 6004 Airport Freeway Fort Worth, TX 76117		\$150.00	 	
				(If travel outside of	Texas, complete Schedule T)	
_	Principal occup	pation / Job title (See Instructions)	Employer (See In			
	Date	Full name of contributor ☐ out-of-state PAC (ID# Lynch, John IV	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	10/09/2014	Contributor address; City; State; Zip Code 5301 Miramar Lane Colleyville, TX 76034		\$750.00	 	
		Concyvine, 1275004			· · · · · · · · · · · · · · · · · · ·	
_	Principal occur	pation / Job title (See Instructions)	Employer (See In	<u></u>	Texas, complete Schedule T)	
	i ilicipai occup	audit 7 500 tito (oee matucadis)	Employer (Geo III	3.140.101107		
-	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	10/08/2014	Contributor address; City; State; Zip Code 6337 Peden Road Fort Worth, TX 76179		\$100.00	 	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup	Leation / Job title (See Instructions)	Employer (See In	<u> </u>		

The Instruction	ом Guide explains how to complete this form.		1 PAGE # Schedule: 10	0/18 Report: 12/22				
2 FILER NAME	Johnson, J. D. (Mr.)		3 ACCOUNT # 00000001	(Ethics Commission filers)				
4 Date	5 Full name of contributor	#)	7 Amount of contribution (\$)	8				
10/20/2014	6 Contributor address; City; State; Zip Code 245 West Hill Drive Aledo, TX 76008		\$500.00	RANT SON				
- 5/	<u> </u>			Texas, complete Schedule T)				
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In:	structions)	Melly E				
Date	Full name of contributor	‡)	Amount of scontribution (\$)	In-kind contribution description (if applicable)				
10/24/2014	0/24/2014 Contributor address; City; State; Zip Code 4455 Camp Bowie Blvd. Stuite 114 PMB 68 Fort Worth, TX 76107			 				
				Texas, complete Schedule T)				
Principal occup	pation / Job title (See Instructions)	Employer (See In:	structions)	10.1				
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)				
10/09/2014	Contributor address; City; State; Zip Code Post Office Box 79523 Saginaw, TX 76179		\$100.00	 				
			/If travel outside of	Texas, complete Schedule T)				
Principal occur	pation / Job title (See Instructions)	Employer (See In	L	Texas, complete schedule 1)				
Filiopal occup	ladion 7 300 title (See Histractions)	Employer (See Inc	su detions)					
Date	Full name of contributor ut-of-state PAC (ID#	<u> </u>	Amount of	In-kind contribution				
	Meadows, William		contribution (\$)	description (if applicable)				
10/15/2014	Contributor address; City; State; Zip Code 3904 Hamilton Ave. Fort Worth, TX 76107		\$250.00					
	·		(If travel outside of	Texas, complete Schedule T)				
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	<u></u>					
Date	Full name of contributor ut-of-state PAC (ID#	f)	Amount of	In-kind contribution				
	Miteff, Meto	/	contribution (\$)	description (if applicable)				
10/15/2014	Contributor address; City; State; Zip Code 4453 Crestline Road Fort Worth, TX 76107		\$1,000.00	 				
			(If travel outside of	Texas, complete Schedule T)				
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	L					
	,							

	The Instruction	on Guide explains how to com	plete this form.		1 PAGE # Schedule: 11	/18 Report: 13/22		
2	FILER NAME	Johnson, J. D. (Mr.)			3 ACCOUNT # 00000001	(Ethics Commission filers)		
4	Date	5 Full name of contributor Murrin, Steve	out-of-state PAC (ID#)	7 Amount of contribution (\$)	In-kind contribution description (if applicable)		
	10/24/2014	6 Contributor address; 500 N. E. 23rd Street Fort Worth, TX 76164	City; State; Zip Code		\$250.00	FILEI AMTEI 127 P		
					(If travel outside of	Texas, complete Schedule T)		
9	Principal occup	ation / Job title (See Instruction	ns)	10 Employer (See In	structions)	CHARGONIAN		
						를 <u>으</u> 또:		
	Date	Full name of contributor O'Neal, Patricia	out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	10/08/2014	Contributor address; 675 North Henderson Street Fort Worth, ID 76107	City; State; Zip Code		\$250.00	! 		
					(If travel outside of	Texas, complete Schedule T)		
	Principal occup	ation / Job title (See Instruction	ns)	Employer (See In	structions)			
	Date	Full name of contributor Oney, Bobby Jr.	out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	10/10/2014	Contributor address; 9374 Old Decatur Road Fort Worth, TX 76179	City; State; Zip Code		\$100.00	 		
		,			(If travel outside of	Texas, complete Schedule T)		
	Principal occup	ation / Job title (See Instruction	ns)	Employer (See In	structions)			
	Date	Full name of contributor Owens, Tony	out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	10/15/2014	Contributor address; Post Office Box 1599 Fort Worth, TX 76101	City; State; Zip Code		\$100.00	 		
					(If travel outside of	Texas, complete Schedule T)		
	Principal occup	ation / Job title (See Instruction	ns)	Employer (See In	structions)			
	Date	Full name of contributor Palmer, Duke	ut-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	10/11/2014	Contributor address; 7736 Lakeview Circle Fort Worth, TX 76179	City; State; Zip Code	• • • • • • • • • • • • • • • • • • •	\$250.00			
					(If travel outside of	Texas, complete Schedule T)		
	Principal occup	ation / Job title (See Instruction	ıs)	Employer (See In:		,,		
	•	,		, , , , , , , , , , , , , , , , , , , ,	•			

				
The Instructi	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 12	2/18 Report: 14/22
2 FILER NAME	Johnson, J. D. (Mr.)		3 ACCOUNT#	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID: Peerwani, Nizam	‡)	7 Amount of contribution (\$)	8 In and contribution description (if applicable)
10/15/2014	6 Contributor address; City; State; Zip Code 7913 Blenheim Place Fort Worth, TX 76120		\$1,000.00	Texas, complete Schedule T)
O Dringing Language		45 F (0 t-		
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor	<u>#</u>)	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/08/2014	Contributor address; City; State; Zip Code 200 Texas Way Fort Worth, TX 76106		\$500.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See In	<u>'</u>	
r micipal occu	pation 7 300 title (Gee instructions)	Limployer (Gee III	ou delions)	
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/06/2014	Contributor address; City; State; Zip Code 1410 Bluebonnet Drive Fort Worth TV 76111		\$100.00	
	Fort Worth, TX 76111			Texas, complete Schedule T)
Principal occuj	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/15/2014	Contributor address; City; State; Zip Code Post Office Box 444 Hurst, TX 76053		\$250.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/12/2014	Contributor address; City; State; Zip Code Post Office Box 100066 Fort Worth, TX 76185		\$250.00	
	FOIL WORLI, TA 70100		(If travel outside of	Texas, complete Schedule T)
Delegated	policy / Joh Hills (Cos Instructions)	Emplement (O = 1)		- Calas, complete constant ()
Principal occu _l Mayor	pation / Job title (See Instructions)	Employer (See In: City of Fort Wor		

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	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# PAGE# 3	3/18 Report: 15/22
2	FILER NAME	Johnson, J. D. (Mr.)		3 ACCOUNT# 00000001	(Ethics Commission filers)
4	Date	5 Full name of contributor ut-of-state PAC (ID# Rainbolt, James	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	10/09/2014	6 Contributor address; City; State; Zip Code 6221 Indian Creek Drive Fort Worth, TX 76107	\$1,000.00		
					Texas, complete Schedule T)
9		pation / Job title (See Instructions)	10 Employer (See In		440
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	10/08/2014	Contributor address; City; State; Zip Code 904 E 9th Street Springtown, TX 76082		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
H	Principal occur	pation / Job title (See Instructions)	Employer (See In		10Au0, 00mp
	T tinoipai 2222,	addity oop and (ood mondons.c)	Ellipioyol (CCC	Structions,	
	Date	Full name of contributor ut-of-state PAC (ID#Ray, William	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	10/15/2014	Contributor address; City; State; Zip Code 512 Main Street Suite 308		\$100.00	
		Fort Worth, TX 76102		<u> </u>	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See In:	structions)	
	Date	Full name of contributor	<u></u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	10/07/2014	Contributor address; City; State; Zip Code 1625 W. Bill Road Azle, TX 76020		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See In:	structions)	
	Date	Full name of contributor	<u></u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	10/08/2014	Contributor address; City; State; Zip Code 117 Hankins Drive Azle, TX 76020		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	
			1		the state of the s

	The Instruction	N GUIDE explains how to complete this form.		1 PAGE # Schedule: 14/18 Report: 16/22			
2	FILER NAME	Johnson, J. D. (Mr.)		3 ACCOUNT # 00000001	(Ethics Commission filers)		
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID#Reynolds, Gary	!)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	10/15/2014	6 Contributor address; City; State; Zip Code Post Office Box 370 Euless, TX 76039		\$500.00			
				_	Texas, complete Schedule T)		
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)			
	Date	Full name of contributor ut-of-state PAC (ID# Richter, Marty	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	10/09/2014	Contributor address; City; State; Zip Code Edwards Ranch 7225 McNay Road Fort Worth, TX 76135		\$500.00			
			(If travel outside of	Texas, complete Schedule T)			
	Principal occur	ation / Job title (See Instructions)	Employer (See In	structions)			
	T Tillopal occup	audity ood uud (ood moudatione)	Zimployor (edd iii				
	Date	Full name of contributor uut-of-state PAC (ID# Sands, Mike	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	10/10/2014	Contributor address; City; State; Zip Code 4740 Dexter Avenue Fort Worth, TX 76107		\$100.00			
				L `	Texas, complete Schedule T)		
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)			
	Date	Full name of contributor ut-of-state PAC (ID# Shannon, Joe (Hon.)	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	10/08/2014	Contributor address; City; State; Zip Code Post Office Box 101115 Fort Worth, TX 76185		\$500.00			
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup Criminal Distr	ation / Job title (See Instructions) ict Attorney	Employer (See In Tarrant County	structions)			
-	Date	Full name of contributor out-of-state PAC (ID# Shingleton, Dennis and Cindy (Hon.))	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	10/16/2014	Contributor address; City; State; Zip Code 8600 Crosswind Drive Fort Worth, TX 76179		\$250.00			
				///	Towns complete Cabadata To		
					Texas, complete Schedule T)		
	Principal occup Council Mem	ation / Job title (See Instructions) ber	Employer (See In City of Fort Wor				

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	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 15	6/18 Report: 17/22				
2	FILER NAME	Johnson, J. D. (Mr.)		3 ACCOUNT# 00000001	(Ethics Commission filers)				
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID: Smith, Jason and Christine	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)				
	10/10/2014	6 Contributor address; City; State; Zip Code 4714 Alta Drive Fort Worth, TX 76107	\$100.00						
9	Principal occur	Leation / Job title (See Instructions)	40 Employer (See In		Texas, complete Schedule T)				
3	T inopal occup	valuoti 7 555 title (Gee manucions)	10 Employer (See In	structions)					
	Date	Full name of contributor	*)	Amount of contribution (\$)	In-kind contribution description (if applicable)				
	10/16/2014	Contributor address; City; State; Zip Code 1246 Bourland Road Fort Worth, TX 76248	\$100.00	 					
				(if travel outside of	Texas, complete Schedule T)				
	Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)					
					· .				
	Date	Full name of contributor	‡)	Amount of contribution (\$)	In-kind contribution description (if applicable)				
	10/07/2014	Contributor address; City; State; Zip Code 1825 Parkwood Drive Grapevine, TX 76051		\$100.00					
				(If traval autoido of	Texas, complete Schedule T)				
	Principal occur	pation / Job title (See Instructions)	Employer (See In:		Texas, complete schedule 1)				
	- Tilloipai oooap	calon 7 oos allo (coo moradanono)	Employor (coo m						
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)				
	10/15/2014	Contributor address; City; State; Zip Code 1815 Bolton Road Fort Worth, TX 76111		\$100.00					
				(If travel outside of	Texas, complete Schedule T)				
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)					
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)				
	10/07/2014	Contributor address; City; State; Zip Code Post Office Box 471451 Fort Worth, TX 76147		\$100.00					
				(If travel outside of	Texas, complete Schedule T)				
	Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)					

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	The Instruction	N GUIDE explains how to complete this form.		1 PAGE# Schedule: %	/18 Report: <u>18</u> /22
2	FILER NAME	Johnson, J. D. (Mr.)	3 ACCOUNT# 00000001	(Ethics Commission filers)	
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Teague, Jim	<u> </u>	7 Amount of contribution (\$)	8 tn-kind contribution description (if applicable)
	10/15/2014	6 Contributor address; City; State; Zip Code Post Office Box 471451 Fort Worth, TX 76147	\$100.00	Texas; complete Schedule T)	
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In		
3	T THIOSPAN COOCH	, in the second			
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	10/09/2014	Contributor address; City; State; Zip Code 3140 Edgehill Road Fort Worth, TX 76116		\$500.00	
				(if travel outside of	Texas, complete Schedule T)
_	Principal occup	ation / Job title (See Instructions)	Employer (See In		, <u> </u>
	т тпограг осоар	audity doe dae (ede mendelene)	Employor (occ in	on doublis,	
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	10/07/2014	117 Shady Lake Court		\$100.00	
		Hurst, TX 76054			Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	10/15/2014	Contributor address; City; State; Zip Code 613 Ridgecrest Drive Saginaw, TX 76179		\$1,000.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	10/08/2014	Contributor address; City; State; Zip Code 1226 Woodland Park Drive Hurst, TX 76053		\$250.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
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	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 17	/18 Report: 19/22		
2	FILER NAME	Johnson, J. D. (Mr.)		3 ACCOUNT # 00000001	(Ethics Commission filers)		
4	Date	Full name of contributor out-of-state PAC (ID#		7 Amount of contribution (\$)	8 : In-kind contribution description (if applicable)		
	10/08/2014	6 Contributor address; City; State; Zip Code 9385 Tranquil Acres Road Fort Worth, TX 76179	City; State; Zip Code		ARANTO		
				(If travel outside of	Texas, complete Schedule T)		
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)			
	Date	Full name of contributor ut-of-state PAC (ID# Watt, W.R.	E)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	10/08/2014	Contributor address; City; State; Zip Code 5321 Benbridge Drive Fort Worth, TX 76107		\$100.00	 		
					Texas, complete Schedule T)		
	Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)			
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	10/10/2014	Contributor address; City; State; Zip Code 4500 Wind Hill Court East Fort Worth, TX 76179		\$100.00			
				(if travel outside of	Texas, complete Schedule T)		
	Principal occup	ation / Job title (See Instructions)	Employer (See Instructions)				
			,				
	Date	Full name of contributor ut-of-state PAC (ID# Wilder, Thomas (Hon.)	<u>'</u>)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	10/12/2014	Contributor address; City; State; Zip Code 209 West Second Street Fort Worth, TX 76102		\$100.00			
				(If travel outside of	Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) District Clerk			Employer (See Ins Tarrant County	structions)			
	Date	Full name of contributor uut-of-state PAC (ID# Williams, Martha and J.R.)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	10/09/2014	Contributor address; City; State; Zip Code 2621 Museum Way Fort Worth, TX 76107		\$500.00	 		
				/16 A 1			
	Dringing!	otion / Joh title (Con Instructions)	Employee (Occ. In		Texas, complete Schedule T)		
	Enncipal occup	ation / Job title (See Instructions)	Employer (See Ins	su ucuons)			

	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 18	1/18 Report: 20/22			
2	FILER NAME	Johnson, J. D. (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001				
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Willliams, Barbara	<u> </u>	7 Amount of contribution (\$)	8 In kind contribution description (if applicable)			
	10/15/2014	6 Contributor address; City; State; Zip Code 3500 Lennox Drive Fort Worth, TX 76107		\$100.00	T ATTE			
L_				(If travel outside of	Texas, complete Schedule T)			
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)	2 2			
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	10/12/2014	Contributor address; City; State; Zip Code Post Office Box 282 Fort Worth, TX 76101		\$100.00	1			
				(If travel outside of	Texas, complete Schedule T)			
	Principal occur	ation / Job title (See Instructions)	Employer (See In		, , , , , , , , , , , , , , , , , , ,			
	Timopai ocoup							
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	10/08/2014	10/08/2014 Contributor address; City; State; Zip Code 5608 Malvey Ave. Suite 209 Fort Worth, TX 76107		\$100.00	 			
	Principal accura	ation / Job title (See Instructions)	Employer (See In		. o.ze, complete ochequie 1)			
	Council Memi		Employer (See Instructions) Fort Worth, Tx City Council					

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES									
Advertising Expe Accounting/Bank	ing Legal So		Salaries/Wages/Co Solicitation/Fundra	ontract Labor iising Expense			nt/Reimburs Equipment &		Expense
Consulting Experience Event Expense		everage Expense Expense	Travel In District Travel Out Of Distri	rict	Contrib	utions/Do	onations Ma ficeholder/F	ade By	
Fees		Expense	Office Overhead/R	lental Expense	OTHER		category		
			LIDE explains how	to complete this for	m.				
1 PAGE#		2 FILER NAME			339	[<u>[</u>	_		(TEC filers)
Schedule: 1/2 Re		Johnson, J. D. (Mr.)			≾	m	0000		
4 Date	5 Payee name	Davidanment Fried				-4	0		
10/22/2014 6 Amount (\$)	7 Payee addres	Development Fund s City; State;	Zin Code			91	<u> </u>	20	
		,,	Zip Code			Take Pro-	No		
\$100.00	Weatherford						Mary Mary		
							10	7	7
8	(a) Category (See	Categories listed at the top of	this schedule)	(b) Description	(If travel	outside o	f Texas, co	mplete S	chedule T)
PURPOSE OF	Contribution	s/Donations Made By		Contribution		3.4	ermeinije di se	121	,
EXPENDITURE	Candidate/O	fficeholder/Political Com	mittee	_	į	50	8	. ~ <	
				Check if Austin,		eholder	living exp		
9 Complete ONLY if direct expenditure	Candidate / O	fficeholder name		Office soug	jhť:		Offic	ce held:	
to benefit C/OH									
Date	Payee name		111						
10/10/2014	Awesome Bl	ossoms							
Amount (\$)	Payee addres	s City; State;	Zip Code						
\$273.99		shire Street							
•	Saginaw, T	K 76179							
				· •					
PURPOSE		Categories listed at the top of	this schedule)	Description (If travel o	outside o	f Texas, ∞ uents	mplete S	chedule T)
OF	Contributions Candidate/O	s/Donations Made By fficeholder/Political Com	mittee	Validus i low	213 101	Ooriout	uonto		
EXPENDITURE	- Carloladic/C	moonoiden omida oon		Charle is Assets	TV -461-				
Complete ONLY if	Candidate / O	fficeholder name		Check if Austin, Office soug		enoider		ce held:	
direct expenditure to benefit C/OH									
Date	Payee name Benchmark (Cranbias							
10/16/2014			7in Codo						
Amount (\$)	Payee addres		Zip Code						
\$151.55	Fort Worth,	ess 287 North TX 76179							
	Category (See	Categories listed at the top of	this schedule)	Description (If travel	outside o	f Texas, co	mplete S	chedule T)
PURPOSE	Printing Expe	-	·	Printing					
OF EXPENDITURE									
				Check if Austin,		eholder			
Complete ONLY if direct expenditure	Candidate / O	fficeholder name		Office soug	int:		Offic	ce held:	
to benefit C/OH									
Date	Payee name								
10/21/2014	Dynamic Bra	ands							
Amount (\$)	Payee addres	s City; State;	Zip Code						
\$182.25	Post Office E								
-	Atlanta, GA	31193							
	0-1	0.1	M.L L J. L. N	T Description (III Anni in I		(Tauca at	maleta C	shadula T\
PURPOSE	Category (See Event Expen	e Categories listed at the top of	tnis schedule)	Description (Golf Tournam	in travel o ent Fu	ndraise	riexas, ∞ er Expen:	mpietė S Se	chedule T)
OF	Lveiii Exper	130					•		
EXPENDITURE				Check if Austin,	TX. offic	eholder	livina exn	ense	
Complete ONLY if	Candidate / O	fficeholder name		Office soug			-	ce held:	
direct expenditure to benefit C/OH									

POLITICAL EXPENDITURES

SCHEDULE F

Advadising Fore	0:6-14		NDITURE CATEG					
Advertising Expe	king Legal Sc		Salaries/Wages/C Solicitation/Fundra	Contract Labor aising Expense	ising Expense Transportation Equipment & Related Expense			
Consulting Experience Event Expense Fees	Polling I	everage Expense Expense	Travel In District Travel Out Of Dist		Candidate/0	Donations Made By Officeholder/Political C		
rees	Printing	Expense The Instruction	Office Overhead/F Guide explains how	Rental Expense v to complete this fo		a category not listed a	ibove)	
1 PAGE#		2 FILER NAME				3 ACCOUNT#	(TEC filers)	
Schedule: 2/2 Re	eport: 22/22	Johnson, J. D. (Mi	r.)			00000001	ZJ.	
4 Date	5 Payee name					et time () consequent	77	
10/10/2014	Suburban N		7 Code			Ser N	S. 10 Location	
6 Amount (\$)	7 Payee addres 7820 Wyatt	,,	e; Zip Code			Managery .	Annual An	
\$144.00	Fort Worth,	TX 76108				analis .	The Name of	
-						many and a second	er Tomas er Tomas	
8 PURPOSE	1	e Categories listed at the top	of this schedule)	(b) Description	(If travel outside	of Texas, complete S	chedule T)	
OF	Advertising I	Expense		Advertising		52g : W		
EXPENDITURE				Charle if Assessin	TV afficabald	an living avenue		
9 Complete ONLY if	Candidate / O	Officeholder name		Office sou		er living expense Office held:		
direct expenditure to benefit C/OH					0			
Date	Pavee name							
10/01/2014	The Eppstein	n Group						
Amount (\$)	Payee addres		; Zip Code				,	
\$15,000.00		• •	,p ====					
Ψ10,000.00	Suite 600	TV 76400						
	Fort Worth,							
PURPOSE	` _	e Categories listed at the top	of this schedule)	Description Professional		of Texas, complete So	chedule T)	
OF	Consulting E	expense		1 101000	00,7,000			
EXPENDITURE				Check if Austin	. TX. officehold	er living expense		
Complete ONLY if	Candidate / O	Officeholder name		Office sou		Office held:		
direct expenditure to benefit C/OH								
Date	Payee name							
10/20/2014	The Eppstein	n Group						
Amount (\$)	Payee addres	s City, State	; Zip Code					
\$2,499.38	4055 Interna	ational Plaza						
	Suite 600 Fort Worth,	TX 76109						
		e Categories listed at the top	of this askedule)	Description	(If travel enteids	of Toyan complete St	abodulo T\	
PURPOSE	Printing Exp	•	of this schedule)		Campaign Fur	of Texas, complete Sondraiser	Tiedule 1)	
OF EXPENDITURE								
						er living expense		
Complete ONLY if direct expenditure	Candidate / O	officeholder name		Office sou	ght:	Office held:		
to benefit C/OH								
Date	Payee name					· · · · · · · · · · · · · · · · · · ·		
10/20/2014	The Eppstein							
Amount (\$)	Payee addres	•	; Zip Code					
\$748.42	4055 Interna Suite 600	ıtional Plaza						
	Fort Worth,	TX 76109						
	Category (Sec	e Categories listed at the top	of this schedule)	Description	(If travel outside	of Texas, complete So	chedule T)	
PURPOSE	Advertising E		-	Website Exp				
OF EXPENDITURE								
						er living expense		
Complete ONLY if direct expenditure	Candidate / O	fficeholder name		Office sou	gnt:	Office held:		
to benefit C/OH	1							