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(512)463-5800 TDD 1-800-735-2989

	OFFICEHOLDER		FORM C/OH Cover Sheet pg 1
The C/OH Instruction Guil	DE explains how to complete this form.	1 ACCOUNT # (Ethics Commission filers) 00000001	2 PAGE # 1 of 9
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST Mr. J. D.	М	OFFICE USE ONLY
NAME	WI. 5. D.		Date Received
	NICKNAME LAST Johnson	SUFFIX	TARRAN 2015 JAN 1 2015 JAN 1 ELECTIONS A
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; C	ITY; STATE; ZIP CODE	
Change of Address			
			Receipt # O Argunt
5 CAMPAIGN	MS / MRS / MR FIRST	мі	Date Processed
TREASURER	Mr. Darrell		Date Imaged
	NICKNAME LAST	SUFFIX	
	Johnson		
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUIT	TE #; CITY; STATE;	
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION	
8 REPORT TYPE	X January 15 30th day before elect	ion Runoff	15th day after campaign treasurer appointment (officeholder only)
	July 15 Sth day before electic	Exceeded \$500 limit	Final report (Attach C/OH - FR)
9 PERIOD COVERED	Month Day Year	Month Day	Year
	THRO 10/26/2014	UGH 12/31/20	14
10 ELECTION	ELECTION DATE ELECTION TYP		General Special
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known)
	County Commissioner Pct 4 District 4	County Commission District 4	
	GO TO I	PAGE 2	
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P.O. Box 12070

Austin, Texas 78711-2070

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

13 C/OH NAME Johnson, J. D. (Mr.) 14 ACCOUNT # (Ethics Commission filers) 00000001 .. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may **15 NOTICE** have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this FROM information only if they receive notice of such expenditures. .. POLITICAL COMMITTEE NAME COMMITTEE(S) COMMITTEE TYPE GENERAL COMMITTEE ADDRESS Na Ye LEC SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME 나 additional pages 0 MINISTR COMMITTEE CAMPAIGN TREASURER ADDRESS 3 ATOR g **16 CONTRIBUTION** TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN 1. \$ 0.00 PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED TOTALS 2. TOTAL POLITICAL CONTRIBUTIONS \$ 5,700.00 (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **EXPENDITURE** TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED 3. S TOTALS 1,770.00 4. TOTAL POLITICAL EXPENDITURES \$ 66,467.54 CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE 5. \$ 330,593.02 BALANCE LAST DAY OF THE REPORTING PERIOD OUTSTANDING TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE 6. LOAN TOTALS \$ 0.00 LAST DAY OF THE REPORTING PERIOD

17 AFFIDAVIT



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

D.L IOHN SON

this the dav

20 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

/*****

TDD 1-800-735-2989

SCHEDULE A

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

-						
		ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/3	3 Report: byp	2
2	FILER NAME	Johnson, J. D. (Mr.)	· · · · · · · · · · · · · · · · · · ·	3 ACCOUNT # 00000001	(Ethics Commiss	sion JARR
4	Date	5 Full name of contributor Dout-of-state PAC (ID# Bonds, Pete)	7 Amount of contribution (\$)	8 In-teiner co description (i	
	11/03/2014	6 Contributor address; City; State; Zip Code Post Office Box 79590 Saginaw, TX 76179		\$2,500.00 (If travel outside of	NISTRATOPHOLES	
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In			, <u> </u>
	Date	Full name of contributor Dout-of-state PAC (ID# Committee For Public Safety FW Police Officers A		Amount of contribution (\$)	In-kind co description (i	
	10/31/2014	Contributor address; City; State; Zip Code 904 Collier Street Fort Worth, TX 76102		\$1,000.00		
				(If travel outside of	Texas, complete Se	hedule T) 🔲
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)		
	Date	Full name of contributor Dout-of-state PAC (ID# Gavras, Chris)	Amount of contribution (\$)	In-kind con description (i	
	11/06/2014	Contributor address; City; State; Zip Code 1301 Throckmorton Street Apt 2105 Fort Worth, TX 76102		\$250.00	 	
	Drineigal agenus	ation / Joh title (Can Instructions)	Employer (Cooling	(If travel outside of	Texas, complete so	
	Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)		
	Date	Full name of contributor Dout-of-state PAC (ID# Griffin, Mike and Susan)	Amount of contribution (\$)	In-kind con description (i	
	12/17/2014	Contributor address; City; State; Zip Code 800 Arcadia Street Saginaw, TX 76179		\$200.00		
				(If travel outside of	Texas, complete So	hedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)		
	Date	Full name of contributor Dout-of-state PAC (ID# Hansen, Don)	Amount of contribution (\$)	In-kind cor description (i	
	12/17/2014	Contributor address; City; State; Zip Code 420 North Main Street Suite 119 Fort Worth, TX 76106		\$500.00	 Texas, complete Sc	chedule T)
	Principal occurs	ation / Job title (See Instructions)	Employer (See In:	structions)		
				/		

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		CAL CONTRIBUTIONS THAN PLEDGES OR LOAN	IS		SCHEDULE A
	The Instruction	N GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/3	enoff 4/9
2	FILER NAME	Johnson, J. D. (Mr.)			
4	Date	5 Full name of contributor D out-of-state PAC (ID#_ Jury, Donald)	7 Amount of 8 contribution (\$)	
	10/30/2014	6 Contributor address; City; State; Zip Code 436 Haltom Road Fort Worth, TX 76117		\$250.00	ED COUNTY PH12: 06 NISTRATO Streamplete Schedule T)
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See Ins		
	Date	Full name of contributor Gout-of-state PAC (ID#_ Leonard, Martha)	Amount of Contribution (\$)	In-kind contribution description (if applicable)
	10/27/2014	Contributor address; City; State; Zip Code 1411 Shady Oaks Lane Fort Worth, TX 76107		\$250.00 	
				(If travel outside of Texa	as, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
	Date	Full name of contributor dut-of-state PAC (ID#_ McKee, Bruce)	Amount of Contribution (\$)	In-kind contribution description (if applicable)
	11/03/2014	Contributor address; City; State; Zip Code 425 Padre Blvd #18		\$100.00 <mark> </mark>	
		South Padre Isle, TX 78597		If travel outside of Texa	s, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
	Date	Full name of contributor Dut-of-state PAC (ID#_ Moncrief, Mike and Rosie (Hon.))	Amount of contribution (\$)	In-kind contribution description (if applicable)
	10/30/2014	Contributor address; City; State; Zip Code 777 Taylor Street Ste 1030 Fort Worth, TX 76102		\$200.00 <mark> </mark> 	
					as, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
	Date	Full name of contributor dut-of-state PAC (ID#_ Pavlik, Linda)	Amount of i contribution (\$)	In-kind contribution description (if applicable)
	11/03/2014	Contributor address; City; State; Zip Code 6115 Camp Bowie Blvd Suite 270 Fort Worth, TX 76116		\$100.00 <mark> </mark> 	
					s, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
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TDD 1-800-735-2989

	CAL CONTRIBUTIONS THAN PLEDGES OR LOA	NS		SCHEDULE A
The Instruction	N Guide explains how to complete this form.		1 PAGE # Schedule: 3/3 F	Report: 5/9
FILER NAME	Johnson, J. D. (Mr.)		3 ACCOUNT # (E 00000001	thics Commission filers)
Date	5 Full name of contributor D out-of-state PAC (ID Schuder, Paul)#)	7 Amount of 8 contribution (\$)	In-kind contribution description (if applicable)
11/06/2014	6 Contributor address; City; State; Zip Code 3816 Wharton Drive Fort Worth, TX 76133	· • • • • • • • • • • • • • • • • • • •	\$250.00 	
				cas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	10 Employer (See In	nstructions)	
Date	Full name of contributor Dout-of-state PAC (ID Williams, Barbara)#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
11/06/2014	Contributor address; City; State; Zip Code 3500 Lennox Drive Fort Worth, TX 76107		\$100.00	
			(If travel outside of Te	kas, complete Schedule T)
			BY:	TA 2015 ELEC
				TARRANT COUNTY 2015 JAN 15 PM 12: 06 FRANK PHILLIPS ELECTIONS ADMINISTRATOR
				DUNTY MI2: 06
				Electronic Filing Versi

Texas Ethics Com	mission P.O.Box 12070 Austin, Texas 78711-2	2070 (512)4 63 -58 60 TDD 1-8 00-735-2989
POLITIC	AL EXPENDITURES	THE RAN AN
Advertising Expe Accounting/Bank Consulting Exper Event Expense Fees	ing Legal Services Solicitation/Fundra nse Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dist Printing Expense Office Overhead/R The INSTRUCTION GUIDE explains how	to complete this form.
1 PAGE #	2 FILER NAME Johnson, J. D. (Mr.)	3 ACCOUNTER (TEC filers)
Schedule: 1/4 Re		1 0000001
4 Date 12/05/2014	5 Payee name Academy Sports & Outdoors	
6 Amount (\$)	7 Payee address City; State; Zip Code	
\$966.83	1701 S. Cherry Lane Fort Worth, TX 76108	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gifts/Awards/Memorials Expense	(b) Description (If travel outside of Texas, complete Schedule T) Staff Appreciation Gifts
	Candidata / Office helder name	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	Payee name	
11/07/2014	Arizola's Restaurant & Cantina	
Amount (\$)	Payee address City; State; Zip Code	
\$477.50	6055 Jacksboro Highway Lake Worth, TX 76135	
DUDDOOF	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Campaign Election Watch Party
EAPENDITORE		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:
Date	Payee name	
11/04/2014	Awesome Blossoms	
Amount (\$)	Payee address City; State; Zip Code	
\$185.53	100 S. Hampshire Street Saginaw, TX 76179	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Gifts/Awards/Memorials Expense	Description (If travel outside of Texas, complete Schedule T) Various Flowers for Constituents
		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:
Date	Payee name	
12/04/2014	Benchmark Graphics	
Amount (\$)	Payee address City; State; Zip Code	
\$1,813.19	12775 Business 287 North Fort Worth, TX 76179	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) Campaign Printing Expense
Complete ONLY if	Candidate / Officeholder name	Check if Austin, TX, officeholder living expense Office sought: Office held:
direct expenditure to benefit C/OH		Electronic Filing Version 3.4.

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Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070

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POLITICAL EXPENDITURES

SCHEDULE F

Advertising Exp Accounting/Ban Consulting Expe Event Expense Fees	ting Legal Services Solicitation/Fundra	ontract Labor Loan Repay lising Expense Transportati Contribution rict Candidati tental Expense OTHER (eni	on Equi s/Donat e/Office ter a cat	eimbursement pment di Telateo isons Made By Mader/Political C egory nottisted	TARF
1 PAGE # Schedule: 2/4 R	2 FILER NAME Johnson, J. D. (Mr.)			ACCO	(IEC file)
4 Date	5 Payee name	· · · · ·		MH	<u> </u>
12/01/2014	Fort Worth Stock Show and Rodeo			ZE	PN CO
6 Amount (\$)	7 Payee address City; State; Zip Code	· · · · ·		STR	
\$600.00	Fort Worth, TX 76101-0150			RAIOR	NTY 12:06
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description (If travel outsic Livestock Appreciation D	de of Te Day Lu	xas, complete \$ ncheon	chedule T) 🔲
		Check if Austin, TX, officehol	lder liviı	na expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:		Office held:	
Date 10/27/2014	Payee name Saginaw Area Chamber of Commerce				
Amount (\$)	Payee address City; State; Zip Code				
\$125.00	301 South Saginaw Blvd Saginaw, TX 76179				an Angalar
PURPOSE OF	Category (See Categories listed at the top of this schedule) OTHER - Membership Dues	Description (If travel outsic Membership Dues	de of Tex	kas, complete S	chedule T) 🔲
EXPENDITURE					
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Check if Austin, TX, officehol Office sought:	der livir	office held:	
Date	Payee name	We want the second s			
10/27/2014	Saginaw Area Chamber of Commerce				1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 -
Amount (\$)	Payee address City; State; Zip Code				
\$100.00	301 South Saginaw Blvd Saginaw, TX 76179				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description (If travel outsid Taste of Northwest Even	nt	kas, complete Se	chedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:		Office held:	
Date 12/16/2014	Payee name Sam's Wholesale Club				
Amount (\$)	Payee address City; State; Zip Code				
\$142.73	6760 Westworth Blvd. Fort Worth, TX 76114				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Gifts/Awards/Memorials Expense	Staff Appreciation Gifts		as, complete So	chedule T) 🔲
Original company	Opendidate (Office heldes area	Check if Austin, TX, officehold	der livin		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:		Office held:	

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POLITICAL	EXPEND	ITURES
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SCHEDULE F

Advertising Expe Accounting/Bank Consulting Exper Event Expense Fees	ng Legal Services Solicitation/Fund	Contract Labor Loan Repaymen raising Expense Transportation E strict Candidate/Off (Rental Expense OTHER (enter a	t/Reimbursement iquipment & Related Expense inations Made By liceholder/Political Committee category not listed above)
1 PAGE # Schedule: 3/4 Re	port: 8/9 2 FILER NAME Johnson, J. D. (Mr.)		3 ACCOUNT # (TEC filers) 00000001
4 Date	5 Payee name		
12/16/2014	Staples		m
6 Amount (\$)	7 Payee address City; State; Zip Code	ť	201 201
\$159.45	6313 Lake Worth Blvd Lake Worth, TX 76135		ARRA 15 JAN 15 TAN 15 JAN
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside d Campaign Office Supplies	Texas, complete Schedule T,
OF	OTHER - Campaign Office Supplies	Campaign Onice Supplies	
EXPENDITURE			
9 Complete ONLY if	Candidate / Officeholder name	Check if Austin, TX, officeholder Office sought:	Iving etcame Officerheid
direct expenditure		Chice sought.	P. O X
to benefit C/OH		and a second	<u> </u>
Date	Payee name		R
12/05/2014	Target	-	
Amount (\$)	Payee address City; State; Zip Code		
\$400.00	6604 Lake Worth Blvd Lake Worth, TX 76135		
	Category (See Categories listed at the top of this schedule)	Description (If travel outside o	f Texas, complete Schedule T)
PURPOSE OF	Gifts/Awards/Memorials Expense	Staff Appreciation Gifts	
EXPENDITURE			
		Check if Austin, TX, officeholder	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date	Payee name		:
12/04/2014	TCGOP-Lincoln Council		
Amount (\$)	Payee address City; State; Zip Code		
\$1,000.00	2405 Gravel Drive Fort Worth, TX 76118		
PURPOSE OF	Category (See Categories listed at the top of this schedule) OTHER - Membership	Description (If travel outside of Membership	f Texas, complete Schedule T)
EXPENDITURE			
Complete ONLY if	Candidate / Officeholder name	Check if Austin, TX, officeholder Office sought:	Office held:
direct expenditure to benefit C/OH			
Date	Payee name		
11/03/2014	The Eppstein Group		
Amount (\$)	Payee address City; State; Zip Code		
\$47,411.31	4055 International Plaza		
	Suite 600 Fort Worth, TX 76109		
PURPOSE OF	Category (See Categories listed at the top of this schedule) Consulting Expense	Description (If travel outside of Material Expenditures	Texas, complete Schedule T)
EXPENDITURE		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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P.O.Box 12070 Austin, 7

Austin, Texas 78711-2070

(512)463-5800 TDD 1-800-735-2989

POLITICAL EXPENDITURES SCHEDULE F EXPENDITURE CATEGORIES Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense Advertising Expense Accounting/Banking Consulting Expense Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense Event Expense Fees The INSTRUCTION GUIDE explains how to complete this form. 2 FILER NAME 3 ACCOUNT # (TEC filers) PAGE # 1 Johnson, J. D. (Mr.) 00000001 Schedule: 4/4 Report: 9/9 5 Payee name 4 Date The Eppstein Group 11/03/2014 6 Amount (\$) Payee address City; State; Zip Code 4055 International Plaza \$826.00 Suite 600 Fort Worth, TX 76109 (If travel outside of Texas, complete Schedule T) (b) Description 8 (a) Category (See Categories listed at the top of this schedule) PURPOSE Advertising B Advertising Expense Ġ. OF :: EXPENDITURE 5 Ъ Check if Austin, TX, officeholder living ex RR Office 9 Complete ONLY if Candidate / Officeholder name Office sought: 5 direct expenditure to benefit C/OH Þ Þ YE Date Pavee name The state വല 12/01/2014 The Eppstein Group BTRATOR 3 S Amount (\$) Payee address City; State; Zip Code 4055 International Plaza \$10,000.00 Suite 600 90 Fort Worth, TX 76109 (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) Description PURPOSE Winning Bonus Consulting Expense OF EXPENDITURE Check if Austin, TX, officeholder living expense Office sought: Office held: Complete ONLY if Candidate / Officeholder name direct expenditure to benefit C/OH Date Payee name U.S. Postmaster 12/04/2014 Payee address Amount (\$) City: State: Zip Code \$490.00 3930 Telephone Road Fort Worth, TX 76135 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) PURPOSE Postaage OTHER - Postage OF Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH

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