CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH **COVER SHEET PG 1**

The C/OH Instruction	Guide explains how to complete this fo	orm. 1 Filer ID		Total pages filed: 22				
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST J		мI D	OFFICE USE ONLY Date Received				
	NICKNAME LAST Johnsoi	n	SUFFIX	TARE				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #	; CITY;	ZIP CODE	Date Hand-deliveded of Date Personarked				
Change of Address				Date Pocessed RA S				
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST Darrell		MI					
	NICKNAME LAST Johnson		SUFFIX					
6 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLE	ASE); APT	r / SUITE #; CITY;	STATE; ZIP CODE				
(Residence or Business)								
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	ER EXTENSION						
8 REPORT TYPE		ay before election	Runoff Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only) Final Report (Attach C/OH-FR)				
9 PERIOD COVERED	Month Day Year 07/01/2015	THROUGH	Month Day 12/31/2015	Year 5				
10 ELECTION	ELECTION DATE Month Day Year	Primary General	ELECTION TYPE Runoff Special	Other				
11 OFFICE	OFFICE HELD (if any) County Commissioner Tarrant County, Precinct 4		12 OFFICE SOUGHT	(if known)				
		GO TO PAGE 2		Vorsion V4 0 2404				

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

				2 of 22
13 C / OH NAME	Johnson, J		14 Filer ID	
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	tures made by political con the candidate's or officehoon only if they receive notice	older's knowledge or	
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRE	ESS	
16 CONTRIBUTION TOTALS		AL CONTRIBUTIONS OF \$50 OR LESS (OTHER ARANTEES OF LOANS), UNLESS ITEMIZED	THAN PLEDGES,	\$ 0.00
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	IS)	\$ 3,991.00
EXPENDITURE TOTALS	3. TOTAL POLITIC	AL EXPENDITURES OF \$100 OR LESS, UNLES	S ITEMIZED	\$ 2,332.89
	4. TOTAL POLITIC	CAL EXPENDITURES		\$ 20,315.61
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE ERIOD	LAST DAY OF THE	\$ 360,074.39
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS A RTING PERIOD	S OF THE LAST DAY	\$ 0.00
	ALICE MONOTARY PL STATE OF T My Comm. Exp. 06	Signature Solve Said J.D. JOHNSON	all information required to	be reported by me
of Signature of offi	yey, 20 <u>79</u> , to construct the second	Printed name of officer administering	NO+19 Title of officer	edministering oath

FORM C/OH SUBTOTALS - C/OH **COVER SHEET PG 3** 19 Filer ID 18 FILER NAME Johnson, J 20 SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE 3,991.00 SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 1. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ SCHEDULE B: PLEDGED CONTRIBUTIONS SCHEDULE E: LOANS \$ SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ 20,315.61 X SCHEDULE F2: UNPAID INCURRED OBLIGATIONS SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$ SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS \$ 10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 11. \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 12. \$ TO FILER

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 1/2 Rpt: 4/22 2 FILER NAME Filer ID Johnson, J 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 11/24/2015 Beshara, Luke \$790.00 Contributor address; City; State; Zip Code 300 Burnett Street Suite 150 Fort Worth, TX 76102 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 07/27/2015 Coker, David \$100.00 Contributor address; City; State; Zip Code 5521 Meandering Road River Oaks, TX 76114 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 07/08/2015 \$625.00 Cornell, Lee Contributor address; City; State; Zip Code 100 E. 15th Street Suite 640 Fort Worth, TX 76102 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of Contribution (\$) 09/14/2015 Haynes, Jay \$140.00 Contributor address; City; State; Zip Code 734 Harpole Road E. Argyle, TX 76226 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 07/27/2015 Mohon, Monty and Michelle \$275.00 Contributor address; City; State; Zip Code 1904 Windsor Place Fort Worth, TX 76110 Principal occupation / Job title (See Instructions) Employer (See Instructions) Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V1.0.34046

	MONETARY POLITICAL CO	NTRIBUTIO	NS	SCHEDU	JLE A1						
	The Instruction Guide explains how to	The Instruction Guide explains how to complete this form.									
2	P FILER NAME Johnson, J			3 Filer ID							
4	Date 07/08/2015 5 Full name of contributor Nordan, Brent 6 Contributor address; City; State; 933 Ranch Road Fort Worth, TX 76131	out-of-state PAC (ID#:		7 Amount of Contribution (\$	\$1,006.00						
8	Principal occupation / Job title (See Instructions)		9 Employer (See Instruction	ns)							
	Date Full name of contributor 07/08/2015 Worman, Jessica and Clinton Contributor address; City; State; 509 Circle Drive Aledo, TX 76008	out-of-state PAC (ID#:_ Zip Code		Amount of Contribution (\$	\$1,055.00						
	Principal occupation / Job title (See Instructions)	·	Employer (See Instruction	ns)							

SCHEDULE F1

dvertising Expense Event Expense Loan Repayment/Reimbu

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Card Baymant

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Legal Service		Salarie	-	s/Contract Labor		OTHER (enter a category i	not listed above)
					Cuon Guide e	xplains how to	compi	ete tins ioini.	T_	=1 15	
1	Total pages Schedule F1: Sch: 1/17 Rpt: 6/22	2	Johnson, J	į					3	Filer ID	
4	Date 12/10/2015	5	Payee name Academy S	ports & O	utdoors						
6	Amount (\$) \$750.00	7	Payee addre 1701 S. Che Fort Worth,	erry Lane		State; Zip	Code				
8	PURPOSE OF EXPENDITURE	(a)	Category (S. Gift/Awards				(b)		n, TX,	ide of Texas. Complete Scho, officeholder living expense	edule T.
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Off	iceholder n	ame	Office s	ought			Office held	
	Date 11/05/2015		Payee name Agricultural		ment Fund						
	Amount (\$) \$100.00		Payee addre P. O. Box 1 Fort Worth,	.50		State; Zip	Code				
	PURPOSE OF EXPENDITURE	(a)	Category (s Contribution Candidate/	ns/Donati	ons Made I		(b)		in, TX	ide of Texas. Complete Sch , officeholder living expense	
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Off	iceholder r	ame	Office	sought			Office held	
	Date 08/05/2015		Payee name Arizola's Re		& Cantina						
	Amount (\$) \$1,363.75		Payee addre	boro High	nway	State; Zip	Code				
	PURPOSE OF EXPENDITURE	(a	Category (s Food/Beve	See Categories	listed at the top	of this schedule)	(b)	Check if Austi	in, TX	side of Texas. Complete Sch (, officeholder living expense lunteer Appreciation	
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Off	ficeholder r	name	Office :	sought			Office held	
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SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By-

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract i abor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 2/17 Rpt: 7/22	Johnson, J
4	Date	5 Payee name
	09/09/2015	Awesome Blossoms
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$92.14	100 S. Hampshire St.
		Saginaw, TX 76179
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas, Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Funeral Arrangement
_	Operation Object of the control of t	On district Office half are seen as the se
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	•	
	Date	Payee name
L	10/02/2015	Awesome Blossoms
	Amount (\$)	Payee address; City; State; Zip Code
	\$44.97	100 S. Hampshire St.
		Saginaw, TX 76179
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
ı		Check if Austin, TX, officeholder living expense Funeral Arrangement
l		, and an analysis and an analy
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	·
H	Date	Payee name
	10/09/2015	Awesome Blossoms
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$23.84	100 S. Hampshire St.
	Ψ23.04	100 S. Hampsine St.
		Saginaw, TX 76179
L		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l		Funeral Arrangement
Γ	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	H
Γ		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees
Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1: Sch: 3/17 Rpt: 8/22	2 FILER NAME 3 Filer ID Johnson, J
4	Date 11/09/2015	5 Payee name Awesome Blossoms
6	Amount (\$) \$119.20	7 Payee address; City; State; Zip Code 100 S. Hampshire St. Saginaw, TX 76179
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Funeral Arrangement
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
	Date 09/18/2015	Payee name Azle Project Graduation
	Amount (\$) \$300.00	Payee address; City; State; Zip Code c/o Jonlyn Castillo 13085 Liberty School Road Azle, TX 76020
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Advertising
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
	Date 08/13/2015	Payee name Azle Womens Business Association
	Amount (\$) \$50.00	Payee address; City; State; Zip Code P. O. Box 613
L		Azle, TX 76020
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Firthwards/Memorials Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Political Committee Credit Card Payment		mittee	Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.				(enter a category not listed above)	
1 Tota	l pages Schedule F1:	2 F	ILER NAME					3 Filer IC)
Sc	h: 4/17 Rpt: 9/22		Johnson, J						
4 Date	•	5 P	Payee name						
09/2	25/2015	E	Benchmark	· · · · · · · · · · · · · · · · · · ·					
6 Amo	ount (\$)	7 F	Payee addre	ss; City;	State; Z	Zip Code	е		
	\$1,964.74	1	12775 Busi	ness 287 North					
		ŀ							
		F	Fort Worth,	TX 76179					
8 F	PURPOSE	(a) (Category (s	ee Categories listed at the	top of this schedul	le) (b)	Description	
EX	OF PENDITURE	F	Printing Exp	ense				Check if travel outside of Tex	
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9 Com	plete ONLY if direct	LC	andidate/Offi	ceholder name	Offic	ce soug	ht	Of	ffice held
	enditure to benefit C/O								
Date)	F	Payee name						
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	\$1,829.43	1	12775 Busi	ness 287 North					
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		F	Fort Worth,	TX 76179					
	PURPOSE OF	(a) (Category (S	ee Categories listed at the	top of this schedu	ıle) ((b)	Description	
EX	PENDITURE	F	Printing Ex	pense		1		Check if travel outside of Tex Check if Austin, TX, officehol	•
								Printing	der living expense
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	plete ONLY if direct		andidate/Off	iceholder name	Offi	ice soug	ht	0	ffice held
expe	enditure to benefit C/O	H							
Date	9	F	Payee name						
07/0	02/2015		Boswell Ch	eer Booster					
Amo	ount (\$)	F	Payee addre	ss; City;	State; 2	Zip Cod	le		
	\$200.00	8	8551 Boat	Club Road					
		ı							
			Fort Worth,	TX 76179					
	PURPOSE			ee Categories listed at the		ule)	(b)	Description	
EX	OF PENDITURE			ns/Donations Mad				Check if travel outside of Tex Check if Austin, TX, officehol	
1		'	Candidate/	Officeholder/Politic	cai Commiπ	ee		Range Sponsor for Ch	
								Trange oponion for Or	iconcador i andraiser
Con	nplete ONLY if direct		andidate/Off	iceholder name	Offi	ice soug	ht	0	ffice held
	enditure to benefit C/O				3				
							_		

SCHEDULE F1

Advertising Expense Accounting/Banking

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Folipment & Related Expe

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political (Credit Card Payment		Polling Expense Printing Expense Salaries/Wages/Contract Labor ow to complete this form.	Travel in District Travel Out of District OTHER (enter a category not listed above)			
1 Total pages Schedule F1: 2			3 Filer ID			
Sch: 5/17 Rpt: 10/22	Johnson, J		3 FILET ID			
4 Date	5 Payee name					
12/21/2015	Boswell-Saginaw Chisholm Trail FFa					
6 Amount (\$)	7 Payee address; City; State;	Zip Code				
\$1,599.00	5805 West Bailey Boswell Road					
	Fort Worth, TX 76179					
8 PURPOSE ((a) Category (See Categories listed at the top of this sche		rel outside of Texas. Complete Schedule T.			
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Commit		stin, TX, officeholder living expense			
	Contribution FFA Fundraiser					
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Of	ffice sought	Office held			
Date	Payee name		100000000000000000000000000000000000000			
10/28/2015	C. D. Hartnett					
Amount (\$)	Payee address; City; State;	Zip Code				
\$99.50	302 North Main Street					
	Fort Worth, TX 76086	T				
PURPOSE ((a) Category (See Categories listed at the top of this sche		of califord Tours Consider Calculate T			
EXPENDITURE	Food/Beverage Expense	, <u>–</u>	el outside of Texas. Complete Schedule T. stin, TX, officeholder living expense			
		, <u>, , , , , , , , , , , , , , , , , , </u>	rage for United Way Fundraiser Event			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ffice sought	Office held			
Date	Payee name					
08/20/2015	Castleberry Lions Athletic Program Boo	ster Club				
Amount (\$)	Payee address; City; State;	Zip Code				
\$150.00	P. O. Box 10063					
	River Oaks , TX 76114					
PURPOSE	(a) Category (See Categories listed at the top of this sche					
OF EXPENDITURE	Advertising Expense		vel outside of Texas, Complete Schedule T.			
_X		Advertising	stin, TX, officeholder itving expense			
Complete ONLY if direct		ffice sought	Office held			
expenditure to benefit C/OH						

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Gift/Awards/Memor Legal Services The Instruction	ials Expense Guide explains		Vages	/Contract Labor		Travel Out of District OTHER (enter a category not listed above)	
ļ.	Total pages Cabadula 51.	_	EU ED NAME		Guide explains	s now to co	тре	ete trus form.	_		
	Total pages Schedule F1: Sch: 6/17 Rpt: 11/22	2	Johnson, J	=					3	Filer ID	
4	Date	5	Payee name						<u> </u>		
	12/09/2015			ransforming	Lives						
6	Amount (\$)	7	Payee addre		State	e; Zip Co	de				
	\$100.00		512 W. 4th	Street							
l			Caush hada usla	TV 70400							
Ļ			Fort Worth,			-					
8	PURPOSE OF	(a)		ee Categories listed		hedule)	(b)	Description		la attaura Camalata Orbertala T	
ı	EXPENDITURE			ns/Donations Officeholder/F		mittoo		=		le of Texas. Complete Schedule T. officeholder living expense	
ı			Canuldate	Jiliceriolder/F	onucai Comi	muee		Donation	, 17,	omeenida wang expense	
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9	Complete ONLY if direct	۲	Candidate/Off	ceholder name		Office sou	ght			Office held	
	expenditure to benefit C/O	4									
Г	Date		Payee name							The second secon	
	12/09/2015		Cops 4 Kids	S							
Г	Amount (\$)		Payee addre	ss; City;	State	e; Zip Co	de				
l	\$500.00		2501 Parkv	iew Drive							
			#600								
			Fort Worth,	TX 76102							
┢	PURPOSE	(a)	Category (S	ee Categories listed	at the top of this so	chedule)	(b)	Description			
	OF EXPENDITURE			ns/Donations		•		₩		le of Texas. Complete Schedule T.	
	EXPENDITURE		Candidate/	Officeholder/F	Political Com	mittee	l	_		officeholder living expense	
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l	Complete ONLY if direct expenditure to benefit C/O		Januluale/On	icenoider name	,	Onice soc	igni			Office field	
⊨	Date	Г	Payee name								7.
	12/14/2015		•	son Campaig	n						
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	\$250.00	l	P. O. Box 1			-, -, -,					
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l			Fort Worth,	TX 76101							
Г	PURPOSE	(a	Category (s	ee Categories listed	at the top of this so	chedule)	(b)	Description			
ı	OF EXPENDITURE			ns/Donations			l			de of Texas, Complete Schedule T.	
ı	EXPENDITORE		Candidate/	Officeholder/I	Political Com	mittee		ш	n, TX,	officeholder living expense	
								Contribution			
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	expenditure to benefit C/O		Cardidate/Off	CONTROL HAIR	•	Jiioc 300	agi it			Jilloo Ilola	
H			·								

SCHEDULE F1

Advertising Expense Accounting/Banking
Consulting Expense
Contributions/ Donations Made By

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gitt/Awards/Memorials Expense
Printing Expense
Feed Some Advance Control Lobor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	d Co	•	es ection Guide explains i		ges/Contract Labor plete this form.	(OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME				3 F	Filer ID	
	Sch: 7/17 Rpt: 12/22		Johnson, J						
4	Date 09/30/2015	5	Payee name Eagle Mountain-Sag	inaw Rotary Club					
6	Amount (\$) \$100.00	7	Payee address; Cir P. O. Box 79631 Saginaw, TX 76179	y; State;	Zip Code	•			
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories Contributions/Donati Candidate/Officehold	ons Made By		Check if Austin	, TX, o	e of Texas. Complete Schedule T. fficeholder living expense unnual Clay Shoot	
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder r	name C	office sough	nt		Office held	
Γ	Date		Payee name						
	12/10/2015		Fort Worth Boat Clui)					
	Amount (\$) \$50.00		Payee address; Ci 10000 Boat Club Ro Fort Worth , TX 761	ad	Zip Code	Đ			
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories Gift/Awards/Memoria		edule) (I		n, TX, 0	e of Texas. Complete Schedule T. (fliceholder living expense y Fund	
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder	name C	Office sough	nt		Office held	
	Date 08/20/2015		Payee name Fort Worth Stock Sh	ow Syndicate					
	Amount (\$) \$400.00		Payee address; Ci P. O. Box 17005 Forth Worth, TX 761		; Zip Cod				
	PURPOSE OF EXPENDITURE	(a	Category (See Categorie Annual Membership		edule) (n, TX, c	e of Texas, Complete Schedule T. officeholder living expense hip Dues	
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder	name (Office soug	ht		Office held	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gitt/Awards/Memorials Expense

Candidate/Officeholder/Politica Credit Card Payment		Legal Services			se s/Contract Labor	OTHER (enter a category not listed abo	ove)
Credit Card Payment		The Instruction Guide	e explains how to co	mple	ete this form.		
	2 FILER NAM	E			3	Filer ID	
Sch: 8/17 Rpt: 13/22	Johnson, J						
1 Date	5 Payee name	9				100 100 100 100 100 100 100 100 100 100	
07/08/2015	Friends of	Senator Jane Nelso	on				
Amount (\$)	7 Payee addr	ess; City;	State; Zip Co	ode			
\$250.00	Post Office	Box 608					
	Grapvine,	TX 76099					
B PURPOSE	(a) Category (See Categories listed at the t	op of this schedule)	(b)	Description		
OF EXPENDITURE	Contribution	ns/Donations Made	в Ву	ļ		side of Texas. Complete Schedule T.	
EXPENDITORE	Candidate	Officeholder/Politic	al Committee	1	_	K, officeholder living expense	
				l	Star Host Spon	sor for Annual Fundraiser	
		7		Ļ			
 Complete <u>ONLY</u> if direct expenditure to benefit C/OI 		ficeholder name	Office sou	ight		Office held	
Date	Payee name						
12/14/2015	Gary Ficke	es' Campaign					
Amount (\$)	Payee addr		State; Zip C	ode			
\$250.00	4021 Hillto	p Drive					
	Southlake,	TX 76092					
PURPOSE	(a) Category (See Categories listed at the t	op of this schedule)	(b)	Description		
OF EXPENDITURE		ons/Donations Made			_	side of Texas. Complete Schedule T.	
	Candidate	Officeholder/Politic	ai Committee	l	Contribution	K, officeholder living expense	
Complete ONLY if direct	Candidate/Of	ficeholder name	Office so	Jaht		Office held	
expenditure to benefit C/O				-5			
Date	Payee name	4		1. n			
08/20/2015	i '	chine Booster Club					
Amount (\$)	Payee addr		State; Zip C	ode			
\$150.00	P. O. Box		State, Zip C	oue			
φ130.00	F. O. Box	130112					
	Laka Mar	h TV 76106					
		h, TX 76136		T			
PURPOSE OF		See Categories listed at the t	op of this schedule)	(b)	Description	side of Texas. Complete Schedule T.	
EXPENDITURE	Advertising	g∟xpense				K, officeholder living expense	
				ŀ	Advertising		
Complete ONLY if direct		ficeholder name	Office so	ught		Office held	
expenditure to benefit C/O	H						

SCHEDULE F1

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment						
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID					
	Sch: 9/17 Rpt: 14/22	Johnson, J					
4	Date	5 Payee name					
	12/15/2015	Kimbell Art Museum					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$75.00	3333 Camp Bowie Blvd.					
		Fort Worth, TX 76107					
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Membership Dues (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Membership Dues					
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held					
	Date	Payee name					
	09/17/2015	Northwest Chamber of Commerce					
	Amount (\$) \$100.00	Payee address; City; State; Zip Code 3918 Telephone Road					
		Fort Worth, TX 76135					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contribution					
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held					
	Date	Payee name					
	09/28/2015	River Oaks Lions Club					
	Amount (\$) \$45.00	Payee address; City; State; Zip Code Post Office Box 10177					
		River Oaks, TX 76114					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Membership Dues Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Membership Dues					
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held					
i							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			nmittee	Gitt/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.						Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME	:					3	Filer ID				
	Sch: 10/17 Rpt: 15/22		Johnson, J											
4	Date	5	Payee name											
	08/06/2015		Ron Wright	t, Tarrant Cour	nty Tax Asses	ssor/Col	llecto	or						
6	(.,	7	Payee addres		State	; Zip C	ode							
	\$56.00	1	6713 Telepi	hone Road										
			Fort Worth,	TX 76135										
8	PURPOSE	(a)		See Categories listed	at the top of this sch	edule)	(b)	Description						
	OF	1.7		tion Equipmen			[Check if travel		de of Texas, Complete Schedule T.				
	EXPENDITURE		Expense							officeholder living expense				
		1						Campaign Ti	alle	r License Renewal				
Ļ	Complete ONII V if direct	Ļ	Candidate (Off	coholder reco		Office -	lla _{pt}			Office held				
9	Complete ONLY if direct expenditure to benefit C/OF		Carioldate/Off	ficeholder name		Office so	ugnt			Onice rield				
Γ	Date		Payee name)										
	07/08/2015		Saginaw A	rea Chamber o	of Commerce)								
Γ	Amount (\$)		Payee addre	•	State	e; Zip C	ode							
	\$220.00		301 S. Sagi	inaw Blvd.										
			Saginaw, T	X 76179										
	PURPOSE	(a)	Category (s	See Categories listed	at the top of this sch	hedule)	(b)							
	OF EXPENDITURE		Membershi					<u></u>		de of Texas, Complete Schedule T.				
								Membership		officeholder living expense				
									_ 41					
Г	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Off	ficeholder name) (Office so	ught			Office held				
L			,	-										
	Date		Payee name		A C									
L	12/15/2015			rea Chamber										
	Amount (\$)		Payee addre	•	State	e; Zip C	ode							
	\$220.00		301 S. Sag	ıınaw Bivd.										
			0	V 70470										
L	1000	L	Saginaw, T											
	PURPOSE OF	(a		See Categories listed	at the top of this sci	hedule)	(b)	Description	A	de of Tayes Complete Saladata T				
1	EXPENDITURE		Membershi	ip Dues						ide of Texas. Complete Schedule T. , officeholder living expense				
								Membership						
								·						
Γ	Complete ONLY if direct		Candidate/Off	ficeholder name	,	Office so	ught			Office held				
	expenditure to benefit C/OI	Н												
Г										7.2.2				

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	d Co	mmittee	Legal Services The Instruction Gui	de explains		ages	/Contract Labor			THER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAM	E	,				3	F	iler ID
L	Sch: 11/17 Rpt: 16/22		Johnson, J	1							
4	Date	5	Payee name)							
	09/23/2015		Saginaw Y	outh Association							
6	Amount (\$)	7	Payee addre	ess; City;	State	; Zip Coo	de				
	\$100.00		c/o Ashton	Smith, Batam Co	wboys						
			P. O. Box	79594							
ŀ			Fort Worth	, TX 76179							
8	PURPOSE	(a)	Category (See Categories listed at the	top of this sch	nedule)	(b)	Description			
	OF EXPENDITURE	İ		ns/Donations Ma				=			of Texas. Complete Schedule T.
			Candidate/	Officeholder/Polit	icai Comm	nπee		Bronze Spons			iceholder living expense
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Of	ficeholder name	(Office sou	ght			1.0	Office held
L	· · · · · · · · · · · · · · · · · · ·	_									
	Date		Payee name								
L	10/28/2015			olesale Club							
	Amount (\$)		Payee addre		State	; Zip Co	de				
	\$40.26		6760 West	worth Blvd.							
			Fort Worth	, TX 76114							
	PURPOSE	(a)	Category (See Categories listed at the	top of this sch	pedule)	(b)	Description			
	OF EXPENDITURE			rage Expense		,			outsi	ide	of Texas, Complete Schedule T,
	EXPENDITORE										iceholder living expense
								Event	ge	_	rpense for United Way Fundraiser
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Of	ficeholder name	(Office sou	ght				Office held
Γ	Date		Payee name						****		
	12/22/2015		Sam's Who	olesale Club							
	Amount (\$)		Payee addr	ess; City;	State	; Zip Co	de				
	\$670.07	l	6760 West	worth Blvd.							
		L	Fort Worth	, TX 76114							
	PURPOSE OF	(a		See Categories listed at the		nedule)	(b)	Description			
	EXPENDITURE	ŀ	Gift/Award	s/Memorials Expe	ense			_			of Texas. Complete Schedule T. ficeholder living expense
								Staff Appreci			- ·
Г	Complete ONLY if direct		Candidate/Of	ficeholder name	(Office sou	ght				Office held
	expenditure to benefit C/O	Н									
Г			•								
1											

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Advertising Expense Accounting/Banking

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			• mmittee	Gift/Awa Legal S			pens ages			Travel In District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME	Ξ						3	Filer ID	
-	Sch: 12/17 Rpt: 17/22	-	Johnson, J									
4	Date	5	Payee name									
	10/21/2015		Sharen Wil	son fo	r DA							
6	Amount (\$)	7	Payee addre	ess;	City;	State;	Zip Co	de				
	\$250.00	١	P. O. Box 2	282								
		L	Fort Worth,	TX 76	6101							
8	PURPOSE	(a	Category (S	ee Categ	ories listed at the	top of this sch	edule)	(b)	Description			
	OF EXPENDITURE	١			nations Mad				□		ide of Texas. Complete Schedule T.	
			Candidate/	Office	holder/Politic	cal Comm	ittee		Contribution	ı, TX	, officeholder living expense	
		1							Contribution			
Ļ		L	- 111 - 120								0.00	
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Off	icenolo	ier name	C	Office sou	gnt			Office held	
	Date	Γ	Payee name									
	08/06/2015	١	Southwest	ern Ex	position & Li	ivestock S	Show					
┝	Amount (\$)	H	Payee addre	ess:	City;	State	Zip Co	de				
	\$500,00		P. O. Box 1				,					

			Fort Worth	, TX 70	6101							
H	PURPOSE	ſα	Category (s	en Cata	arios listed at the	top of this cah	adula)	(b)	Description	_		
	OF	ľ.			ble Sponsor		ledule)		_ ·	outs	side of Texas. Complete Schedule T.	
ı	EXPENDITURE	l			-10 Gp -11001				Check if Austin	n, TX	, officeholder living expense	
		١							2016 Calf Sc	rar	nble Sponsor	
Г	Complete ONLY if direct		Candidate/Of	ficeholo	der name	(Office sou	ght			Office held	
	expenditure to benefit C/O	Н										
Г	Date	Τ	Payee name)	, A A A							
	11/09/2015		Southwest	ern Ex	position & L	ivestock S	Show					
┢	Amount (\$)	t	Payee addre	ess;	City;	State	; Zip Co	de		_		
	\$600.00	ı	P. O. Box 1	L50								
		1										
			Fort Worth	TY 7	6101							
┡	BURDOCE	Ļ						(L)				
	PURPOSE OF	^{(a}	Category (s		gories listed at the	top of this sch	nedule)	(a)	Description Check if travel	OI IF	side of Texas, Complete Schedule T.	
	EXPENDITURE	١	Event Expe	ense					_		(, officeholder living expense	
		l							_		eciation Day Luncheon	
									•		•	
一	Complete ONLY if direct	_	Candidate/Of	ficeholo	der name		Office sou	ght		-	Office held	
	expenditure to benefit C/O											
H		-						_				
ı												

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services
Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	l Committee	Legal Services The Instruction Guide			es/Contract Labor OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2 FILER NA	ME			3 Filer ID	
	Sch: 13/17 Rpt: 18/22	Johnson	, J				
4	Date	5 Payee na	me				
	11/03/2015	Staples					
6	Amount (\$)	7 Payee ad	dress; City;	State; Zip Co	ode		
	\$88.78	6313 Lal	ke Worth Blvd				
		Fort Wor	th, TX 76135	<u> </u>			
8	PURPOSE	(a) Category	(See Categories listed at the t	op of this schedule)	(b)) <u>De</u> scription	
	OF EXPENDITURE	Campaig	n Office Supplies			Check if travel outside of Texas. Complete Schedule T.	
						Check if Austin, TX, officeholder living expense Campaign Office Supplies	
						Campaign Cinos Cappilos	
Ļ	Complete ONII V if direct	Candidate	Officeholder name	Office ser	umbt.	t Office held	
9	Complete ONLY if direct expenditure to benefit C/OI		Officerolder flame	Office sou	Jynt	Conice neid	
_							
	Date	Payee na					
	07/20/2015	Suburba	n Newspapers				
	Amount (\$)	Payee ad	dress; City;	State; Zip C	ode		
ļ	\$360.00	7820 Wy	att Drive				
		Fort Wo	rth, TX 76108				
	PURPOSE OF	(a) Category	(See Categories listed at the	top of this schedule)	(b)	Description	
	EXPENDITURE	Advertis	ing Expense			Check if travel outside of Texas. Complete Schedule T.	
Ì						Check if Austin, TX, officeholder living expense AdS	
					l	Aus	
┡	Complete ONLY if direct	Candidata	Officeholder name	Office so	ught	t Office held	
	expenditure to benefit C/O		Officerolder frame	Office So	ugnt	Office field	
L				<u> </u>			
	Date	Payee na					
	09/14/2015	Suburba	n Newspapers				
	Amount (\$)	Payee ad	ldress; City;	State; Zip C	ode		
	\$50.00	7820 W	att Drive				
		Fort Wo	rth, TX 76108				
r	PURPOSE	(a) Category	(See Categories listed at the	top of this schedule)	(b)	D) Description	
	OF EXPENDITURE		ing Expense	,		Check if travel outside of Texas, Complete Schedule T.	
	EXPENDITURE		•			Check if Austin, TX, officeholder living expense	
						Advertising	
L							
	Complete ONLY if direct expenditure to benefit C/O		Officeholder name	Office so	ught	ot Office held	
L	expenditure to benefit C/O	П					
Γ							
1							

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense

	Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Gift/Awards/Memoria Legal Services The Instruction (•		/ages	/Contract Labor					
1	Total pages Schedule F1:	2	FILER NAME					:	3 Filer ID				
L	Sch: 14/17 Rpt: 19/22	L	Johnson, J										
4	Date	5	Payee name	•									
	10/29/2015		TCGOP-Lir	ncoln Council									
6	Amount (\$)	7	Payee addre	ess; City;	State	e; Zip Co	de						
	\$1,250.00		2405 Grave	el Drive									
		l											
			Fort Worth,	TX 76118									
8	PURPOSE	(a)	Category (S	ee Categories listed a	t the top of this sc	hedule)	(b)	Description					
	OF EXPENDITURE	l	Membershi	р					utside of Texas. Complete Schedule T.				
								Membership	TX, officeholder living expense				
								Membership					
Ļ	Complete ONLY if direct	Ц	Candidata/Off	iooboldor nomo		Office 2011	a b t		Office held				
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Off	iceholder name		Office sou	gnt		Office neid				
<u> </u>		_											
ı	Date		Payee name	•									
L	07/23/2015	L	Target										
	Amount (\$)		Payee addre		State	e; Zip Co	de						
	\$118.47		6604 Lake	Worth Blvd.					•				
		l	Lake Worth	n, TX 76135									
Г	PURPOSE	(a	Category (s	See Categories listed a	t the top of this sc	chedule)	(b)	Description					
	OF EXPENDITURE		Event Expe					=	utside of Texas, Complete Schedule T.				
ı								_	TX, officeholder living expense MSISD Teachers Appreciation	Event			
								LVVISD and L	MSISD Teachers Appreciation	Lvent			
H	Complete ONLY if direct	Ц	Candidate/Of	ficeholder name		Office sou	aht		Office held				
	expenditure to benefit C/O		Carioldate/On	rectioned thatte		Onice sou	giit		Office field				
⊨		_							The state of the s				
	Date		Payee name										
L	12/14/2015	L	Tarrant Co		-		_						
	Amount (\$)	l	Payee addre		State	e; Zip Co	de						
	\$1,000.00		2405 Grav	el Drive									
			Fort Worth	, TX 76118									
Γ	PURPOSE	(a	Category (See Categories listed a	at the top of this so	chedule)	(b)	Description					
	OF EXPENDITURE			ns/Donations N					outside of Texas. Complete Schedule T.				
			Candidate/	Officeholder/P	olitical Comi	mittee		Contribution	TX, officeholder living expense				
								COMMINGUIT					
H	Complete ONLY if direct	L_	Candidate/Of	ficeholder name		Office sou	L_		Office held				
	expenditure to benefit C/O		Cariuldate/Of	ncendider name		Onice sol	grit		Office ried				
H													

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Gift/Awards/Memorials Legal Services The Instruction Gu	Expense		pens ages	e /Contract Labor		Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID			
	Sch: 15/17 Rpt: 20/22	L	Johnson, J										
4	Date	5	Payee name										
	10/19/2015		Texans For	Kelley Hancock	(
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip Cod	de						
	\$100.00		P. O. Box 8	21349									
			North Richle	and Hills, TX 76	182								
8	PURPOSE	(a)	Category (s	ee Categories listed at t	he top of this sche	edule)	(b)	Description					
	OF EXPENDITURE		Contribution	ns/Donations Ma	ade By			□		ide of Texas, Complete Schedule T.			
			Candidate/	Officeholder/Poli	itical Comm	ittee		_	ı, TX,	, officeholder living expense			
								Contribution					
		L,											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Offi	iceholder name	C	Office soug	ght			Office held			
	Date	Γ	Payee name										
	07/08/2015	l	The Golf Cl	ub @The Resor	t								
	Amount (\$)	Г	Payee addre	ss; City;	State;	Zip Coo	de						
	\$25.00	l	5700 The R	Resort Boulevard	1								
		l											
			Fort Worth,	TX 76179									
	PURPOSE	(a	Category (s	ee Categories listed at t	he top of this sch	edule)	(b)	Description					
	OF EXPENDITURE		Event Expe					-		ide of Texas. Complete Schedule T.			
								Check if Austin, TX, officeholder living expense Golf Tournament Fundraiser Expense					
								Goil Tournar	ner	it Fundraiser Expense			
		L											
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Off	iceholder name	C	Office sou	ght			Office held			
_	Date	Π	Payee name							W. W. W.			
	07/27/2015		The Golf Cl	lub @The Resor	rt								
_	Amount (\$)	H	Payee addre	ess; City;	State:	; Zip Co	de						
	\$96.46	١	•	Resort Boulevard		, _,				•			
	400140		0.00 1110 1	tooon boulevan									
			Fort Worth,	TX 76179									
	PURPOSE	1				Т	/ b\	Description					
	OF	الم	category _{(s} Event Expe	iee Categories listed at t	the top of this sch	nedule)	נע)	Description Check if travel	outs	side of Texas. Complete Schedule T.			
	EXPENDITURE		Eveni Expe	ense				_		, officeholder living expense			
								Food/Bevera	age	Expense for Golf Tournament			
								Fundraiser	-				
\vdash	Complete ONLY if direct	_	Candidate/Off	iceholder name	(Office sou	ght			Office held			
	expenditure to benefit C/O				Ì		•						
H													

SCHEDULE F1

Advertising Expense Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Polling Expense
Printing Expense
Salaries/Wages/Contract Labor Travel in District Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID 1 Total pages Schedule F1: 2 FILER NAME Sch: 16/17 Rpt: 21/22 Johnson, J Pavee name 12/14/2015 Tim O'Hare Campaign Amount (\$) Payee address; City; State; Zip Code \$100.00 606 Heatherglen Drive Southlake, TX 76092 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Contribution Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH Date Payee name 08/10/2015 U. S. Postmaster Amount (\$) Payee address; City; State; Zip Code \$490.00 3930 Telephone Road Fort Worth, TX 76135 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Postage **EXPENDITURE** Check if Austin, TX, officeholder living expense Postage Complete ONLY if direct Office held Candidate/Officeholder name Office sought expenditure to benefit C/OH Date Payee name 10/09/2015 U. S. Postmaster Amount (\$) Payee address; State; Zip Code City; \$82.00 3930 Telephone Road Fort Worth, TX 76135 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign Post Office Box Fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

Candidate/Officeholder/Political Committee Credit Card Payment				Legal Services The Instruction G		Salaries/W		OTHER (enter a category not listed above)			
1	Total pages Schodule E1:	2) File- 15		
-	Total pages Schedule F1:	1		-				1	3 Filer ID		
L	Sch: 17/17 Rpt: 22/22	L	Johnson, J								
4	Date	5	Payee name								
	11/24/2015		U. S. Postm								
6	` '	7	Payee addres		State;	; Zip Coo	de				
	\$539.00		3930 Teleph	hone Road							
	177714-1771	⊢	Fort Worth,								70.71
8	PURPOSE	(a)	Category (Se	ee Categories listed at	the top of this sche	edule)	(b)	Description			
	OF EXPENDITURE		Postage				1	<u></u>		. Complete Sched	dule T.
							i i	Check if Austin, T	X, officeholder	r living expense	
								Postage			
L		L									
9			Candidate/Offic	ceholder name	C	Office sou	ght		Offic	ce held	
	expenditure to benefit C/O	Н									
F	Date	Г	Payee name		, This is a				41-19-2017-1-1-1		0.000
	10/28/2015		Walmart								
L		<u> </u>					_				
	Amount (\$)		Payee addres		State,	; Zip Co	de				
	\$70.11		6770 Westw	vorth Blvd.							
			Fort Worth,	TX 76114							
	PURPOSE	(a)	Category (%	ee Categories listed at	the top of this sch	edule)	(b)	Description			
	OF	Γ΄		rage Expense			١ ,		itside of Texas.	s. Complete Sched	dule T.
	EXPENDITURE		2322000	.5			١ ,	Check if Austin, 1	TX, officeholder	r living expense	
								-	e Expense	e for United	Way Fundraiser
							1	Event			
	Complete ONLY if direct		Candidate/Offic	iceholder name		Office sou	ght		Offic	ce held	
	expenditure to benefit C/OI										
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