FORM C/OH CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID Total pages filed: The C/OH Instruction Guide explains how to complete this form. 20 MS/MRS/MR CANDIDATE / FIRST МІ OFFICE USE ONLY **OFFICEHOLDER** J D NAME Date Received **NICKNAME** LAST **SUFFIX** Johnson CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE Date Postmarke **OFFICEHOLDER** MAILING Receipt # Amount **ADDRESS** X Change of Address Date Processed വ Date Imaged CAMPAIGN MS/MRS/MR FIRST MI TREASURER Darrell NAME **SUFFIX** NICKNAME LAST Johnson **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** ADDRESS (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** PHONE REPORT TYPE 15th day after campaign treasurer January 15 30th day before election Runoff appointment (officeholder only) July 15 8th day before election Exceeded \$500 limit Final Report (Attach C/OH-FR) **PERIOD** Day Year Month Day Year COVERED 07/01/2016 **THROUGH** 12/31/2016 **ELECTION TYPE** 10 ELECTION **ELECTION DATE** Other Month Day Year χ Primary Runoff 03/20/2018 Special General 12 OFFICE SOUGHT (if known) 11 OFFICE OFFICE HELD (if any) County Commissioner Place Precinct 4 District County Commissioner Place Precinct 4 District Tarrant **Tarrant GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

				2 of 20
13 C / OH NAME	Johnson, J		14 Filer ID	
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditure. These expenditures may have been made without to difficeholders are required to report this information.	he candidate's or officeh	older's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME	r i	
	GENERAL		1 648	
		COMMITTEE ADDRESS		
				5 N -1
	SPECIFIC			트 로 옷하는
				_ ()
		COMMITTEE CAMPAIGN TREASURER NAME	TOR	<u>-</u>
		COMMITTEE CAMPAIGN TREASURER ADDRES	is	
16 CONTRIBUTION TOTALS		AL CONTRIBUTIONS OF \$50 OR LESS (OTHER T ARANTEES OF LOANS), UNLESS ITEMIZED	HAN PLEDGES,	\$ 30.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 6,025.00
EXPENDITURE TOTALS	3. TOTAL POLITIC	AL EXPENDITURES OF \$100 OR LESS, UNLESS	ITEMIZED	\$ 1,839.41
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 15,378.26
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LA RIOD	AST DAY OF THE	\$ 358,084.41
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS	OF THE LAST DAY	\$ 0.00
		KAS H-2017		be reported by me
Signature of of	MAGELE ficer administering	Alice Moore Printed name of officer administering	Notary Title of officer a	<i>r</i> administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

3 of 20

				3 01 20	
18 FILER NAME Johnson, J					
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE				SUBTOTAL AMOUNT	
1. [х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 6,025.00	
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3. [SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5. [Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	6	\$ 15,378.26	
6. [SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8. [SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9. [SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11. [SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	
			BY:	TARRANT STATES 2817 JAN 12 PH 2:51	

	MONET	ARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
	The Instruc	ction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 1/3 Rpt: 4/20
2	FILER NAME Johnson, J		3 Filer ID
4	Date 08/01/2016	5 Full name of contributor out-of-state PAC (ID#:) Coker, David 6 Contributor address; City; State; Zip Code 1805 Hurley Ave	7 Amount of Contribution (\$) \$190.00
_		Fort Worth, TX 76110	
8	Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	ons)
	Date 07/14/2016	Full name of contributor out-of-state PAC (ID#:) Glover, Toni Contributor address; City; State; Zip Code 5965 Feather Wind Way Fort Worth, TX 76135	Amount of Contribution (\$) \$105.00
	Principal occu	pation / Job title (See Instructions) Employer (See Instruction	ons)
	Date 07/28/2016	Full name of contributor out-of-state PAC (ID#:) Grammer, Elmer Contributor address; City; State; Zip Code 1216 Gabriel Ln. Fort Worth, TX 76116	Amount of Contribution (\$) \$150.00
	Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	ons)
	Date 08/08/2016	Full name of contributor out-of-state PAC (ID#:) Haynes, Jay (Dr.) Contributor address; City; State; Zip Code 734 Harpole Road E. Argyle, TX 76226	Amount of Contribution (\$) \$100.00
	Principal occu	pation / Job title (See Instructions) Employer (See Instruction	ons)
	Date 07/07/2016	Full name of contributor out-of-state PAC (ID#:) Koeper, Christopher Contributor address; City; State; Zip Code 1801 Bassett St. Apt 13 Denver, CO 80202-1012	Amount of Contribution (\$) \$500.00
	Principal occu	pation / Job title (See Instructions) Employer (See Instruction	ons)

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDU	LE A1
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 2/3 Rpt: 5/20	
2	FILER NAME Johnson, J			3	Filer ID	
4	Date 07/08/2016	 5 Full name of contributor out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$1,775.00
8	Principal occu	Fort Worth, TX 76116 pation / Job title (See Instructions)	Employer (See Instructions)			
	rincipal occu	pation/ 300 title (See instituctions)	Employer (See instituctions,	,		
	Date 08/02/2016	Full name of contributor out-of-state PAC (ID#: Leonardo, Dominick Contributor address; City; State; Zip Code 702 Cemetery Rd			Amount of Contribution (\$)	\$1,100.00
	Dala sinal assau	Rhome, TX 76078	Englavar (Cap Instruction)			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))		
	Date 08/04/2016	Full name of contributor out-of-state PAC (ID#: Mohon, Monty Contributor address; City; State; Zip Code 1904 Windsor Pl. Fort Worth, TX 76110			Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 07/06/2016	Full name of contributor out-of-state PAC (ID#: Motley, Charity Contributor address; City; State; Zip Code 1905 Bachman Ct. Plano, TX 75075			Amount of Contribution (\$)	\$125.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)	PR	
	Date 11/04/2016	Full name of contributor out-of-state PAC (ID#: Nordan, Brent Contributor address; City; State; Zip Code 933 Ranch Road Fort Worth, TX 76131			Amount of Contribution (\$)	\$125.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	 ;)		
						on V1 0 201

	MONET	ARY POLITICAL CONTRIBUTIONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this form.	1	Total pages Schedule A1: Sch: 3/3 Rpt: 6/20	
2	Johnson, J		3	Filer ID	
4	Date 07/08/2016	5 Full name of contributor out-of-state PAC (ID#:) Qaddura, Jamal 6 Contributor address; City; State; Zip Code 622 W. Main St Suite 109	7	Amount of Contribution (\$)	\$400.00
8	Principal occu	Arlington, TX 76010 pation / Job title (See Instructions) 9 Employer (See Instructions)			
	rincipal occu	pation 7 500 title (See instructions)	>)		
	Date 07/06/2016	Full name of contributor out-of-state PAC (ID#:) Schuder, Paul Contributor address; City; State; Zip Code 3816 Wharton Dr.		Amount of Contribution (\$)	\$250.00
	Principal occu	Fort Worth, TX 76133-2908 pation / Job title (See Instructions) Employer (See Instructions)	<u>L</u>		
	•		•		
	Date 09/06/2016	Full name of contributor out-of-state PAC (ID#:) Sloan, Richard and Stacy Contributor address; City; State; Zip Code 201 N. Lakeshore Dr Hudson Oaks, TX 76087		Amount of Contribution (\$)	\$700.00
	Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	S)	, , , , , , , , , , , , , , , , , , ,	
	Date 07/07/2016	Full name of contributor out-of-state PAC (ID#:) Townsend, Steven Contributor address; City; State; Zip Code 5900 Siltstone Lane Apt #538 Fort Worth, TX 76137		Amount of Contribution (\$)	\$200.00
	Principal occu	pation / Job title (See Instructions) Employer (See Instructions	s)		
	Date 08/05/2016	Full name of contributor out-of-state PAC (ID#:) Townsend, Steven Contributor address; City; State; Zip Code 5900 Siltstone Lane Apt #538 Fort Worth, TX 76137		Amount of Contribution (\$)	\$175.00
	Principal occu	pation / Job title (See Instructions) S : 2 W	s)		
		OB TL			o V/1 0 2016

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID Sch: 1/14 Rpt: 7/20 Johnson, J

_		
4	Date 12/14/2016	5 Payee name Academy Sports & Outdoors
6	Amount (\$) \$750.00	7 Payee address; City; State; Zip Code 1701 S. Cherry Lane Fort Worth, TX 76108
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 Staff Appreciation Gifts
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 11/04/2016	Payee name Agricultural Development Fund
	Amount (\$) \$100.00	Payee address; City; State; Zip Code P. O. Box 150 Fort Worth, TX 76101
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contribution
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 08/09/2016	Payee name Arizola's Restaurant & Cantina
	Amount (\$) \$1,210.75	Payee address; City; State; Zip Code 6055 Jacksboro Highway Lake Worth, TX 76135
	PURPOSE OF EXPENDITURE	(a) Category (see Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense
Contributions/ Donations Made By Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Candidate/Officeholder/Political Committee Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: FILER NAME Filer ID Sch: 2/14 Rpt: 8/20 Johnson, J 4 Date Payee name Awesome Blossoms 07/15/2016 Amount (\$) Payee address; City; State; Zip Code \$232.83 100 S. Hampshire St. Saginaw, TX 76179 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Gift/Awards/Memorials Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Various Funeral Arrangements Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/24/2016 Awesome Blossoms Amount (\$) Payee address; City; State; Zip Code \$35.53 100 S. Hampshire St. Saginaw, TX 76179 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Gift/Awards/Memorials Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Funeral Arrangement Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH Date Payee name 11/09/2016 Awesome Blossoms Amount (\$) Payee address; City; State; Zip Code \$173.12 100 S. Hampshire St. Saginaw, TX 76179 **PURPOSE** :AB (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Gift/Awards/Memorials Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Funeral Arrangements Candidate/Officeholder name Office sought Complete ONLY if direct 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 Ci

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

	Candidate/Officeriolder/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
	Sch: 3/14 Rpt: 9/20	Johnson, J
4	Date	5 Payee name
L	11/29/2016	Benchmark Graphics
6	Amount (\$)	7 Payee address; City; State; Zip Code
1	\$1,829.43	12775 Business 287 North
L		Fort Worth, TX 76179
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Printing
		Filling
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
┝	Date	Davis name
l	10/17/2016	Payee name
┡		Bill Waybourn Campaign
ı	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	620 W. State Street
		Garland, TX 75040
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
1	EXPERIENTIONE	Candidate/Officeholder/Political Committee
		Contribution
_		
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
L	oxponditure to pondit elec-	
	Date	Payee name
L	08/03/2016	Castleberry Lions Athletic Program Booster Club
Г	Amount (\$)	Payee address; City; State; Zip Code
l	\$150.00	P. O. Box 10063
		River Oaks, TX 76114
┢	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EVENDITUE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Advertising
L		10.2 HT 21 NAC 1105
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	OBJIR CHARGETMARRA
Γ		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Office Overhead/F
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Salaries/Wages/C

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID	
	Sch: 4/14 Rpt: 10/20	Johnson, J	
4	Date	5 Payee name	
	12/07/2016	Center for Transforming Lives	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$100.00	512 W. 4th Street	
		Fort Worth, TX 76102	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Description	
	EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.	
		Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Donation	
		Donation	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
_	Date	D	
	10/08/2016	Payee name Charlie Geren Campaign	
_			
	Amount (\$)	Payee address; City; State; Zip Code	
	\$100.00	Post Office Box 14401	
		Fort Worth, TX 76101	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Candidate/Officeholder/Political Committee Contribution	
		Contabation	
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
┝	Date	T B	
	07/15/2016	Payee name Dennis Shingleton Campaign	
┡			
	Amount (\$)	Payee address; City; State; Zip Code Post Office Box 470336	
l	\$100.00	Post Office Box 470336	
l			
L		Fort Worth, TX 76147	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Contributions/Donations Made By Contributions/Donations Made By	
l	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Candidate/Officeriolder/Political Confinitive	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-
1	expenditure to benefit C/O		
\vdash			
		made and a fill made	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica		Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Expen Printing Expe		Transportation Equipment Travel in District Travel Out of District OTHER (enter a category i	·
	Credit Card Payment		The Instruction Guide explains	how to comp	lete this form.		
1	Total pages Schedule F1:	2 FILER NAME	=			3 Filer ID	
	Sch: 5/14 Rpt: 11/20	Johnson, J					
4	Date	5 Payee name				-	
	09/28/2016		ntain-Saginaw Rotary Club				
6	Amount (\$)	7 Payee addre	ess; City; State	; Zip Code			
	\$200.00	P. O. Box 7		,			
		Saginaw, T	X 76179				
8	PURPOSE			tus (b) Description	11111111	
	OF		ee Categories listed at the top of this sch	redule)	· ·	outside of Texas. Complete Sche	edule T.
	EXPENDITURE		Officeholder/Political Comm	nittee	Check if Austin	n, TX, officeholder living expense	
					Sponsor for 4	4th Annual Clay Shoot	
9	Complete ONLY if direct		iceholder name	Office sough	t	Office held	
	expenditure to benefit C/O	-					
	Date	Payee name					
	12/19/2016	Fort Worth	Boat Club				
	Amount (\$)	Payee addre	ess; City; State	; Zip Code			
	\$50.00	1 1	t Club Road	-			
		Fort Worth	, TX 76179				
	PURPOSE		iee Categories listed at the top of this sch	nedule) (b) Description		
	OF		ns/Donations Made By	,	· — ·	outside of Texas. Complete Sche	edule T.
	EXPENDITURE		Officeholder/Political Comn	nittee	لـــا	n, TX, officeholder living expense	
					Employee Ho	oliday Fund	
	Complete ONLY if direct expenditure to benefit C/OI		iceholder name	Office sough	t	Office held	
	experiulture to beliefit C/O						
	Date	Payee name					
	09/09/2016	Fort Worth	Stock Show Syndicate				
	Amount (\$)	Payee addre	ess; City; State	; Zip Code			
	\$400.00	P. O. Box 1	17005				
		Forth Wort	h, TX 76102				
\vdash	PURPOSE	(a) Category /s	See Categories listed at the top of this sci	hedule) (b) Description	:,\3	
	OF	Membersh		,	Check if travel	outside of Texas. Complete Scho	
	EXPENDITURE					n, TX, officeholder living expense	
					Membership	Dues	
L					70.71	1 71 MHO / 107	
Г	Complete ONLY if direct		ficeholder name	Office sough	t Cコ・C Mc	C Office-held	
	expenditure to benefit C/O	П				7 1234/11/22	
Γ						BURANA BUNANA	
Fo	rms provided by Texas E	thics Commiss	sion www.ethics.	state.tx.us		·	Version V1.0.2916

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 6/14 Rpt: 12/20 Johnson, J Date Payee name 07/15/2016 Friends of Senator Jane Nelson Amount (\$) Payee address; City; State; Zip Code \$250.00 Post Office Box 608 Grapvine, TX 76099 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) 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 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/29/2016 Gary Fickes' Campaign Amount (\$) Payee address; City; State; Zip Code \$300.00 4021 Hilltop Drive Southlake, TX 76092 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Contribution Candidate/Officeholder name Office held Complete ONLY if direct Office sought expenditure to benefit C/OH Date Payee name 08/29/2016 Golf Cars of Dallas Payee address; Amount (\$) City; State; Zip Code \$2,533.05 7000 K Ave Plano, TX 75074 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description-OF Check if travel outside of Texas. Complete Schedule T. Event Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Rental of Golf Carts for Annual Golf Tournament **Fundraiser** SS: 2 Harris St. 25: 52 Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH

SCHEDULE F1

Advertising Expense
Accounting/Banking

Event Expense Fees
Food/Reverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Consuming Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID	
	Sch: 7/14 Rpt: 13/20	Johnson, J	
4	Date	5 Payee name	
	08/10/2016	Green Machine Booster Club	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$275.00	P. O. Box 136112	
		Lake Worth, TX 76136	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Advertising Expense	
_	Complete ONLY if direct	Condidate/Officeholder name Office parett	
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	12/19/2016	Kimbell Art Museum	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$75.00	3333 Camp Bowie Blvd.	
		Fort Worth, TX 76107	
	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	
		Wichibership Bues	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
	Date	Payee name	
	10/27/2016	Lone Star Banners & Flags	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$178.62	212 S Main Street	
		Fort Worth, TX 76104	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Bunting for United Way Fundraiser	
l		Dig tip gior Onited Way Fundiaise	
1		¬1 NWO 1197	
_	Orandar Other William	Candidate Office Indian name Office and S. 7. W. C. I. W. Alface Indian	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Complete ONLY if direct expenditure to benefit C/Ol	H I MANA CANANA	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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
TTHER (enter a category and listed above)

	Credit Card Payment	The Instruction Guide explains how to co	-		
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID	
	Sch: 8/14 Rpt: 14/20	Johnson, J			
4	Date	5 Payee name		•	
	10/06/2016	North Texas High School Rodeo Association			
6	Amount (\$)	7 Payee address; City; State; Zip C	ode		
	\$100.00	Post Office Box 79500			
		Saginaw, TX 76179			
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(p) D	escription	
	EXPENDITURE	Gift/Awards/Memorials Expense	▎┝	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
			s	cholarship Fund Memorial	
			<u> </u>		
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office so	ught	Office held	
	experience to benefit C/O				
	Date	Payee name			
L	11/28/2016	Northwest Tarrant Chamber of Commerce			
	Amount (\$)	Payee address; City; State; Zip C	ode		
	\$235.00	3918 Telephone Road			
		Fort Worth TV 7612F			
L		Fort Worth, TX 76135	10.		
	PURPOSË OF	(a) Category (see Categories listed at the top of this schedule) Membership Dues	(0) D	Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Membership Dues		Check if Austin, TX, officeholder living expense	
			M	Membership Dues	
_			<u> </u>		
H	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office so H	ught	Office held	
	expenditure to benefit C/O	H	ught	Office held	
	expenditure to benefit C/O	Payee name	ught	Office held	
	Date 07/15/2016	Payee name River Oaks Lions Club			
	Date 07/15/2016 Amount (\$)	Payee name River Oaks Lions Club Payee address; City; State; Zip C			
	Date 07/15/2016	Payee name River Oaks Lions Club		DITJAN 12	
	Date 07/15/2016 Amount (\$)	Payee name River Oaks Lions Club Payee address; City; State; Zip C Post Office Box 10177			
	expenditure to benefit C/O Date 07/15/2016 Amount (\$) \$45.00	Payee name River Oaks Lions Club Payee address; City; State; Zip C Post Office Box 10177 River Oaks, TX 76114	ode	Pescription	
	expenditure to benefit C/O Date 07/15/2016 Amount (\$) \$45.00 PURPOSE OF	Payee name River Oaks Lions Club Payee address; City; State; Zip C Post Office Box 10177 River Oaks, TX 76114 (a) Category (See Categories listed at the top of this schedule)	ode	DITJAN 12 PM	
	expenditure to benefit C/O Date 07/15/2016 Amount (\$) \$45.00	Payee name River Oaks Lions Club Payee address; City; State; Zip C Post Office Box 10177 River Oaks, TX 76114	ode	Description Check if travel outside of Texas. Complete Schediple T. Check if Austin, TX, officeholder living expense	
	expenditure to benefit C/O Date 07/15/2016 Amount (\$) \$45.00 PURPOSE OF	Payee name River Oaks Lions Club Payee address; City; State; Zip C Post Office Box 10177 River Oaks, TX 76114 (a) Category (See Categories listed at the top of this schedule)	ode	Description Scheck if travel outside of Texas. Complete Scheduler.	
	Date 07/15/2016 Amount (\$) PURPOSE OF EXPENDITURE	Payee name River Oaks Lions Club Payee address; City; State; Zip C Post Office Box 10177 River Oaks, TX 76114 (a) Category (See Categories listed at the top of this schedule) Membership Dues	ode	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Membership Dues	
	expenditure to benefit C/O Date 07/15/2016 Amount (\$) \$45.00 PURPOSE OF	Payee name River Oaks Lions Club Payee address; City; State; Zip C Post Office Box 10177 River Oaks, TX 76114 (a) Category (See Categories listed at the top of this schedule) Membership Dues Candidate/Officeholder name Office so	ode	Description Check if travel outside of Texas. Complete Schediple T. Check if Austin, TX, officeholder living expense	
	Date 07/15/2016 Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct	Payee name River Oaks Lions Club Payee address; City; State; Zip C Post Office Box 10177 River Oaks, TX 76114 (a) Category (See Categories listed at the top of this schedule) Membership Dues Candidate/Officeholder name Office so	ode	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Membership Dues	
	Date 07/15/2016 Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct	Payee name River Oaks Lions Club Payee address; City; State; Zip C Post Office Box 10177 River Oaks, TX 76114 (a) Category (See Categories listed at the top of this schedule) Membership Dues Candidate/Officeholder name Office so	ode	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Membership Dues	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1: Sch: 9/14 Rpt: 15/20	Johnson, J
4 Date 11/04/2016	5 Payee name River Oaks Lions Club
6 Amount (\$) \$45.00	7 Payee address; City; State; Zip Code Post Office Box 10177 River Oaks, TX 76114
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
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date 08/01/2016 Amount (\$) \$56.00	Payee name Ron Wright, Tarrant County Tax Assessor/Collector Payee address; City; State; Zip Code 6713 Telephone Road
PURPOSE OF EXPENDITURE	Fort Worth, TX 76135 (a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Trailer License Renewal
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date 12/19/2016	Payee name Ron Wright, Tarrant County Tax Assessor/Collector
Amount (\$) \$59.75	Payee address; City; State; Zip Code 6713 Telephone Road Fort Worth, TX 76135
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense (b) Description Check if travel outside of Texas, Complete Schedule Campaign Trailer License Renewal Campaign Trailer License Renewal
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H

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

Candidate/Officeholder/Political Committee Credit Card Payment		Legal Services The Instruction Guide explair		ges/Contract Labor	OTHER (e	nter a category not liste	d above)	
1	Total pages Schedule F1: Sch: 10/14 Rpt: 16/20	2 FILER NAM Johnson,				3 Filer ID		
ᆫ	<u> </u>							
4	Date 12/27/2016	5 Payee nam Saginaw A	ne Area Chamber of Commerc	e				
اٍ				te; Zip Cod	•			
ľ	Amount (\$) \$220.00	7 Payee add: 301 S. Sa	ress;	ile, Zip Cou	5			
			-					
L		Saginaw,	TX 76179					
8	PURPOSE OF		(See Categories listed at the top of this	schedule) (b) Description		One alore Onbarde T	
l	EXPENDITURE	Membersi	hips Dues			outside of Texas. TX, officeholder	. Complete Schedule T. r living expense	
					Membership			
l				1				
9	Complete ONLY if direct expenditure to benefit C/O		officeholder name	Office soug	ht	Offic	ce held	
F	Date	Payee nam	ne					
	07/15/2016	Saginaw /	Athletic Booster Club					
Г	Amount (\$)	Payee add	ress; City; Sta	ite; Zip Cod	e			
	\$275.00	1029 N. S	Saginaw Blvd.					
l		Ste. F10 #	#138					
		Fort Wort	h, TX 76179					
Г	PURPOSE	(a) Category	(See Categories listed at the top of this	schedule) (b) Description			
l	EXPENDITURE	OF Advertising Expense Check if travel outside of Texas. Complete Schedule T.						
ļ		Check if Austin, TX, officeholder living expense Advertising						
1					_			
厂	Complete ONLY if direct		Officeholder name	Office soug	ht	Offic	ce held	
	expenditure to benefit C/O	H				27	1.3	
Г	Date	Payee nam	ne					
l	09/04/2016	Sharen W	filson for DA				<u>. </u>	fij
Г	Amount (\$)	Payee add	ress; City; Sta	ite; Zip Cod	е		August 15.	and get the second seco
١	\$500.00	P. O. Box	282				- E	oH.
						İ	= = = = = = = = = = = = = = = = = = = =	20
		Fort Wort	h, TX 76101				ેં જ છે	a e e e e e e e e e e e e e e e e e e e
Г	PURPOSE		(See Categories listed at the top of this	schedule)	b) Description		52 Tor	* =
OF EXPENDITURE Contributions/Donations Made By Check if travel outside of Texas. Comp EXPENDITURE Condidate (Afficient Agents) Check if Austin TX, officeholder living							•	
ı	Candidate/Officeholder/Political Committee Contribution Candidate/Officeholder/Political Committee							
l								
一	Complete ONLY if direct	Candidate/C	Officeholder name	Office soug	ht	Offic	ce held	
	expenditure to benefit C/O	Н						
H								
1								

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

	Candidate/Officeholder/Politica Credit Card Payment	d Committee	Legal Services The Instruction Guid		_	s/Contract Labor ete this form.	OTHER (enter a catego	ory not listed al	bove)
1	Total pages Schedule F1:	2 FILER NA	ME	_		3	Filer ID		
	Sch: 11/14 Rpt: 17/20	Johnson	, J						
4	Date	5 Payee na	me						
	12/19/2016	Sheriffs'	Association of Texas						
6	Amount (\$)	7 Payee ad	dress; City;	State; Zip (Code				<u>-</u>
l	\$25.00	1601 So	uth IH-35						
		Austin, 1	X 78741						
8	PURPOSE	(a) Category	(See Categories listed at the	top of this schedule)	(b)	Description			
	OF EXPENDITURE	Member	ship Dues				ide of Texas. Complete S		
						Membership Du	, officeholder living exper	ise	
		İ							
9	Complete ONLY if direct	L Candidate/	Officeholder name	Office so	ought		Office held	-	
	expenditure to benefit C/O	Н			J				
	Date	Payee na	me			· · ·			
	08/09/2016	Southwe	estern Exposition & L	ivestock Show					
	Amount (\$)	Payee ad	dress; City;	State: Zip (Code				
	\$500.00	P. O. Bo	x 150						
		Fort Wo	rth, TX 76101						
Г	PURPOSE	(a) Category	(See Categories listed at the	top of this schedule)	(b)	Description			
	OF EXPENDITURE	2017 Ca	If Scramble Sponsor			<u></u>	ide of Texas. Complete S		
						2017 Calf Scran	, officeholder living exper nble Sponsor	ise	
	Complete ONLY if direct	Candidate/	Officeholder name	Office se	ought		Office held		
	expenditure to benefit C/O	Н					o j 1	~>	
F	Date	Payee na	me			· ·			
	11/21/2016	1	estern Exposition & L	ivestock Show				<u></u>	() J
	Amount (\$)	Payee ac		State; Zip (Code	*****			3.
	\$600.00	P. O. Bo		, ,					1
)国 (7)
		Fort Wo	rth, TX 76101				13.53	2	
┝	PURPOSE		(See Categories listed at the	top of this ashaduds)	(b)	Description	A	ഗ	
	OF	Event E		top of this schedule)		Check if travel outsi	ide of Texas. Complete s	Schedule T.	
	EXPENDITURE				Check if Austin, TX, officeholder living expense				
						Livestock Appre	eciation Day Lund	cheon	
L				- 10	Ļ				
	Complete ONLY if direct expenditure to benefit C/O		Officeholder name	Office s	ought		Office held		
L									
1									

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees
Food/Beverage Expense
Cit/Autorde/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made by Candidate/Officeholder/Politica Credit Card Payment		-	Contract Labor OTHER (enter a category not listed above)		
1	Total pages Schedule F1:			3 Filer ID			
	Sch: 12/14 Rpt: 18/20	Johnson, J					
4	Date	5 Payee name					
L	11/28/2016	Star Telegram					
6	Amount (\$)	7 Payee address; City; State; Zip	Code				
	\$109.20	P. O. Box 3035					
		Livoni , MN 48151-3035					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description			
	OF EXPENDITURE	Newspaper Subscription		Check if travel outside of Texas			
				Check if Austin, TX, officeholds			
				Newspaper Subscription	11		
			بل.				
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office s	ought	Offi	fice held	;	
_						_	
	Date	Payee name					
	11/09/2016	Suburban Newspapers					
	Amount (\$)	Payee address; City; State; Zip	Code				
	\$96.00	7820 Wyatt Drive					
		Fort Worth, TX 76108					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description			
OF Advertising Expense			Check if travel outside of Texas				
Check if Austin, 1X, omcenoaer living expense				er living expense			
				Advertising			
L							
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office	ought		fice held		
L	experientare to benefit 6/6			<u> </u>	: E		
Г	Date	Payee name					
	10/21/2016	Texans For Kelley Hancock					
Г	Amount (\$)	Payee address; City; State; Zip	Code		Minana Property		
	\$100.00	P. O. Box 821349			≥ N −F		
					- FE 3 90		
l		North Richland Hills, TX 76182			₹° 7.		
L							
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description	ੜ ∾ ਂ		
	EXPENDITURE	Contributions/Donations Made By		Check if travel outside of Texas. Complete Schedule T.			
		Candidate/Officeholder/Political Committee		Check if Austin, TX, officeholder	er Irving expense		
				Contribution			
L	Oranicka Oranicka	0	Ц.				
1	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office :	ought	Off	fice held		
L	Superiordic to Delient C/O						

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	d Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
	Sch: 13/14 Rpt: 19/20	Johnson, J
4	Date	5 Payee name
	08/04/2016	The Golf Club @The Resort
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$185.75	5700 The Resort Boulevard
		Fort Worth, TX 76179
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
		Colf Townson Town Town Colf Townson Town Colf Town Colf Town Colf Townson Town Colf Townson Town Colf Townson Town Colf Townson Town Colf Townson Town Colf Townson Town Colf Town Colf Townson Town Colf Townson Town Colf Townson Town Colf Town Colf Townson Town Colf Townson Town Colf Townson Town Colf Town Col
		Golf Tournament Fundraiser Expense
Ļ		
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/27/2016	The Golf Club @The Resort
	Amount (\$)	Payee address; City; State; Zip Code
	\$104.22	5700 The Resort Boulevard
		Fort Worth, TX 76179
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	Di Libitone	Check if Austin, TX, officeholder living expense
ŀ		Golf Tournament Fundraiser Expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experience to benefit or o	· · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	10/18/2016	United States Post Master
	Amount (\$)	Payee address; City; State; Zip Code
	\$86.00	3930 Telephone Road
		Fort Worth, TX 76135
_	DUDDOSE	100 100
	PURPOSE OF	(as Category (See Categories listed at the top of this schedule)
	EXPENDITURE	Fees Check if travel outside of Texas. Company Schedule J. Check if Austin, TX, officeholder living expense
		Campaign Post Office Box Fee
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains		ense ges/Contract Labor	Travel in District Travel Out of District OTHER (enter a category not	: listed above)
1	Total pages Schedule F1:	2 FILER NAMI	<u>.</u>			3 Filer ID	
	Sch: 14/14 Rpt: 20/20	Johnson, J					
4	Date	5 Payee name					
	12/08/2016	United Stat	es Post Master				
6	Amount (\$)	7 Payee addre	ess; City; State	; Zip Code	•		
	\$413.60	3930 Telep	hone Road				
		·					
		Fort Worth,	TX 76135				
8	PURPOSE	(a) Category (S	iee Categories listed at the top of this sc	hedule) (I	Description		
	OF EXPENDITURE	Postage			<u> </u>	outside of Texas. Complete Schedu	ule T.
					Postage	, TX, officeholder living expense	
					rostage		
Ļ							
9	Complete ONLY if direct expenditure to benefit C/O		iceholder name	Office sough	nt	Office held	
	Date	Payee name	!				
l	08/10/2016	Walmart					
Г	Amount (\$)	Payee addre	ess; City; State	; Zip Code	•		
l	\$240.00	6770 West	worth Blvd.				
l							
l		Fort Worth,	TY 76114				
<u> </u>	DUDDAGE						
	PURPOSE OF		see Categories listed at the top of this so	hedule)	Description	outside of Texas. Complete Schedu	de T
	EXPENDITURE	Giπ/Awards	s/Memorials Expense			outside of Texas. Complete Schedu , TX, officeholder living expense	JPC 1.
						nent Fundraiser Expens	e; Volunteer
					Awards	·	
┢	Complete ONLY if direct	Candidate/Off	iceholder name	Office sough	nt	Office held	
	expenditure to benefit C/OI	Н		•			
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