JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

The JC/OH Instruction	Guide explains how to complete this form. 1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER NAME	MS/MRS/MR FIRST MI MR. CHRISTOPHER P. NICKNAME LAST SUFFIX	OFFICE USE ONLY Date Received EIVED JUL 1 1 2017
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE / OFFICEHOLDER PHONE 6 CAMPAIGN	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. BOX 1444 DRIPPING SPRINGS, TX 78020 AREA CODE PHONE NUMBER EXTENSION (512) 673-0249 MS/MRS/MR FIRST MI	Date Hand-delivered or Date Postmarked Receipt # Amount \$
TREASURER NAME	MR. RONALD M. NICKNAME LAST SUFFIX JOHNSON	Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; A40 MALLET COURT AUSTIN, TX 78737	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) (32-4306	
9 REPORT TYPE	January 15 30th day before election Runoff July 15 8th day before election Exceeded \$500 limit	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH Month Day Output Output Day Month Day Month Day Output Day Month Day	Year 17
11 ELECTION	BLECTION TYPE Month Day Year Month Day Year Month Day Year Month Day Primary Runoff Other Description	
12 OFFICE	OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) COUNTY CO	CHAYS COUNTY
	CO TO DACE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 2

14 JC/OH NAME	RISTOPHE	R P. JOHNSON	15 Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
	SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	The state of the s	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THATS, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,064.00
EXPENDITURE TOTALS	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$ 273.08
	4. TOTAL POLITICAL EXPENDITURES \$ 1,255.50		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 5,272.41		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$		
18 AFFIDAVIT			
	SAMANTHA CERVA Notary Public, State of My Commission exp August 19, 202 ID # 13078547-	true and correct and includes all info under Title 16, Election Code.	perjury, that the accompanying report is commation required to be reported by me didate or Officeholder
AFFIX NOTARY STAM	P/SEALABOVE		
Sworn to and subsc	ribed before me, l	by the said <u>Candidate</u>	, this the//
day of July		to certify which, witness my hand and seal of office.	
Signature of officer a	dministering oath	2) Sumantha (ervante7 Printed name of officer administering oath	Nothing Public Banker Title of officer administering oath

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

19	CHRISTOPHER P. JOHNSON 20 Filer ID (Ethics Com	mission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$ 5,350.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ \%
3.	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$ \$
4.	SCHEDULE E(J): LOANS (JUDICIAL)	\$ Ø
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 275,00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ \
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ Ø
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ Ø
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 707.42
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ Ø
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ Ø
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ Ø

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A(J)1:	
2 FILER NAME CHRISTOPHER P. JOHNSON	3 Filer ID (Ethics Commission Filers)	
5 Full name of contributor Out-of-state PAC ID#: 5/03117 5 Full name of contributor Out-of-state PAC ID#: 5/03117 5 Full name of contributor Out-of-state PAC ID#: 5/03117 City; State; Zip Code 1811 RICHWOOD DR. AUSTIN, TO 78	7 Amount of contribution (\$) \$1000,00	
8 Contributor's principal occupation RETIRED 9 Contributor's job	title	
10 Contributor's employer/law firm 11 Law firm of contr	ributor's spouse (if any)	
12 If contributor is a child, law firm of parent(s) (if any)		
Date Full name of contributor ☐ out-of-state PAC ID#:	Amount of contribution (\$)	
Contributor address; City; State; Zip Code		
Contributor's principal occupation Contributor's job	title	
Contributor's employer/law firm Law firm of contributor's spouse (if any)		
If contributor is a child, law firm of parent(s) (if any)		
Date Full name of contributor out-of-state PAC ID#:	Amount of contribution (\$)	
Contributor address; City; State: Zip Code		
Contributor's principal occupation Contributor's job	title	
Contributor's employer/law firm Law firm of contr	ibutor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)		

SCHEDULE A(J)1

1			
	The Instruction Guide explains how to complete the	is form.	1 Total pages Schedule A(J)1:
Pate	CHRISTOPHER P. JOH		3 Filer ID (Ethics Commission Filers
5130117	5 Full name of contributor out-of-state PAGE LON GARNER 6 Contributor address; City; Stalland N. CENTRAL EXPY orincipal occupation OVER	te; Zip Code MCKINNEY, TY	7 Amount of contribution (\$) \$250.00
Contributor's p	orincipal occupation	9 Contributor's job litle	7 0
THE	mployer/law firm GARNER FIRM, P.C.	11 Law firm of contributor	CIT
If contributor is	a child, law firm of parent(s) (if any)		
Date	Full name of contributor	ID#:)	Amount of contribution (\$)
	Contributor address; City; State	; Zip Code	
Contributor's pri	incipal occupation	Contributor's job title	
Contributor's em	nployer/law firm	Law firm of contributor's	spouse (if any)
If contributor is a	a child, law firm of parent(s) (if any)		
Date	Full name of contributor	ID#:)	Amount of contribution (\$)
	Contributor address; City; State:	Zip Code	
Contributor's prin	cipal occupation	Contributor's job title	
Contributor's emp	oloyer/law firm	Law firm of contributor's	spouse (if any)
a a material and a second	child, law firm of parent(s) (if any)		

SCHEDULE A(J)1

The Instruction Guide explains	how to complete this form.	1 Total pages Schedule A(J)1:
2 FILER NAME		2 Files ID (51)
CHRISTOPHER	window. 9.	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor	Out-of-state PAC ID#:	7 Amount of contribution (\$)
CHRISTOPHEN	2 JOHNSON	
Contributor address;	City; State; Zip Code	\$500.00
P.O. BOX 144	4 DRIPPING SPRINGS, T	
o Contributor's principal occupation	9 Contributor's job time	1020
LAWYER		DISTRICT ATTORNO
Ocontributor's employer/law firm	14 Love flower of and the	DISTRICT ATTORIO
HAYS COUNTY DISTRIC	TATTORNEY VIATON	+ EUKINS LLP
If contributor is a child, law firm of parent(s) (if	fany)	T EUCH NS LEF
Date Full name of contributor		
. di liame di contributor	out-of-state PAC ID#:	Amount of contribution (\$)
Contributor address;	City; State; Zip Code	
Contributor's principal occupation	Contribution	
	Contributor's job title	
Contributor's employer/law firm		
	Law firm of contributor	s spouse (if any)
If contributor is a child, law firm of parent(s) (if	any)	
, , , , , ,	,,	
Date Full name of contributor	out-of-state PAC ID#:	Amount of contribution (\$)
		Amount of contribution (4)
Contributer	• • • • • • • • • • • • • • • • • • • •	
Contributor address;	City; State: Zip Code	
Contributor's principal occupation	Contributor's job title	
Contributor's employer/law firm	Law firm of contributor's	Concuso (if and
	and or some locator s	spouse (ii any)
If contributor is a child, law firm of parent(s) (if a	ny)	

SCHEDULE A(J)1

The Instruction Guide explains how to complete the FILER NAME CHRISTOPHER Date 5 Full name of contributor Out-of-state Page 1		Total pages Schedule A(J)1: O Filer ID (Ethics Commission Filers)
OHRISTOPHER P. JO	NOZNH	3 Filer ID (Ethics Commission Filers
Full name of contributor out-of-state P/		
21117 6 Contributor address; City; St.	tate; Zip Code	7 Amount of contribution (\$) \$\arrangle \arrangle 00.00
Contributor's principal occupation RETIRED	9 Contributor's job title	919
Contributor's employer/law firm	11 Law firm of contributor	s spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date Full name of contributor	C ID#:)	Amount of contribution (\$)
Contributor address; City; Stat	te; Zip Code	
Contributor's principal occupation	Contributor's job title	
Contributor's employer/law firm	Law firm of contributor's	spouse (if any)
f contributor is a child, law firm of parent(s) (if any)		
Full name of contributor out-of-state PAC		Amount of contribution (\$)
	e: Zip Code	
ontributor's principal occupation	Contributor's job title	
ontributor's employer/law firm	Law firm of contributor's	spouse (if any)
contributor is a child, law firm of parent(s) (if any)		

SCHEDULE A(J)1

	The Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A(J)1:
2 FILER NAME	CHRISTOPHER P. JO	NOZNH	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Out-of-state PAC	; ID#:)	7 Amount of contribution (\$)
5130117	PAPHAEL GUERRER 6 Contributor address; City; Stat	te; Zip Code	\$250,00
	1811 EAST 11TH ST. ADT 34	B AUSTINITY	13
	principal occupation	9 Contributor's job title	70
PRC	SFCUTOR	PROST	FCUTOR
HAYS CO	employer/law firm UNTY DISTRICT ATTORNE	11 Law firm of contributor	
. If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor	ID#:)	Amount of contribution (\$)
	Contributor address; City; State	; Zip Code	
Contributor's p	rincipal occupation	Contributor's job title	
Contributor's er	mployer/law firm	Law firm of contributor's	spouse (if any)
If contributor is	a child, law firm of parent(s) (if any)		
Date	Full name of contributor	T	
	Full name of contributor	O#:)	Amount of contribution (\$)
	Contributor address; City; State:	Zip Code	
Contributor's pri	ncipal occupation	Contributor's job title	
Contributor's em	ployer/law firm	Law firm of contributor's s	spouse (if any)
f contributor is a	child, law firm of parent(s) (if any)		

SCHEDULE A(J)1

	The Instruction Guide explains how to complete th	is form.	1 Total pages Schedule A(J)1:
2 FILER NAM			2 Filer ID (Fabian C
Date	CHRISTOPHER P. JOH	Nosht	3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor ut-of-state PA	C ID#:	7 Amount of contribution (\$)
015/17			(Φ)
91711	6 Contributor address; City; Sta		\$150,00
	108 E CAAT ANTONTO OF P	ate; Zip Code	\$150,00
Contributed	108 E. SAN ANTONIO ST. S	AN MARCOS, 15	1.1.
	principal occupation	9 Contributor's job title	40
	1010	LAW	IER
	s employer/law firm	11 Law firm of contributor	's spouse (if any)
KAY (is a child, law firm of parent(s) (if any) ATTO		,
If contributor	is a child, law firm of parent(s) (if any)	KNEY	
D			
Date	Full name of contributor uut-of-state PAC	ID#:	Amount of contribution (\$)
			(Φ)
	Contributor address		
	Contributor address; City; State	e; Zip Code	
0			
Contributor's	principal occupation	Contributor's job title	
Contributor's	employer/law firm	Law firm of contributor's	S SDOUSE (if any)
			(i. dily)
If contributor i	s a child, law firm of parent(s) (if any)		
D-1			
Date	Full name of contributor ut-of-state PAC	ID#:	
	and or state 1 AC	10#	Amount of contribution (6)
	_ st. o. state / Ac)	Amount of contribution (\$)
			Amount of contribution (\$)
	Contributor address	Zip Code	Amount of contribution (\$)
			Amount of contribution (\$)
Contributor's p	Contributor address		Amount of contribution (\$)
	Contributor address; City; State:	Zip Code	Amount of contribution (\$)
		Zip Code Contributor's job title	
Contributor's e	Contributor address; City; State:	Zip Code	
Contributor's e	Contributor address; City; State:	Zip Code Contributor's job title	
Contributor's e	Contributor address; City; State:	Zip Code Contributor's job title	
Contributor's e	Contributor address; City; State:	Zip Code Contributor's job title	
Contributor's e	Contributor address; City; State:	Zip Code Contributor's job title	

SCHEDULE A(J)1

	The Instruction Guide explains how to complete the	his form.	1 Total pages Schedule A(J)1:
PILER NAME	CHRISTOPHER P. JO	Losut	3 Filer ID (Ethics Commission Filer
Date 9[7]17 Contributor's	5 Full name of contributor BRIAN ROARK 6 Contributor address; City; St. 1307 WEST AVE AUST	ate: Zin Code	7 Amount of contribution (\$) \$1000,00
LAWY		9 Contributor's job title	
Contributor's	employer/law firm	LAWYE	
SE	LF	11 Law firm of contributor	s spouse (if any)
If contributor i	is a child, law firm of parent(s) (if any)		
Date	Full name of contributor Qut-of-state PA		A
	Full name of contributor) ID#:)	Amount of contribution (\$)
	Contributor address; City; Stat	re; Zip Code	
Contributor's p	principal occupation	Contributor's job title	
Contributor's e	employer/law firm	Law firm of contributor's	spouse (if any)
If contributor is	a child, law firm of parent(s) (if any)		
	(,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Date	 • • • • • • • • • • • • • • • •	ID#:)	Amount of contribution (\$)
	Contributor address; City; State	: Zip Code	
Contributor's pr	incipal occupation	Contributor's job title	
Pi			
	nployer/law firm	Law firm of contributor's	spouse (if any)
Contributor's en		Law firm of contributor's	spouse (if any)
Contributor's en	nployer/law firm a child, law firm of parent(s) (if any)	Law firm of contributor's	spouse (if any)
Contributor's en		Law firm of contributor's	spouse (if any)

SCHEDULE A(J)1

The Instruction Guide explains how to complete	this form.	1 Total pages Schedule A(J)1:
FILER NAME CHRISTOPHER P	MOSNHOL	3 Filer ID (Ethics Commission Filers
Date 5 Full name of contributor out-of-state 9 (12117 6 Contributor address; City; S 240 MAUFT COURT	State; Zip Code	7 Amount of contribution (\$) \$1000.00
Contributor's principal occupation LAWYER	9 Contributor's job title	COUNSEL
Contributor's employer/law firm I X D T If contributor is a child, law firm of parent(s) (if any)	11 Law firm of contributor	
or parent(s) (if any)		
Full name of contributor		Amount of contribution (\$)
Contributor's principal occupation	Contributor's job title	
Contributor's employer/law firm	Law firm of contributor's	spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Pate Full name of contributor out-of-state PA	AC ID#:) ate: Zip Code	Amount of contribution (\$)
'Antributoria ningia i	Contributor's job title	
Contributor's principal occupation		
contributor's principal occupation	Law firm of contributor's	spouse (if any)

SCHEDULE A(J)1

The Instruction Guide explains ho	ow to complete this form. 1 Total pages Schedule A(J)1:
2 FILER NAME	0
	R P. JOHNSON 3 Filer ID (Ethics Commission Filers)
5 Full name of contributor TONY LEE	Out-of-state PAC ID#: Out-of-state PAC ID#:
8333 N. DAUIS HW	City; State; Zip Code \$500,00 14. 4th Flow MCC PENSA COLA, 9 Contributor's job title FL 32514
Contributor's principal occupation	9 Contributorio integral
DOCTOR	3 Contributors Job little FC 32519
Contributor's employer/law firm	44.1
IORTHWEST FLORIDA HE	11 Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if a	Proup (Proup)
	11/9)
Date Full name of acceptance	
Full name of contributor	Out-of-state PAC ID#: Amount of contribution (\$)
Contributor address;	City; State; Zip Code
	,, etait, 2,p code
Contributor's principal occupation	
	Contributor's job title
Contributor's employer/law firm	
The second secon	Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if an	
of parent(s) (if an	ly)
Date	
Full name of contributor	out-of-state PAC ID#:
Contributor address;	City On The Table 1
44.000,	City; State: Zip Code
2	
Contributor's principal occupation	Contributor's job title
Contributor's employer/law firm	Law firm of contributor's spouse (if any)
contributor is a child, law firm of parent(s) (if any	')

SCHEDULE A(J)1

Full name of contributor out-of-state PACHALLES SOECHTIA Contributor address; City; Sta 31 PR 12 #107 SAN Mineral occupation NEY Oyer/law firm Index law firm of parent(s) (if any)	SHNSON C ID#:	NEY
Full name of contributor out-of-state PA CHALLES SOECHTIA Contributor address; City; Sta 31 RR12 #107 SAN Ma pal occupation NEY byer/law firm F	ate; Zip Code ARCUS, TY 78U 9 Contributor's job title ATTOR	3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) \$500.00
CHALLES SOECHTING Contributor address; City; Sta 31 PRIA #107 SAN Mile pal occupation NEY Over/law firm F	ate; Zip Code ARCUS, TY 78U 9 Contributor's job title ATTOR	\$500.00 66 NEY
NCY yer/law firm	9 Contributor's job title ATTOR	NEY
yer/law firm		
F		
ild, law firm of parent(s) (if any)		
Full name of contributor	ID#:)	Amount of contribution (\$)
Contributor address; City; State	e; Zip Code	
al occupation	Contributor's job title	
er/law firm	Law firm of contributor's	spouse (if any)
d, law firm of parent(s) (if any)		
ull name of contributor	ID#:)	Amount of contribution (\$)
ontributor address; City; State:		
occupation	Contributor's job title	
r/law firm	Law firm of contributor's	spouse (if any)
l, law firm of parent(s) (if any)		
	Contributor address; City; State cal occupation /er/law firm ild, law firm of parent(s) (if any) full name of contributor	Contributor address; City; State; Zip Code Pal occupation Contributor's job title Ver/law firm Law firm of contributor's Filld, law firm of parent(s) (if any) Full name of contributor out-of-state PAC ID#: Contributor address; City; State: Zip Code Fill occupation Contributor's job title Fillaw firm of contributor's

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form	m. 1 Total pages Schedule A2:	
2 FILER NAME OHRISTOPHER P. JOHNSON	3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIB	BUTIONS \$	
5 Date 6 Full name of contributor ut-of-state PAC (ID#:	8 Amount of 9 In-kind contribution description	
7 Contributor address; City; State; Zip Coo	de	
10 Principal appunation / Job title /FOR NON HIDICIAL //Occ Instructions)	11 Employer (FOR NON-JUDICIAL) (See Instructions)	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	II Employer (FOR NON-SODICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date Full name of contributor	Amount of . In-kind contribution Contribution \$. description	
Contributor address; City; State; Zip Contributor		
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
ATTACH ADDITIONAL COPIES OF T	THIS SCHEDULE AS NEEDED n guide for additional reporting requirements.	

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 9/8/2015

PLEDGED CONTRIBUTIONS (JUDICIAL)

SCHEDULE B(J)

	(00-1011-)				
The Instruction Guide explains how to complete this form.			1 Total pages Schedule B(J):		
2	CHRISTOPHER P. JOHNSON	3 Filer ID (Ethics Commission Filers)			
4	TOTAL OF UNITEMIZED PLEDGES		\$ Ø		
5	Date 6 Full name of pledgor		8 Amount . 9 In-kind contribution of Pledge \$. description		
7 Pledgor address; City; State; Zip Code					
10	Pledgor's principal occupation	11 Pledgor's job	title		
12	Pledgor's employer/law firm	13 Law firm of p	oledgor's spouse (if any)		
14	If pledgor is a child, law firm of parent(s) (if any)				
	Date Full name of pledgor out-of-state PAC (ID#:_)	Amount . In-kind contribution of Pledge \$. description		
Pledgor address; City; State; Zip Code		Check if travel outside of Texas. Complete Schedule T.			
	Pledgor's principal occupation Pledgor's job title				
Pledgor's employer/law firm Law firm of pledgor's spouse (if any)			eledgor's spouse (if any)		
If pledgor is a child, law firm of parent(s) (if any)					
	Date Full name of pledgor out-of-state PAC (ID#:) Amount of Pledge \$ In-kind contribution description				
Pledgor address; City; State; Zip Code Check if travel outside of T		Check if travel outside of Texas. Complete Schedule T.			
	Pledgor's principal occupation Pledgor's job title				
	Pledgor's employer/law firm Law firm of pledgor's spouse (if any)				
	If pledgor is a child, law firm of parent(s) (if any)				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS (JUDICIAL)		SCHEDULE E(J)		
The Instruction Guide explains how to complete this fo	1	Total pages Schedule E(J):		
2 FILER NAME CHRISTOPHER P. JOH	N20N 3	Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITEMIZED LOANS	\$	Ø		
5 Date of loan 7 Name of lender ut-of-state PAC (D#:) 9	Loan Amount (\$)		
6 Is lender a financial Institution?	tate; Zip Code 10	Interest rate		
YN	11	Maturity date		
12 Lender's Principal Occupation	13 Lender's Job Title			
14 Lender's Employer/Law Firm	15 Law Firm of lender's spouse (if	any)		
16 If lender is a child, law firm of parent(s) (if any)				
17 Description of Collateral none	18 Check if personal funds were d account (See Instructions)	leposited into political		
19 GUARANTOR INFORMATION 20 Name of guarantor	22	Amount Guaranteed (\$)		
21 Guarantor address; City; State; Zip Code				
not applicable 23 Guarantor's Principal Occupation	24 Guarantor's Job Title			
25 Guarantor's Employer/Law Firm 26 Law Firm of guarantor's spouse (if any)				
27 If guarantor is a child, law firm of parent(s) (if any)				
	ž			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.				

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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
Other (enter a category not listed above)

Candidate/Officeholder/Politica		Wages/Contract Labor 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 CHRISTOPHER P. JOI	HNSON 3 Filer ID (Ethics Commission Filers)
4 Date U 112/17	Junetienth Founda	tion Incorporated
\$150.00	Payee address; City; State; Zip Code p. O. BOX 447	
Φ()0, 0°	San Marcos, TY 70	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Advertising Expense	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	1 1 1 content
4115/17	and visitor bureau	nber of Commerce + Convent
Amount (\$)	Payee address; City; State: Zip Code	2)
\$125,00	14100 Ranch Road Wimberley, TX	78076
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF	Tonne	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
EXPENDITURE	Advertising Expense	Greek in Additing 124, Simodroides in hing expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(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 Legal Services 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 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 F2:	2 EHERNAME P. JO	402014	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITER	MIZED UNPAID INCURRED OBLIGA	TIONS	\$ Ø
5 Date	6 Payee name		
7 Amount (\$)	8 Payee address; City; State; Zip	Code	
9 TYPE OF EXPENDITURE	Political	Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sch	Check	on if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense
11 Complete ONLY if direct candidate / Officeholder name office sought Office held expenditure to benefit C/OH			
Date	Payee name		
Amount (\$) Payee address; City; State; Zip Code			
TYPE OF EXPENDITURE	Political	Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch	Check	if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

Т	he Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:
2 FILER NAME CHR	ISTOPHER P. JOHNSON	3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom investment is purchased	
	6 Address of person from whom investment is purchased; Cit	y; State; Zip Code
	7 Description of investment	
	8 Amount of investment (\$)	
Date	Name of person from whom investment is purchased	
	Address of person from whom investment is purchased; City	y; State; Zip Code
	Description of investment	
	Amount of investment (\$)	
/		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Candidate/Officeholder/Politica	
	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F4:	2 FILER NAME CHRISTOPHER P. JOHNSON 3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CREDIT CARD \$
5 Date	6 Payee name
7 Amount (\$)	8 Payee address; City; State; Zip Code
9 TYPE OF EXPENDITURE	Political Non-Political
10	(a) Category (See Categories listed at the top of this schedule) (b) Description
PURPOSE	Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Check if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name Office sought Office held
Date	Payee name
Amount (\$)	Payee address; City; State; Zip Code
TYPE OF EXPENDITURE	Political Non-Political
	Category (See Categories listed at the top of this schedule) Description
PURPOSE	Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Advertising Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Fees Food/Beverage Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Contributions/Donations Made By Travel In District Polling Expense Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) CHRISTOPHER P. JOHNSON 4 Date 511117 6 Amount (\$) City; State; Zip Code Dripping Springs, TX 78620 Reimbursement from political contributions intended (b) Description (a) Category (See Categories listed at the top of this schedule) 8 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Office sought Office held Candidate / Officeholder name expenditure to benefit C/OH Q11911 City; State; Zip Code P.O. BOX 898 Dripping Springs, TX 78020 Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Colormin Graphics and Printing 10/29/17 Payee address; City; State; Zip Code 404 S C.M. Allen Parkway Amount (\$) \$453.03 San Marcos, Tx 78ULG Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description PURPOSE Check if travel outside of Texas. Complete Schedule T. Advertising Expense OF EXPENDITURE Lichard Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

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 Legal Services 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
Other (enter a category not listed above)

Candidate/Officeholder/Politic Credit Card Payment	cal Committee Legal Services Salar The Instruction Guide explains how	to complete this form.	Other (enter a category not listed above)
1 Total pages Schedule H:	2 FILER NAME CHRISTOPHER P.	JOHNSON	3 Filer ID (Ethics Commission Filers)
4 Date	5 Business name		
6 Amount (\$)	7 Business address; City; State; Zip Coo	е	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	Check if travel outside o	of Texas. Complete Schedule T.
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Business name		
Amount (\$)	Business address; City; State; Zip Occ	e e	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Check if travel outside o	officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Business name		
Amount (\$)	Business address; City; State; Zip Coo	е	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		f Texas. Complete Schedule T. officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF TH	S SCHEDULE AS NEED	DED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.			
1 Total pages Schedule I:	2 FILER NAME CHRISTOPHER P. JOHNSON 3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) (b) Description (See instructions regarding type of information required.)		
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) Description (See instructions regarding type of information required.)		
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) Description (See instructions regarding type of information required.)		
Date	Payee name		
Amount (\$)	Payee agdress; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) Description (See instructions regarding type of information required.)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The	Instruction Guide explains how to complete this form.	1 Total pages Sched	dule K:
2 FILER NAME	CHRISTOPHER P. JOHNSON	3 Filer ID (Ethics	Commission Filers)
4 Date	5 Name of person from whom amount is received		8 Amount (\$)
	6 Address of person from whom amount is received; City; State;	Zip Code	
	7 Purpose for which amount is received Check if	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State	Zip Code	
	Purpose for which amount is received Creck if	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State;	Zip Code	
	Purpose for which amount is received Check if	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State;	Zip Code	
	Purpose for which amount is received Check if	political contribution i	returned to filer
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED	

OUTSTA	NDING LOANS	SCHEDULE L
The	e Instruction Guide explains how to complete this form.	1 Total pages Schedule L:
2 FILER NAME	HRISTOPHER P. JOHNSON	3 Filer ID (Ethics Commission Filers)
LENDER INFORMATION	4 Name of lender	
	5 Lender address; City; State; Zip Code	
GUARANTOR INFORMATION	6 Name of guarantor	
not applicable	7 Guarantor address; City; State; Zip Code	
LENDER INFORMATION	Name of lender	
	Lender address; City; State; Zip Code	'
GUARANTOR INFORMATION	Name of guarantor	
not applicable	Guarantor address; City; State; Zip Code	***************************************
LENDER INFORMATION	Name of lender	
	Lender address; City; State; Zip Code	
GUARANTOR INFORMATION	Name of guarantor	
not applicable	Guarantor andress; City; State; Zip Code	
LENDER INFORMATION	Name of lender	
	Lender address; City; State; Zip Code	
GUARANTOR INFORMATION	Name of guarantor	
not applicable	Guarantor address; City; State; Zip Code	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS	NEEDED

ASSETS VALUED AT \$500 OR MORE	SCHEDULE M					
The Instruction Guide explains how to complete this form.	1 Total pages Schedule M:					
2 FILER NAME CHRISTOPHER P. JOHNSON	3 Filer ID (Ethics Commission Filers)					
4 Description of Asset						
Description of Asset						
Description of Asset						
Description of Asset						
Description of Asset						
Description of Asset						
Description of Asset						
Description of Asset						
Description of Asset						
Description of Asset						
Description of Asset						
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

	uction Guide explair	1 Total pages Schedule T:						
2 FILER NAME OH	RISTOPHER	3 Filer ID (Ethics Commission Filers)						
4 Name of Contributor	4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee							
5 Contribution / Expend	liture reported on:		(A)					
Schedule A2	Schedule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1				
Schedule F2	Schedule F4		Schedule H	Schedule COH-UC Schedule B-SS				
6 Dates of travel	7 Name of person	(s) traveling	1 to 10 to 1					
	8 Departure city or	name of departure loca	ition					
	9 Destination city or name of destination location							
10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event)								
Name of Contributor	/ Corporation or Labor	Organization / Pledgor	/ Payee					
Contribution / Expend	liture reported on:							
Schedule A2	Schedule B	Schedule B(J)	Schedule 02	Schedule D Schedule F1				
Schedule F2	Schedule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS				
Dates of travel	Name of person	(s) traveling						
	Departure city or	name of departure loca	ition					
	Destination city of	or name of destination lo	ocation					
Means of transporta	tion Purp	pose of travel (including	name of conference,	seminar, or other event)				
Name of Contributor	Name of Contributor / Corporation or Labor Organization / Pledgor / Payee							
Contribution / Expend	liture reported on:							
Schedule A2	Schedule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1				
Schedule F2	Schedule F4		Schedule H	Schedule COH-UC Schedule B-SS				
Dates of travel	Dates of travel Name of person(s) traveling							
	Departure city or name of departure location							
	Destination city or name of destination location							
Means of transportation Purpose of travel (including name of conference, seminar, or other event)								
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED								

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH FR

The Instruction Guide explains how to complete this form Complete only if "Report Type" on page 1 is marked "Final Report"							
1	C/OH N	AME	•	2 Filer ID (Ethics Commission Filers)			
3	SIGNA	TURE					
	I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.						
				Signature of Candidate / Officeholder			
4		ILER WHO IS NOT AN OFFICEHOLDER Complete A & B below only if you are not an officeholder					
	A.	CAMPAIGN FUNDS					
	Check	only one:					
		I do not have unexpended contribut	tions or unexpended interest or income	earned from political contributions.			
		I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or					
			tions in accordance with the requirement				
	B.	ASSETS					
	Check	only one:					
		I do not retain assets purchased with	th political contributions or interest or o	ther income from political contributions.			
		that I may not convert assets purch	ased with political contributions or inte at I must dispose of assets purchased	income from political contributions. I understand rest or other income from political contributions to with political contributions in accordance with the			
				Signature of Candidate			
92				and the second			
5 OFFICEHOLDER Complete this section only if you are an officeholder							
	am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.						
				Signature of Officeholder			