

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: <div style="font-size: 2em; text-align: center;">20</div>								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI MR. CHRISTOPHER P. NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.5em;">JOHNSON</div>		OFFICE USE ONLY Date Received <div style="font-size: 1.5em; border: 1px solid black; padding: 5px; display: inline-block;">RECEIVED</div> <div style="font-size: 1.2em;">FEB - 5 2018</div> <div style="font-size: 2em; border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; margin: 10px auto; display: flex; align-items: center; justify-content: center;">DS</div>								
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. BOX 1444 DRIPPING SPRINGS, TX 78620										
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 973-0249										
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI MR. RON M. NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.5em;">JOHNSON</div>										
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 240 MAULET COURT AUSTIN, TX 78737										
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 032-4366										
9 REPORT TYPE	<table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input checked="" type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)
<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)								
<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)								
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 1 / 1 / 18 1 / 25 / 18										
11 ELECTION	<table style="width:100%; border: none;"> <tr> <td style="width:30%;"> ELECTION DATE Month Day Year 3 / 6 / 18 </td> <td style="width:70%;"> ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special </td> </tr> </table>			ELECTION DATE Month Day Year 3 / 6 / 18	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special						
ELECTION DATE Month Day Year 3 / 6 / 18	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special										
12 OFFICE	<table style="width:100%; border: none;"> <tr> <td style="width:50%;"> OFFICE HELD (if any) </td> <td style="width:50%;"> 13 OFFICE SOUGHT (if known) COUNTY COURT AT LAW NO. 2 (HAYS COUNTY) </td> </tr> </table>			OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) COUNTY COURT AT LAW NO. 2 (HAYS COUNTY)						
OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) COUNTY COURT AT LAW NO. 2 (HAYS COUNTY)										

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 2

14 JC/OH NAME CHRISTOPHER P. JOHNSON 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

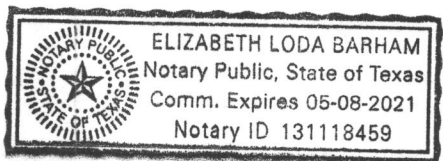
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 190.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,040.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 6,267.86
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 12,630.39
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Christopher P. Johnson
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Christopher P. Johnson, this the 5th day of February, 2018, to certify which, witness my hand and seal of office.

Elizabeth Loda Barham

Elizabeth Loda Barham

notary public

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - JC/OH

FORM JC/OH
COVER SHEET PG 3

19 FILER NAME CHRISTOPHER P. JOHNSON		20 Filer ID (Ethics Commission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$ 2850.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2 : NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input checked="" type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$ 0
4.	<input checked="" type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)	\$ 0
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 6117.86
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 150.00
10.	<input checked="" type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: <div style="text-align: center; font-size: 1.5em;">2</div>
2 FILER NAME <div style="font-size: 1.2em;">CHRISTOPHER P. JOHNSON</div>		3 Filer ID (Ethics Commission Filers)
4 Date <div style="font-size: 1.2em;">1/10/18</div>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <div style="font-size: 1.2em;">TRACY CLUCK</div>	7 Amount of contribution (\$) <div style="font-size: 1.2em;">\$500.00</div>
6 Contributor address; City; State; Zip Code <div style="font-size: 1.2em;">12600 HILL COUNTRY BLVD. SUITE R-275 AUSTIN, TX 78758</div>		
8 Contributor's principal occupation <div style="font-size: 1.2em;">ATTORNEY</div>		9 Contributor's job title <div style="font-size: 1.2em;">ATTORNEY</div>
10 Contributor's employer/law firm <div style="font-size: 1.2em;">LAW OFFICE OF TRACY P. CLUCK</div>		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

Date <div style="font-size: 1.2em;">1/12/18</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <div style="font-size: 1.2em;">PERRY MINTON</div>	Amount of contribution (\$) <div style="font-size: 1.2em;">\$1000.00</div>
Contributor address; City; State; Zip Code <div style="font-size: 1.2em;">1100 GUADALUPE ST. AUSTIN, TX 78701</div>		
Contributor's principal occupation <div style="font-size: 1.2em;">ATTORNEY</div>		Contributor's job title <div style="font-size: 1.2em;">ATTORNEY</div>
Contributor's employer/law firm <div style="font-size: 1.2em;">MINTON, BURTON, BASSETT, + COLLINS, P.C.</div>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

Date <div style="font-size: 1.2em;">1/13/18</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <div style="font-size: 1.2em;">RON JOHNSON</div>	Amount of contribution (\$) <div style="font-size: 1.2em;">\$1000.00</div>
Contributor address; City; State; Zip Code <div style="font-size: 1.2em;">240 MALLET COURT, AUSTIN, TX 78737</div>		
Contributor's principal occupation <div style="font-size: 1.2em;">ATTORNEY</div>		Contributor's job title <div style="font-size: 1.2em;">GENERAL COUNSEL</div>
Contributor's employer/law firm <div style="font-size: 1.2em;">TYDOT</div>		Law firm of contributor's spouse (if any)
If contributor 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.

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

2

2 FILER NAME

CHRISTOPHER P. JOHNSON

3 Filer ID (Ethics Commission Filers)

4 Date

1/24/18

5 Full name of contributor

☐ out-of-state PAC ID#:

FLOYD AKERS

7 Amount of contribution (\$)

\$ 250.00

6 Contributor address; City; State; Zip Code

306 NEWBERRY TRAIL SAN MARCOS, TX 78666

8 Contributor's principal occupation

ATTORNEY

9 Contributor's job title

ATTORNEY

10 Contributor's employer/law firm

SELF

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

1/25/18

Full name of contributor

☐ out-of-state PAC ID#:

JOHN COUCH

Amount of contribution (\$)

\$ 100.00

Contributor address; City; State; Zip Code

300 MIRON DR. SOUTH LAKE, TX 76092

Contributor's principal occupation

ATTORNEY

Contributor's job title

ATTORNEY

Contributor's employer/law firm

DAVID COFFIN PLLC

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 contributor's spouse (if any)

If contributor 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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 1	
2 FILER NAME CHRISTOPHER P. JOHNSON		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0	
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 7 Contributor address; City; State; Zip Code	8 Amount of Contribution \$	9 In-kind contribution description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
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 THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

**PLEDGED CONTRIBUTIONS
(JUDICIAL)****SCHEDULE B(J)**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B(J): <div style="text-align: center;">1</div>	
2 FILER NAME <div style="font-size: 1.2em; font-family: cursive;">CHRISTOPHER P. JOHNSON</div>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES		\$ <div style="font-size: 1.5em; font-family: cursive;">0</div>	
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	8 Amount of Pledge \$	9 In-kind contribution description
	<div style="border-top: 1px dotted black; padding-top: 5px;">7 Pledgor address; City; State; Zip Code</div>		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Pledgor's principal occupation		11 Pledgor's job title	
12 Pledgor's employer/law firm		13 Law firm of pledgor's spouse (if any)	
14 If pledgor is a child, law firm of parent(s) (if any)			
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Pledge \$	In-kind contribution description
	<div style="border-top: 1px dotted black; padding-top: 5px;">Pledgor address; City; State; Zip Code</div>		
		<input type="checkbox"/> 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)			
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Pledge \$	In-kind contribution description
	<div style="border-top: 1px dotted black; padding-top: 5px;">Pledgor address; City; State; Zip Code</div>		
		<input type="checkbox"/> 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 form.

1 Total pages Schedule E(J):

1

2 FILER NAME

CHRISTOPHER P. JOHNSON

3 Filer ID (Ethics Commission Filers)

.

4 TOTAL OF UNITEMIZED LOANS

\$

Ø

5 Date of loan**7** Name of lender☐ out-of-state PAC (ID#: _____)**9** Loan Amount (\$)**6** Is lender
a financial
Institution?

Y N

8 Lender address;

City;

State;

Zip Code

10 Interest rate**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 deposited into political
account (See Instructions)☐**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)**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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1	2 FILER NAME CHRISTOPHER P. JOHNSON	3 Filer ID (Ethics Commission Filers)
4 Date 11/21/18	5 Payee name PATTERSON + COMPANY	
6 Amount (\$) \$5,424.71	7 Payee address; City; State; Zip Code P.O. BOX 91405 AUSTIN, TX 78709	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		Office sought
		Office held

Date 11/22/18	Payee name PATTERSON + COMPANY	
Amount (\$) \$693.15	Payee address; City; State; Zip Code P.O. BOX 91405 AUSTIN, TX 78709	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		Office sought
		Office held

Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		Office sought
		Office held

ATTACH ADDITIONAL COPIES OF THIS 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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: 1		2 FILER NAME CHRISTOPHER P. JOHNSON		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS				\$ 0	
5 Date		6 Payee name			
7 Amount (\$)		8 Payee address; City; State; Zip Code			
9 TYPE OF EXPENDITURE		<input type="checkbox"/> Political <input type="checkbox"/> Non-Political			
10 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule)		(b) Description	
				<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

11 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held
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Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**PURCHASE OF INVESTMENTS MADE
FROM POLITICAL CONTRIBUTIONS**

SCHEDULE F3

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F3:

1

2 FILER NAME

CHRISTOPHER 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; City; 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; 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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: **1** 2 FILER NAME **CHRISTOPHER P. JOHNSON** 3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ **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 schedule) (b) Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense

11 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

TYPE OF EXPENDITURE ☐ Political ☐ Non-Political

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH 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)

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1		2 FILER NAME CHRISTOPHER P. JOHNSON		3 Filer ID (Ethics Commission Filers)	
4 Date 1/16/18		5 Payee name HAYS COUNTY REPUBLICAN WOMEN			
6 Amount (\$) \$150.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code P.O. BOX 1928 SAN MARCOS, TX 78667			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
<input type="checkbox"/> Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
<input type="checkbox"/> Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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
Credit Card Payment

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H: 1		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 Code			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule)		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date		Business name			
Amount (\$)		Business address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date		Business name			
Amount (\$)		Business address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date		Business name			
Amount (\$)		Business address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: 1	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 address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)	

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

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: <div style="text-align: center; font-size: 1.5em;">1</div>
2 FILER NAME <div style="font-size: 1.2em; font-family: cursive;">CHRISTOPHER P. JOHNSON</div>		3 Filer ID (Ethics Commission Filers)

4 Date	5 Name of person from whom amount is received 6 Address of person from whom amount is received; City; State; Zip Code	8 Amount (\$)
7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		

Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		

Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		

Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		

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OUTSTANDING LOANS**SCHEDULE L**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule L:

1

2 FILER NAME

CHRISTOPHER P. JOHNSON

3 Filer ID (Ethics Commission Filers)LENDER
INFORMATION**4** Name of lender**5** Lender address; City; State; Zip CodeGUARANTOR
INFORMATION**6** Name of guarantor☐ not applicable**7** Guarantor address; City; State; Zip CodeLENDER
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 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

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ASSETS VALUED AT \$500 OR MORE

SCHEDULE M

The Instruction Guide explains how to complete this form.

1 Total pages Schedule M:

1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T: <u>1</u>	
2 FILER NAME CHRISTOPHER P. JOHNSON		3 Filer ID (Ethics Commission Filers)	
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee			
5 Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> Schedule A2</div> <div style="width: 50%;"><input type="checkbox"/> Schedule B</div> <div style="width: 50%;"><input type="checkbox"/> Schedule B(J)</div> <div style="width: 50%;"><input type="checkbox"/> Schedule C2</div> <div style="width: 50%;"><input type="checkbox"/> Schedule D</div> <div style="width: 50%;"><input type="checkbox"/> Schedule F1</div> <div style="width: 50%;"><input type="checkbox"/> Schedule F2</div> <div style="width: 50%;"><input type="checkbox"/> Schedule F4</div> <div style="width: 50%;"><input type="checkbox"/> Schedule G</div> <div style="width: 50%;"><input type="checkbox"/> Schedule H</div> <div style="width: 50%;"><input type="checkbox"/> Schedule COH-UC</div> <div style="width: 50%;"><input type="checkbox"/> Schedule B-SS</div> </div>			
6 Dates of travel		7 Name of person(s) traveling	
		8 Departure city or name of departure location	
		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 / Expenditure reported on: <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> Schedule A2</div> <div style="width: 50%;"><input type="checkbox"/> Schedule B</div> <div style="width: 50%;"><input type="checkbox"/> Schedule B(J)</div> <div style="width: 50%;"><input type="checkbox"/> Schedule C2</div> <div style="width: 50%;"><input type="checkbox"/> Schedule D</div> <div style="width: 50%;"><input type="checkbox"/> Schedule F1</div> <div style="width: 50%;"><input type="checkbox"/> Schedule F2</div> <div style="width: 50%;"><input type="checkbox"/> Schedule F4</div> <div style="width: 50%;"><input type="checkbox"/> Schedule G</div> <div style="width: 50%;"><input type="checkbox"/> Schedule H</div> <div style="width: 50%;"><input type="checkbox"/> Schedule COH-UC</div> <div style="width: 50%;"><input type="checkbox"/> Schedule B-SS</div> </div>			
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)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee			
Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> Schedule A2</div> <div style="width: 50%;"><input type="checkbox"/> Schedule B</div> <div style="width: 50%;"><input type="checkbox"/> Schedule B(J)</div> <div style="width: 50%;"><input type="checkbox"/> Schedule C2</div> <div style="width: 50%;"><input type="checkbox"/> Schedule D</div> <div style="width: 50%;"><input type="checkbox"/> Schedule F1</div> <div style="width: 50%;"><input type="checkbox"/> Schedule F2</div> <div style="width: 50%;"><input type="checkbox"/> Schedule F4</div> <div style="width: 50%;"><input type="checkbox"/> Schedule G</div> <div style="width: 50%;"><input type="checkbox"/> Schedule H</div> <div style="width: 50%;"><input type="checkbox"/> Schedule COH-UC</div> <div style="width: 50%;"><input type="checkbox"/> Schedule B-SS</div> </div>			
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)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee			
Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> Schedule A2</div> <div style="width: 50%;"><input type="checkbox"/> Schedule B</div> <div style="width: 50%;"><input type="checkbox"/> Schedule B(J)</div> <div style="width: 50%;"><input type="checkbox"/> Schedule C2</div> <div style="width: 50%;"><input type="checkbox"/> Schedule D</div> <div style="width: 50%;"><input type="checkbox"/> Schedule F1</div> <div style="width: 50%;"><input type="checkbox"/> Schedule F2</div> <div style="width: 50%;"><input type="checkbox"/> Schedule F4</div> <div style="width: 50%;"><input type="checkbox"/> Schedule G</div> <div style="width: 50%;"><input type="checkbox"/> Schedule H</div> <div style="width: 50%;"><input type="checkbox"/> Schedule COH-UC</div> <div style="width: 50%;"><input type="checkbox"/> Schedule B-SS</div> </div>			
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)	

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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 NAME

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

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 FILER 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 contributions 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 income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

- ☐ I do not retain assets purchased with political contributions or interest or other income from political contributions.
- ☐ I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER

.. Complete this section *only* if you are an officeholder ..

- ☐ I 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