

# 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: 1.5em; text-align: center;">50</div>
3 CANDIDATE / OFFICEHOLDER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR <b>MR.</b> NICKNAME</div> <div>FIRST <b>CHRISTOPHER</b> LAST</div> <div>MI <b>P</b> SUFFIX</div> </div> <div style="text-align: center; font-size: 1.2em; margin-top: 5px;"><b>JOHNSON</b></div>		<b>OFFICE USE ONLY</b>  Date Received <div style="font-size: 1.5em; border: 1px solid black; padding: 5px; margin: 5px auto; width: 80%;">RECEIVED</div> <div style="font-size: 1.2em; margin: 5px auto; width: 80%;">JAN 16 2018</div> <div style="font-size: 2em; border: 1px solid black; border-radius: 50%; padding: 10px; margin: 10px auto; width: 60%;">DS</div> Date Hand-delivered or Date Postmarked  <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> Receipt #   Amount \$   </div> Date Processed  Date Imaged
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	<div style="display: flex; justify-content: space-between; font-size: 0.8em;"> ADDRESS / PO BOX; <b>P.O. BOX 1444</b> APT / SUITE #;  CITY; <b>DRIPPING SPRINGS, TX</b> STATE; <b>78020</b> ZIP CODE </div>		
5 CANDIDATE / OFFICEHOLDER PHONE	<div style="display: flex; justify-content: space-between; font-size: 0.8em;"> AREA CODE <b>(512)</b> PHONE NUMBER <b>673-0249</b> EXTENSION </div>		
6 CAMPAIGN TREASURER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR <b>MR.</b> NICKNAME</div> <div>FIRST <b>RONALD</b> LAST</div> <div>MI <b>M.</b> SUFFIX</div> </div> <div style="text-align: center; font-size: 1.2em; margin-top: 5px;"><b>JOHNSON</b></div>		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	<div style="display: flex; justify-content: space-between; font-size: 0.8em;"> STREET ADDRESS (NO PO BOX PLEASE); <b>240 MALLET COURT</b> APT / SUITE #;  CITY; <b>AUSTIN, TX</b> STATE; <b>78737</b> ZIP CODE </div>		
8 CAMPAIGN TREASURER PHONE	<div style="display: flex; justify-content: space-between; font-size: 0.8em;"> AREA CODE <b>(512)</b> PHONE NUMBER <b>632-4366</b> EXTENSION </div>		
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap; font-size: 0.8em;"> <div style="width: 50%;"><input checked="" type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded \$500 limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>		
10 PERIOD COVERED	<div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <div>Month Day Year <b>7 / 1 / 17</b></div> <div>THROUGH</div> <div>Month Day Year <b>12 / 31 / 17</b></div> </div>		
11 ELECTION	<div style="display: flex; justify-content: space-between;"> <div style="font-size: 0.8em;"> ELECTION DATE  Month Day Year  <b>3 / 6 / 18</b> </div> <div> ELECTION TYPE  <input checked="" type="checkbox"/> Primary    <input type="checkbox"/> Runoff    <input type="checkbox"/> Other Description  <input type="checkbox"/> General    <input type="checkbox"/> Special </div> </div>		
12 OFFICE	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">OFFICE HELD (if any)</div> <div style="width: 55%;"> 13 OFFICE SOUGHT (if known)  <b>COUNTY COURT AT LAW</b>  <b>NO. 2 (HAYS)</b> </div> </div>		

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/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.

COMMITTEE TYPE

☒ GENERAL

☐ SPECIFIC

COMMITTEE NAME

SAN MARCOS POLICE OFFICERS' ASSOCIATION (PAC)

COMMITTEE ADDRESS

2300 IH35 S SAN MARCOS, TX 78666

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

2300 IH35 S SAN MARCOS, TX 78666

☐ Additional Pages

17 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 1,747.50

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 14,307.50

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS,  
UNLESS ITEMIZED

\$ 513.05

4. TOTAL POLITICAL EXPENDITURES

\$ 4,439.00

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY  
OF REPORTING PERIOD

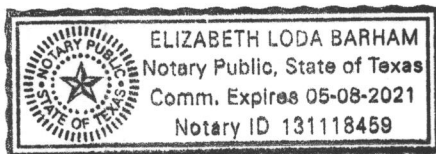
\$ 15,856.06

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.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Christopher P. Johnson, this the 15<sup>th</sup> day of January, 20 18, 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 <b>CHRISTOPHER A. JOHNSON</b>		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)	\$ 12,410.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 150.00
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 type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3,470.21
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	\$ 455.74
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:

30

2 FILER NAME

CHRISTOPHER P. JOHNSON

3 Filer ID (Ethics Commission Filers)

4 Date

7/16/17

5 Full name of contributor

☐ out-of-state PAC ID#:

JOE TURNER

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

City; State; Zip Code

1504 WEST AVE. AUSTIN, TX 78701

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

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 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:

36

2 FILER NAME

CHRISTOPHER P. JOHNSON

3 Filer ID (Ethics Commission Filers)

4 Date

7/14/17

5 Full name of contributor

☐ out-of-state PAC ID#:

RICHARD URSHA

7 Amount of contribution (\$)

\$1,000.00

6 Contributor address;

City; State; Zip Code

1921 CORPORATE DR. SAN MARCOS, TX 78666

8 Contributor's principal occupation

SUITE 100  
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

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 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:

36

2 FILER NAME

CHRISTOPHER P. JOHNSON

3 Filer ID (Ethics Commission Filers)

4 Date

7/27/17

5 Full name of contributor

☐ out-of-state PAC ID#:

JANE SLATER

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

City; State; Zip Code

144 OAK PLAZA PR. GEORGETOWN, TX 78628

8 Contributor's principal occupation

RETIRED

9 Contributor's job title

10 Contributor's employer/law firm

11 Law firm of contributor'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 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:

30

2 FILER NAME

CHRISTOPHER P. JOHNSON

3 Filer ID (Ethics Commission Filers)

4 Date

9/18/17

5 Full name of contributor

☐ out-of-state PAC ID#:

SHERRI TIBBE

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

City; State; Zip Code

1301 RIO GRANDE AUSTIN, TX 78701

8 Contributor's principal occupation

ATTORNEY

9 Contributor's job title

ATTORNEY

10 Contributor's employer/law firm

LAW OFFICE OF SHERRI TIBBE

11 Law firm of contributor'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 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:

36

2 FILER NAME

CHRISTOPHER P. JOHNSON

3 Filer ID (Ethics Commission Filers)

4 Date

9/19/17

5 Full name of contributor

☐ out-of-state PAC ID#:

DAVID MENDOZA

7 Amount of contribution (\$)

\$500.00

6 Contributor address;

City; State; Zip Code

608 S. GUADALUPE ST. 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

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 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:

34

2 FILER NAME

CHRISTOPHER P. JOHNSON

3 Filer ID (Ethics Commission Filers)

4 Date

9/20/17

5 Full name of contributor

☐ out-of-state PAC ID#:

SAMUEL BASSETT

7 Amount of contribution (\$)

\$500.00

6 Contributor address;

City; State; Zip Code

1100 GUADALUPE ST. AUSTIN, TX 78701

8 Contributor's principal occupation

ATTORNEY

9 Contributor's job title

ATTORNEY

10 Contributor's employer/law firm

MINTON, BURTON, BASSETT, + COLLINS

11 Law firm of contributor'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 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:

32

2 FILER NAME

CHRISTOPHER P. JOHNSON

3 Filer ID (Ethics Commission Filers)

4 Date

9/25/17

5 Full name of contributor

☐ out-of-state PAC ID#:

JOSH AND AMANDA ERWIN

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

City; State; Zip Code

10 SHADY GROVE LN. WIMBERLEY, TX 78676

8 Contributor's principal occupation

ATTORNEY

9 Contributor's job title

ATTORNEY

10 Contributor's employer/law firm

ERWIN LAW FIRM LLP

11 Law firm of contributor'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 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:

36

2 FILER NAME

CHRISTOPHER P. JOHNSON

3 Filer ID (Ethics Commission Filers)

4 Date

10/11/17

5 Full name of contributor

☐ out-of-state PAC ID#:

BRIAN ROARK

7 Amount of contribution (\$)

\$500.00

6 Contributor address;

City; State; Zip Code

1307 WEST AVENUE AUSTIN, TX 78701

8 Contributor's principal occupation

ATTORNEY

9 Contributor's job title

ATTORNEY

10 Contributor's employer/law firm

LAW OFFICES OF BRIAN ROARK

11 Law firm of contributor'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 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:

36

2 FILER NAME

CHRISTOPHER P. JOHNSON

3 Filer ID (Ethics Commission Filers)

4 Date

10/18/17

5 Full name of contributor

☐ out-of-state PAC ID#:

RICARDO LOZANO

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

City; State; Zip Code

1307 REDBUD TR LOCKHART, TX 78644

8 Contributor's principal occupation

SHERIFF DEPUTY

9 Contributor's job title

SHERIFF DEPUTY

10 Contributor's employer/law firm

HAYS COUNTY

11 Law firm of contributor'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 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

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# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

36

2 FILER NAME

CHRISTOPHER P. JOHNSON

3 Filer ID (Ethics Commission Filers)

4 Date

10/20/17

5 Full name of contributor

☐ out-of-state PAC ID#:

RONALD + GEORGIA JOHNSON

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

City; State; Zip Code

240 MAULET COURT AUSTIN, TX 78737

8 Contributor's principal occupation

ATTORNEY

9 Contributor's job title

GENERAL COUNSEL

10 Contributor's employer/law firm

TXDOT

11 Law firm of contributor'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 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

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# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

30

2 FILER NAME

CHRISTOPHER P. JOHNSON

3 Filer ID (Ethics Commission Filers)

4 Date

10/20/17

5 Full name of contributor

☐ out-of-state PAC ID#:

DAVID CHAMBERS

7 Amount of contribution (\$)

\$1000.00

6 Contributor address;

City; State; Zip Code

1104 NUECES ST. AUSTIN, TX 78701

8 Contributor's principal occupation

ATTORNEY

9 Contributor's job title

ATTORNEY

10 Contributor's employer/law firm

CHAMBERS + ASSOCIATES

11 Law firm of contributor'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 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

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# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

36

2 FILER NAME

CHRISTOPHER P. JOHNSON

3 Filer ID (Ethics Commission Filers)

4 Date

10/26/17

5 Full name of contributor

☐ out-of-state PAC ID#:

ROBERT A. CAINE

7 Amount of contribution (\$)

\$150.00

6 Contributor address;

City; State; Zip Code

510 S. CONGRESS STE. 103 AUSTIN, TX 78704

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

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 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:

30

2 FILER NAME

CHRISTOPHER P. JOHNSON

3 Filer ID (Ethics Commission Filers)

4 Date

10/26/17

5 Full name of contributor

☐ out-of-state PAC ID#:

E. WALLY KINNEY

6 Contributor address;

City; State; Zip Code

1034 HIDDEN HILLS PL. PRIPPING SPRINGS, TX 78620

7 Amount of contribution (\$)

\$250.00

8 Contributor's principal occupation

CONSULTANT

9 Contributor's job title

CONSULTANT

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

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 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:

30

2 FILER NAME

CHRISTOPHER P. JOHNSON

3 Filer ID (Ethics Commission Filers)

4 Date

10/31/17

5 Full name of contributor

☐ out-of-state PAC ID#:

BETH AND BILL MITCHELL

6 Contributor address;

City; State; Zip Code

2300 FLITE ACRES RD. WIMBERLEY TX 78076

7 Amount of contribution (\$)

\$100.00

8 Contributor's principal occupation

RETIRED

9 Contributor's job title

RETIRED

10 Contributor's employer/law firm

11 Law firm of contributor'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 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:

36

2 FILER NAME

CHRISTOPHER P. JOHNSON

3 Filer ID (Ethics Commission Filers)

4 Date

10/31/17

5 Full name of contributor

☐ out-of-state PAC ID#:

BILLY MCNABB

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

City; State; Zip Code

144 E. SAN MAR ANTONIO, 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

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 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:

3e

2 FILER NAME

CHRISTOPHER P. JOHNSON

3 Filer ID (Ethics Commission Filers)

4 Date

11/2/17

5 Full name of contributor

☐ out-of-state PAC ID#: \_\_\_\_\_

MIKE WENK

7 Amount of contribution (\$)

\$500.00

6 Contributor address;

City; State; Zip Code

174 S. GUADALUPE SAN MARCOS, TX 78666

8 Contributor's principal occupation

STE 201

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

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 contributor's spouse (if any)

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

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# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

36

2 FILER NAME

CHRISTOPHER P. JOHNSON

3 Filer ID (Ethics Commission Filers)

4 Date

11/3/17

5 Full name of contributor

☐ out-of-state PAC ID#:

EMMETT GREEN

7 Amount of contribution (\$)

\$300.00

6 Contributor address;

City; State; Zip Code

5261 HILLSIDE TERRACE BUDA, TX 78610

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

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 contributor's spouse (if any)

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

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# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

36

2 FILER NAME

CHRISTOPHER P. JOHNSON

3 Filer ID (Ethics Commission Filers)

4 Date

11/3/17

5 Full name of contributor

☐ out-of-state PAC ID#:

TOMMY VAUGHN

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

City; State; Zip Code

200 N. SEGUIN AVE NEW BRAUNFELS, TX 78130

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

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 contributor's spouse (if any)

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

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# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

36

2 FILER NAME

CHRISTOPHER P. JOHNSON

3 Filer ID (Ethics Commission Filers)

4 Date

11/3/17

5 Full name of contributor

☐ out-of-state PAC ID#:

DAVID HARDAWAY

7 Amount of contribution (\$)

\$1,000.00

6 Contributor address;

City; State; Zip Code

100 E. SAN ANTONIO SAN MARCOS, TX 78006

8 Contributor's principal occupation

STE 201

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

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 contributor's spouse (if any)

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

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# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

30

2 FILER NAME

CHRISTOPHER P. JOHNSON

3 Filer ID (Ethics Commission Filers)

4 Date

11/3/17

5 Full name of contributor

☐ out-of-state PAC ID#:

DANIELLE GARCIA

7 Amount of contribution (\$)

\$150.00

6 Contributor address;

City; State; Zip Code

2205 HAZELTINE AUSTIN, TX 78747

8 Contributor's principal occupation

ATTORNEY

9 Contributor's job title

PROSECUTOR

10 Contributor's employer/law firm

HAYS COUNTY DISTRICT ATTORNEY OFFICE

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

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

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# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

36

2 FILER NAME

CHRISTOPHER P. JOHNSON

3 Filer ID (Ethics Commission Filers)

4 Date

11/7/17

5 Full name of contributor

☐ out-of-state PAC ID#:

JASON TRUMPLER

7 Amount of contribution (\$)

\$250.00

6 Contributor address;

City; State; Zip Code

902 E 5th STREET AUSTIN, TX 78702

8 Contributor's principal occupation

ATTORNEY

9 Contributor's job title

ATTORNEY

10 Contributor's employer/law firm

LAW OFFICES OF JASON TRUMPLER

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

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

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# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

34

2 FILER NAME

CHRISTOPHER P. JOHNSON

3 Filer ID (Ethics Commission Filers)

4 Date

11/7/17

5 Full name of contributor

☐ out-of-state PAC ID#:

RON JOHNSON

7 Amount of contribution (\$)

\$500.00

6 Contributor address;

City; State; Zip Code

240 MALLET COURT AUSTIN, TX 78737

8 Contributor's principal occupation

ATTORNEY

9 Contributor's job title

GENERAL COUNSEL

10 Contributor's employer/law firm

TX DOT

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

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

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# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

36

2 FILER NAME

CHRISTOPHER P. JOHNSON

3 Filer ID (Ethics Commission Filers)

4 Date

11/7/17

5 Full name of contributor

☐ out-of-state PAC ID#:

NOVERT MORALES

7 Amount of contribution (\$)

\$200.00

6 Contributor address;

City; State; Zip Code

1007 E. 7TH ST. AUSTIN TX 78702

8 Contributor's principal occupation

ATTORNEY

9 Contributor's job title

ATTORNEY

10 Contributor's employer/law firm

MORALES LAW OFFICE

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

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

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# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

36

2 FILER NAME

CHRISTOPHER P. JOHNSON

3 Filer ID (Ethics Commission Filers)

4 Date

11/7/17

5 Full name of contributor

☐ out-of-state PAC ID#:

TODD DUDLEY

7 Amount of contribution (\$)

\$ 500.00

6 Contributor address;

City; State; Zip Code

371 FAIRFIELD

KYLE, TX 78640

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

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 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:

36

2 FILER NAME

CHRISTOPHER P. JOHNSON

3 Filer ID (Ethics Commission Filers)

4 Date

11/8/17

5 Full name of contributor

☐ out-of-state PAC ID#:

RAPHAEL GUERRERO

7 Amount of contribution (\$)

\$250.00

6 Contributor address;

City; State; Zip Code

811 E 11th STREET AUSTIN, TX 78702

8 Contributor's principal occupation

ATTORNEY

9 Contributor's job title

ATTORNEY

10 Contributor's employer/law firm

HAYS COUNTY DISTRICT ATTORNEY OFFICE

11 Law firm of contributor'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 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:

34

2 FILER NAME

CHRISTOPHER P. JOHNSON

3 Filer ID (Ethics Commission Filers)

4 Date

11/13/17

5 Full name of contributor

☐ out-of-state PAC ID#:

JASON JARVIS

7 Amount of contribution (\$)

\$250.00

6 Contributor address;

City; State; Zip Code

11024 JOLLYVILLE RD. AUSTIN, TX 78759  
APT. 124

8 Contributor's principal occupation

ATTORNEY

9 Contributor's job title

ATTORNEY

10 Contributor's employer/law firm

JARVIS, GARCIA + ERSKINE LAW PLLC

11 Law firm of contributor'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 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

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# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

36

2 FILER NAME

CHRISTOPHER P. JOHNSON

3 Filer ID (Ethics Commission Filers)

4 Date

11/14/17

5 Full name of contributor

DAN DWORIN

☐ out-of-state PAC ID#: \_\_\_\_\_

7 Amount of contribution (\$)

\$250.00

6 Contributor address;

City; State; Zip Code

1304 NUECES AUSTIN, TX 78701

8 Contributor's principal occupation

~~CLERK~~ ATTORNEY

9 Contributor's job title

ATTORNEY

10 Contributor's employer/law firm

LAW OFFICE OF DAN DWORIN P.C.

11 Law firm of contributor'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 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:

36

**2** FILER NAME

CHRISTOPHER P. JOHNSON

**3** Filer ID (Ethics Commission Filers)**4** Date

11/14/17

**5** Full name of contributor☐ out-of-state PAC ID#:

WADE FARHAM

**7** Amount of contribution (\$)

\$60.00

**6** Contributor address;

City; State; Zip Code

2300 I-35

SAN MARCOS, TX 78066

**8** Contributor's principal occupation

POLICE OFFICER

**9** Contributor's job title

POLICE OFFICER

**10** Contributor's employer/law firm

SAN MARCOS POLICE DEPARTMENT

**11** Law firm of contributor'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 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:

36

2 FILER NAME

CHRISTOPHER P. JOHNSON

3 Filer ID (Ethics Commission Filers)

4 Date

11/15/17

5 Full name of contributor

☐ out-of-state PAC ID#:

DAVID WHITE

7 Amount of contribution (\$)

\$500.00

6 Contributor address;

City; State; Zip Code

608 W. 12th ST. AUSTIN, TX 78701

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

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 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:

34

2 FILER NAME

CHRISTOPHER P. JOHNSON

3 Filer ID (Ethics Commission Filers)

4 Date

11/16/17

5 Full name of contributor

☐ out-of-state PAC ID#:

SAN MARCOS POLICE OFFICERS ASSOCIATION

6 Contributor address;

City; State; Zip Code

(CPAC)

2300 IH 35 S. SAN MARCOS, TX 78666

7 Amount of contribution (\$)

\$1,000.00

8 Contributor's principal occupation

9 Contributor's job title

10 Contributor's employer/law firm

11 Law firm of contributor'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 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:

36

2 FILER NAME

CHRISTOPHER P. JOHNSON

3 Filer ID (Ethics Commission Filers)

4 Date

11/16/17

5 Full name of contributor

☐ out-of-state PAC ID#:

JESUS ANDARZA

7 Amount of contribution (\$)

\$500.00

6 Contributor address;

City; State; Zip Code

111 S. CONGRESS STE. 210 AUSTIN, TX 78704

8 Contributor's principal occupation

ATTORNEY

9 Contributor's job title

ATTORNEY

10 Contributor's employer/law firm

ANDARZA LAW OFFICE

11 Law firm of contributor'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 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:

36

2 FILER NAME

CHRISTOPHER P. JOHNSON

3 Filer ID (Ethics Commission Filers)

4 Date

12/5/17

5 Full name of contributor

☐ out-of-state PAC ID#:

COLIN MCFERRIN

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

City; State; Zip Code

187 ELMHURST KYLE, TX 78640

8 Contributor's principal occupation

ATTORNEY

9 Contributor's job title

ATTORNEY

10 Contributor's employer/law firm

MCFERRIN + ZAYED PLLC

11 Law firm of contributor'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 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:

36

2 FILER NAME

CHRISTOPHER P. JOHNSON

3 Filer ID (Ethics Commission Filers)

4 Date

12/5/17

5 Full name of contributor

☐ out-of-state PAC ID#:

CHRISTOPHER JOHNSON

7 Amount of contribution (\$)

\$ 500.00

6 Contributor address;

City; State; Zip Code

P.O. BOX 1444 DRIPPING SPRINGS TX 78620

8 Contributor's principal occupation

ATTORNEY

9 Contributor's job title

PROSECUTOR

10 Contributor's employer/law firm

HAYS COUNTY DISTRICT ATTORNEY OFFICE

11 Law firm of contributor'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 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:

36

2 FILER NAME

CHRISTOPHER P JOHNSON

3 Filer ID (Ethics Commission Filers)

4 Date

12/12/17

5 Full name of contributor

☐ out-of-state PAC ID#:

ARANA LAW GROUP, A PROFESSIONAL CORP.

6 Contributor address;

City; State; Zip Code

1005 CONGRESS AVE. AUSTIN, TX 78701  
SUITE 3500

7 Amount of contribution (\$)

\$100.00

8 Contributor's principal occupation

ATTORNEY

9 Contributor's job title

ATTORNEY

10 Contributor's employer/law firm

ARANA LAW GROUP, A PROFESSIONAL CORP.

11 Law firm of contributor'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 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:

36

2 FILER NAME

CHRISTOPHER P. JOHNSON

3 Filer ID (Ethics Commission Filers)

4 Date

12/12/17

5 Full name of contributor

☐ out-of-state PAC ID#:

DAVID AND SARAH BRANDON

7 Amount of contribution (\$)

\$200.00

6 Contributor address;

City; State; Zip Code

13320 PAISANO TR. AUSTIN, TX 78737

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

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 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: <u>1</u>	
2 FILER NAME <u>CHRISTOPHER P. JOHNSON</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>\$150.00</u>	
5 Date <u>11/1/17</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>RUBEN JAMES REYES</u>	8 Amount of Contribution \$ <u>\$150.00</u>	9 In-kind contribution description <u>SIGN FRAMING MATERIAL</u>
7 Contributor address; City; State; Zip Code <u>113 SOUTH RIVER ST. SEGUIN, TX 78155</u>		<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) <u>ATTORNEY</u>		13 Contributor's job title (FOR JUDICIAL) (See Instructions) <u>ATTORNEY</u>	
14 Contributor's employer/law firm (FOR JUDICIAL) <u>SELF</u>		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#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
		<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):

2 FILER NAME

CHRISTOPHER P. JOHNSON

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES

\$

5 Date

6 Full name of pledgor ☐ out-of-state PAC (ID#: \_\_\_\_\_)

8 Amount of Pledge \$

9 In-kind contribution description

7 Pledgor address; City; State; Zip Code

☐ 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 ☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of Pledge \$

In-kind contribution 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)

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 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	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.

1 Total pages Schedule F1: <b>3</b>	2 FILER NAME <b>CHRISTOPHER P. JOHNSON</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>8/25/17</b>	5 Payee name <b>Act 3</b>	
6 Amount (\$) <b>\$138.56</b>	7 Payee address; City; State; Zip Code <b>P.O. BOX 898 DRIPPING SPRINGS, TX 78620</b>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	(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 <b>8/15/17</b>	Payee name <b>HAYS COUNTY BAR ASSOCIATION</b>		
Amount (\$) <b>\$350.00</b>	Payee address; City; State; Zip Code <b>130 E SAN ANTONIO ST. SAN MARCOS, TX 78666</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>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	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>10/9/17</b>	Payee name <b>PRINT THIS</b>		
Amount (\$) <b>\$259.80</b>	Payee address; City; State; Zip Code <b>139 E. HOPKINS SUITE C SAN MARCOS, TX 78666</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>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	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# 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: <b>2 3</b>	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date <b>10/19/17</b>	5 Payee name <b>JAMES GILL</b>
---------------------------	-----------------------------------

6 Amount (\$) <b>\$500.00</b>	7 Payee address; City; State; Zip Code <b>1201 RIO GRANDE ST #200 AUSTIN, TX 78701</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>EVENT EXPENSE</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>11/29/17</b>	Payee name <b>HAYS COUNTY REPUBLICAN PARTY</b>
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Amount (\$) <b>\$1,500.00</b>	Payee address; City; State; Zip Code <b>900 BUGG LANE SAN MARCOS, TX 78666</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>FEES</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date <b>11/23/17</b>	Payee name <b>JAMES GILL</b>
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Amount (\$) <b>\$600.00</b>	Payee address; City; State; Zip Code <b>1201 RIO GRANDE ST #200 AUSTIN, TX 78701</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>EVENT 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
---------------------------------------	--	---

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**

# 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.

<b>1</b> Total pages Schedule F1: <div style="font-size: 2em; margin-left: 40px;">3</div>	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 12/31/17	<b>5</b> Payee name RAISE THE MONEY	
<b>6</b> Amount (\$) \$121.85	<b>7</b> Payee address; City; State; Zip Code P.O. BOX 26466 LITTLE ROCK, AR 72221	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  FEES	<b>(b)</b> Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	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
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	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
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	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
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	

**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: <b>1</b>	2 FILER NAME <b>CHRISTOPHER P. JOHNSON</b>	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$ <b>0</b>
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5 Date	6 Payee name
--------	--------------

7 Amount (\$)	8 Payee address; City; State; Zip Code
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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 <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
-------------	--------------------------------------

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
--	-------------------------------	---------------	-------------

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# 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 (\$)

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# 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: <b>1</b>	2 FILER NAME <b>CHRISTOPHER P. JOHNSON</b>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ <b>X</b>
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 <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	
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		

# 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: <b>1</b>		2 FILER NAME <b>CHRISTOPHER P. JOHNSON</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>7/28/17</b>		5 Payee name <b>DRIPPING SPRINGS AG BOOSTERS</b>			
6 Amount (\$) <b>\$200.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code <b>P.O. BOX 1008 DRIPPING SPRINGS, TX 78620</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>		(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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>10/29/17</b>		Payee name <b>ACT THREE</b>			
Amount (\$) <b>\$140.73</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <b>P.O. BOX 898 DRIPPING SPRINGS, TX 78620</b>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>12/10/17</b>		Payee name <b>ELEVATE</b>			
Amount (\$) <b>\$115.01</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <b>407 SOUTH STAGECOACH TR. SAN MARCOS, TX 78666</b>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>FOOD/BEVERAGE 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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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# 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.

<b>1</b> Total pages Schedule H: 1	<b>2</b> FILER NAME CHRISTOPHER P. JOHNSON	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Business name	
<b>6</b> Amount (\$)	<b>7</b> Business address; City; State; Zip Code	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	(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
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name	Office sought      Office held
Amount (\$)	Business name	
Amount (\$)	Business address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	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		
Date	Candidate / Officeholder name	Office sought      Office held
Amount (\$)	Business name	
Amount (\$)	Business address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	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		
Date	Candidate / Officeholder name	Office sought      Office held
Amount (\$)	Business name	
Amount (\$)	Business address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	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		
Date	Candidate / Officeholder name	Office sought      Office held
Amount (\$)	Business name	
Amount (\$)	Business address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	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		

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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE I**

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I: 1	<b>2</b> FILER NAME CHRISTOPHER P. JOHNSON		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Payee name		
<b>6</b> Amount (\$)	<b>7</b> Payee address; City; State; Zip Code		
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories.)	<b>(b)</b> Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
<b>PURPOSE OF EXPENDITURE</b>	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		
<b>PURPOSE OF EXPENDITURE</b>	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		
<b>PURPOSE OF EXPENDITURE</b>	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		
<b>PURPOSE OF EXPENDITURE</b>	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: 1

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

☐ 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 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

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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 A. 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 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

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# 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 <u>CHRISTOPHER P. JOHNSON</u>		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; justify-content: space-between;"> <div><input type="checkbox"/> Schedule A2</div> <div><input type="checkbox"/> Schedule B</div> <div><input type="checkbox"/> Schedule B(J)</div> <div><input type="checkbox"/> Schedule C2</div> <div><input type="checkbox"/> Schedule D</div> <div><input type="checkbox"/> Schedule F1</div> <div><input type="checkbox"/> Schedule F2</div> <div><input type="checkbox"/> Schedule F4</div> <div><input type="checkbox"/> Schedule G</div> <div><input type="checkbox"/> Schedule H</div> <div><input type="checkbox"/> Schedule COH-UC</div> <div><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; justify-content: space-between;"> <div><input type="checkbox"/> Schedule A2</div> <div><input type="checkbox"/> Schedule B</div> <div><input type="checkbox"/> Schedule B(J)</div> <div><input type="checkbox"/> Schedule C2</div> <div><input type="checkbox"/> Schedule D</div> <div><input type="checkbox"/> Schedule F1</div> <div><input type="checkbox"/> Schedule F2</div> <div><input type="checkbox"/> Schedule F4</div> <div><input type="checkbox"/> Schedule G</div> <div><input type="checkbox"/> Schedule H</div> <div><input type="checkbox"/> Schedule COH-UC</div> <div><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; justify-content: space-between;"> <div><input type="checkbox"/> Schedule A2</div> <div><input type="checkbox"/> Schedule B</div> <div><input type="checkbox"/> Schedule B(J)</div> <div><input type="checkbox"/> Schedule C2</div> <div><input type="checkbox"/> Schedule D</div> <div><input type="checkbox"/> Schedule F1</div> <div><input type="checkbox"/> Schedule F2</div> <div><input type="checkbox"/> Schedule F4</div> <div><input type="checkbox"/> Schedule G</div> <div><input type="checkbox"/> Schedule H</div> <div><input type="checkbox"/> Schedule COH-UC</div> <div><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