JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

The JC/OH Instruction (Guide explains how to complete this form. 1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE/ OFFICEHOLDER	MS / MRS / MR FIRST MI	OFFICE USE ONLY	
NAME	MR. CHRISTOPHER P	Date Received	
	NICKNAME LAST SUFFIX	RECEIVED	
	JOHNSON	A A A A	
4 CANDIDATE/	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	JAN 1 6 2018	
OFFICEHOLDER MAILING	P.D. BOX 1444	(A)S)	
ADDRESS			
Change of Address	DRIPPING SPRINGS, TX 78420		
5 CANDIDATE/ OFFICEHOLDER	AREA CODE PHONE NUMBER EXTENSION	Date Hand-delivered or Date Postmarked	
PHONE	(51d) 673-0249		
6 CAMPAIGN	MS / MRS / MR FIRST MI	Receipt # Amount \$	
TREASURER	MR. RONALD M.	Date Processed	
NAME	NICKNAME LAST SUFFIX	Date Imaged	
	JOHNSON	Bate maged	
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE;	ZIP CODE	
TREASURER ADDRESS	240 MALLET COURT		
(Residence or Business)	AUSTIN, TX 78737		
	AUSTINI P 18 - 1		
8 CAMPAIGN	AREA CODE PHONE NUMBER EXTENSION		
TREASURER PHONE	(51d) W32-4366		
THORE	Q o		
4			
9 REPORT TYPE	January 15 30th day before election Runoff	15th day after campaign	
	[A	treasurer appointment (Officeholder Only)	
	July 15 8th day before election Exceeded \$500 limit	Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year Month Day	Year	
	7/1/17	1 /	
	ELECTION FLECTION TYPE		
11 ELECTION	ELECTION TYPE DATE Month Day Year Primary Runoff Other		
	3/Q/18 General Special		
	J/W/ (8 General Grecial		
12 OFFICE	OFFICE HELD (if any) 13 OFFICE SOUGHT (if known)		
	COUNTY CO	IKI AT UHW	
	1 A10. 2	URT AT LAW (HAYS)	
	7,00 0	U	
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	CHRISTO	PHER P. JOHNSON 15	Filer ID (Ethics Commission Filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.			
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	SAN MARCOS POLICE OFFICERS' A	SSOCIATION (PAC)	
	SPECIFIC	COMMITTEE ADDRESS		
	SPECIFIC	2300 1H35 S SAN MARCO	15, TX 78466	
		COMMITTEE CAMPAIGN TREASURER NAME		
Additional Pages				
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
		2300 1435 SAN MARCO	S, TY 78666	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S., LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 1,747,50	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 14,307.50	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 513, U5			
	4. TOTAL POLITICAL EXPENDITURES \$ 4, 439, 40			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 15, 850.			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$			
18 AFFIDAVIT			1	
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. Notary Public, State of Texas Comm. Expires 05-08-2021 Notary ID 131118459 Signature of Candidate or Officeholder				
AFFIX NOTARY STAMP / SEALABOVE				
Sworn to and subscribed before me, by the said Christophor P. Johnson , this the 15th				
day of January	, 20_18,	to certify which, witness my hand and seal of office.		
Ol baham. Elizabeth Loda Barham notany ablic				
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	CHRISTOPHER A. JOHNSON 20 Filer ID (Ethics Con	nmission Filers)	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1.	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$ 12,410.00	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 150,00	
3.	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$ Ø	
4.	SCHEDULE E(J): LOANS (JUDICIAL)	\$ Ø	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3,470.21	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ Ø	
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 8	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ Ø	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ Ø	
12.		s Ø	

SCHEDULE A(J)1

	nstruction Guide explains how to complete this	form.	1 Total pages Schedule A(J)1:
2 FILER NAME	HRISTOPHER P. JOH	INSON	3 Filer ID (Ethics Commission Filers)
7/(A)(7	Full name of contributor Out-of-state PAC	ID#:)	7 Amount of contribution (\$)
10 Contributor's emplo	PAI occupation RNEV pyer/law firm	9 Contributor's job title	S spouse (if any)
SEUT 12 If contributor is a ch	nild, law firm of parent(s) (if any)		
	Full name of contributor		Amount of contribution (\$)
Contributor's princip	pal occupation	Contributor's job title	
Contributor's employ	yer/law firm	Law firm of contributor's	s spouse (if any)
If contributor is a ch	ild, law firm of parent(s) (if any)		
	Full name of contributor	#:) Zip Code	Amount of contribution (\$)
Contributor's principa	al occupation	Contributor's job title	
Contributor's employer/law firm Law firm of contributor's		spouse (if any)	
If contributor is a chil	ld, law firm of parent(s) (if any)	- 4	
-			

SCHEDULE A(J)1

The Instruction Guide explains how to complete this	form.	1 Total pages Schedule A(J)1:
2 FILER NAME CHRISTOPHER P. JO	NOZNH	3 Filer ID (Ethics Commission Filers)
5 Full name of contributor out-of-state PAC 711417 6 Contributor address; City; State 1921 COLPORATE DE SAN A 8 Contributor's principal occupation SUITE LOS	iD#:)	7 Amount of contribution (\$) \$ 1,000.00
ATTORNEY	A	NEL
10 Contributor's employer/law firm SEUF 12 If contributor is a child, law firm of parent(s) (if any)	11 Law firm of contributor's	
The contributor is a child, law firm of parent(s) (if any)		
Pate Full name of contributor □ out-of-state PAC		Amount of contribution (\$)
Contributor's principal occupation	Contributor's job title	
Contributor's employer/law firm Law firm of contributor's spouse (if any)		
If contributor is a child, law firm of parent(s) (if any)		
Date Full name of contributor out-of-state PAC I contributor address; City; State:	D#:) Zip Code	Amount of contribution (\$)
Contributor's principal occupation	Contributor's job title	
Contributor's employer/law firm	Law firm of contributor's	spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

SCHEDULE A(J)1

	The Instruction Guide explains how to complete this	form.	1 Total pages Schedule A(J)1:
2 FILER NAME	CHRISTOPHER P. JO	MOZUH	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Out-of-state PAC JANE SLATER	ID#:	7 Amount of contribution (\$)
7/27/17	6 Contributor address; City; State	e; Zip Code	\$100.00
9 Contributor's	144 OAK PLAZA PR. GEO	ORGETOVN, TY	78628
	ETIRED	9 Contributor's job title	
	employer/law firm		
10 Continuators	employer/law tirm	11 Law firm of contributor	's spouse (if any)
12 If contributor			
- II CONTINUED I	s a child, law firm of parent(s) (if any)		
Date			
	Full name of contributor uut-of-state PAC	ID#:)	Amount of contribution (\$)
	Contributor address; City; State:	Zip Code	
Contributor's	Principal occupation	Contributorio ich titt	
		Contributor's job title	
Contributor's e	employer/law firm		
Law firm of contributor's spouse (if any)			s spouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
	parent(e) (ii arry)		
Date	Full name of contributor		
	Full name of contributor	D#:)	Amount of contribution (\$)
	Contributor address; City; State:	Zip Code	
Contributor's p	rincipal occupation	Contributorio inh siste	
		Contributor's job title	
Contributor's employer/law firm Law firm of contributor's spouse (if any)			05
Law IIrm		Law min or contributors	s spouse (ii ariy)
If contributor is	a child, law firm of parent(s) (if any)		
	any)		

SCHEDULE A(J)1

The Instruction Guide explains how to complete th	nis form.	1 Total pages Schedule A(J)1:	
CHRISTOPHER P. JO	NOSNHC	3 Filer ID (Ethics Commission Filers)	
4 Date 5 Full name of contributor out-of-state PA 9118117 6 Contributor address; City; St. 1301 PTO GRANDE A UST	rate; Zip Code	7 Amount of contribution (\$)	
ATTORNEY ATTOR			
12 If contributor is a child, law firm of parent(s) (if any)	11 Law firm of contributor	's spouse (if any)	
Date Full name of contributor	nC ID#:)te; Zip Code	Amount of contribution (\$)	
Contributor's principal occupation	Contributor's job title		
Contributor's employer/law firm	Law firm of contributor's	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 Contributor address; City; State		Amount of contribution (\$)	
Contributor's principal occupation	Contributor's job title		
Contributor's employer/law firm	Law firm of contributor's	s spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
, x .			

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A(J)1:
2 FILER NAME	CHRISTOPHER P. JOH	Inosun	3 Filer ID (Ethics Commission Filers)
4 Date 9119117	5 Full name of contributor		7 Amount of contribution (\$)
	1008 S. GUADALUPE ST. SAN M	AKCUS, TY 78/LLU	Le
A-	TTO RNEY	9 Contributor's job title ATTORN	
	LF	11 Law firm of contributor	's spouse (if any)
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor		Amount of contribution (\$)
Contributor's p	principal occupation	Contributor's job title	
Contributor's e	mployer/law firm	Law firm of contributor	s spouse (if any)
If contributor is	a child, law firm of parent(s) (if any)		
Date	Full name of contributor	D#:) Zip Code	Amount of contribution (\$)
Contributor's p	rincipal occupation	Contributor's job title	2
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)			

SCHEDULE A(J)1

	The Instruction Guide explains how to complete this	form.	1 Total pages Schedule A(J)1:
2 FILER NAME	CHRISTOPHER P. JOHN.	NON	3 Filer ID (Ethics Commission Filers)
4 Date 9100117	5 Full name of contributor Out-of-state PAC SAMUEL BAS SETT 6 Contributor address; City; State 1100 GUADALUPE ST. AUST	ID#:)	7 Amount of contribution (\$) \$500.00
ATTOR	NEY	9 Contributor's job title ATTORNE	4
10 Contributor's MINTON 12 If contributor is	BULTON, BASSETT, + COUNS s a child, law firm of parent(s) (if any)	11 Law firm of contributor	s spouse (if any)
Date	Full name of contributor		Amount of contribution (\$)
Contributor's p	principal occupation	Contributor's job title	
Contributor's e	mployer/law firm	Law firm of contributor's	s spouse (if any)
If contributor is	a child, law firm of parent(s) (if any)		
Date	Full name of contributor		Amount of contribution (\$)
Contributor's p	rincipal occupation	Contributor's job title	
Contributor's employer/law firm La If contributor is a child, law firm of parent(s) (if any)		Law firm of contributor's	spouse (if any)
· continuity	a cime, law intri or parein(s) (if any)		

SCHEDULE A(J)1

٦	The Instruction Guide explains how to complete this	form.	1 Total pages Schedule A(J)1:
2 FILER NAME	CHRISTOPHER P. J	OH NZON .	3 Filer ID (Ethics Commission Filers)
4 Date 9135117	5 Full name of contributor out-of-state PAC JOSH AND AMANDA ERWIN 6 Contributor address; City; State 10 SHAPY GROVE W. WIMBE	Zip Code	7 Amount of contribution (\$)
A	orincipal occupation TORNEY	9 Contributor's job title ATTORI	
	employer/law firm IN LAW FIRM LLP s a child, law firm of parent(s) (if any)	11 Law firm of contributor	
Date	Full name of contributor		Amount of contribution (\$)
Contributor's p	rincipal occupation	Contributor's job title	
Contributor's employer/law firm Law firm of contributor's s			s spouse (if any)
If contributor is	a child, law firm of parent(s) (if any)		
Date	Full name of contributor	Zip Code	Amount of contribution (\$)
Contributor's pr	rincipal 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)		

SCHEDULE A(J)1

The Instruction Guide explains how to complete this	form. 1 Total pages Schedule A(J)1:
CHRISTOPHER P. JO	HNSON 3 Filer ID (Ethics Commission Filers)
5 Full name of contributor out-of-state PAC BLIAN ROARIC 6 Contributor address; City; State 1307 WEST AVENUE AUST	\$500,00
8 Contributor's principal occupation	9 Contributor's job title
ATTORNEY	ATTO RNEY
10 Contributor's employer/law firm	11 Law firm of contributor's spouse (if any)
LAW OFFICES OF BRIAN ROARK	
12 If contributor is a child, law firm of parent(s) (if any)	
Date Full name of contributor out-of-state PAC	ID#:
Contributor address; City; State;	Zip Code
Contributor's principal occupation	0-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
	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 II Contributor address; City; State:	
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)	

SCHEDULE A(J)1

The Instr	ruction Guide explains how to complete this t	form.	1 Total pages Schedule A(J)1:	
2 FILER NAME	HRISTOPHER P. J.	MOZN HO	3 Filer ID (Ethics Commission Filers)	
4 Date 5 Ful	Il name of contributor	ID#·	7 Amount of contribution (\$)	
10(18)17 6 co	CARDO LOZANO ntributor address; City; State;	Zip Code	\$100.00	
	7 REDBUD TR LOCKHAR	CT, TY 78644		
8 Contributor's principal	F DEPUTY	9 Contributor's job title	= DEPUTY	
10 Contributor's employer		11 Law firm of contributor		
HAYS COU	VTY	Law min or contributor	s spouse (II any)	
12 If contributor is a child	, law firm of parent(s) (if any)			
Date Ful	I name of contributor	D#:)	Amount of contribution (\$)	
Con	Contributor address; City; State; Zip Code			
Contributor's principal	occupation	Contributor's job title		
Contributor's employer,	/law firm	Law firm of contributor's	s spouse (if any)	
If contributor is a child,	law firm of parent(s) (if any)			
Date Full	name of contributor	0#:)	Amount of contribution (\$)	
Con	tributor 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)				

SCHEDULE A(J)1

-	The Instruction Guide explains how to complete this	form.	1 Total pages Schedule A(J)1:
2 FILER NAME	CHRISTOPHER P. JOHNS	SON	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor ut-of-state PAC	ID#:)	7 Amount of contribution (\$)
Introlo	RONALD + GEORGIA JO	HNSON	\$100.00
10/20/17	6 Contributor address; City; State	Contributor address; City; State; Zip Code	
	240 MALLET COURT AUS	TIN, TO 7873	7
8 Contributor's	principal occupation	9 Contributor's job title	
AT	TORNEY	GENERAL	COUNSEL
10 Contributor's	employer/law firm	11 Law firm of contributor	
TYI	DO T		
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor ut-of-state PAC I	D#:)	Amount of contribution (\$)
Contributor address; City; State; Zip Code			
	Only, State,	Zip Code	
Contributor's principal occupation Contributor's job title			
		Contributor 3 job title	
Contributor's employer/law firm		Law firm of contributor's	s spouse (if any)
			(, 4.,)
If contributor is	s a child, law firm of parent(s) (if any)		
		¥ v	
Date	Full name of contributor ut-of-state PAC II	D#:)	Amount of contribution (\$)
52	Contributor address; City; State:	Zip Code	
	ony, state.	Zip Gode	
Contributor's p	rincipal occupation	0-13-1-1-1-1	
contributor s p	mopal decapation	Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's	s spouse (if any)
			(4,)
If contributor is	a child, law firm of parent(s) (if any)		

SCHEDULE A(J)1

1	The Instruction Guide explains how to complete this f	form.	1 Total pages Schedule A(J)1:
2 FILER NAME	CHRISTOPITER P. JOHN	ucon	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC	ID#:)	7 Amount of contribution (\$)
10/20/17	DAULD CHAMBERS 6 Contributor address; City; State	Zip Code	\$1000.00
	1104 NUECES ST. AUSTIN,	TY 78701	
8 Contributor's p	principal occupation SULTTE 208	9 Contributor's job title	
HT	TORNEY	ATTO	RNEY
10 Contributor's e		11 Law firm of contributor	's spouse (if any)
	ERS + ASSOCIATES		
iz if contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor	D#:)	Amount of contribution (\$)
	Contributor address; City; State;	Zip Code	
Contributor's p	principal occupation	Contributor's job title	
Contributor's e	mployer/law firm	Law firm of contributor	s spouse (if any)
If contributor is	a child, law firm of parent(s) (if any)		
X			
Date	Full name of contributor	D#:)	Amount of contribution (\$)
	Contributor address; City; State:	Zip Code	
Contributor's p	rincipal occupation	Contributor's job title	
Contributor's e	mployer/law firm	Law firm of contributor	s spouse (if any)
If contributor is	a child, law firm of parent(s) (if any)		

SCHEDULE A(J)1

2 FILER NAME CHRISTOPHER P. JOHNSON 4 Date 5 Full name of contributor out-of-state PAC ID#: 7 POBERT A. CAINE 10 AU 17 6 Contributor address; City; State; Zip Code 510 S. CONGRESS STE. 103 AUSTINITY 78704 8 Contributor's principal occupation ATTORNEY 10 Contributor's employer/law firm SELF 11 Law firm of contributor's spin	
CHRISTOPHER P. JOHNSON 4 Date 5 Full name of contributor out-of-state PAC ID#: 7 ROBERT A. CAINE 10 AU/17 6 Contributor address; City; State; Zip Code 510 S. CONGRESS STE. 103 AUSTINITY 78704 8 Contributor's principal occupation ATTORNEY 10 Contributor's employer/law firm SELF 12 If contributor is a child, law firm of parent(s) (if any)	Amount of contribution (\$) \$ 150.00
Full name of contributor ROBERT A. CAINE Contributor address; City; State; Zip Code 510 S. CONGRESS STE. IQ3 AUSTINITY 78704 8 Contributor's principal occupation ATTORNY 10 Contributor's employer/law firm SELF 11 Law firm of contributor's specification of parent(s) (if any)	\$ 150.00 1 VEY pouse (if any)
9 Contributor's job title ATTO CNTY 10 Contributor's employer/law firm SELF 11 Law firm of contributor's sp 12 If contributor is a child, law firm of parent(s) (if any)	pouse (if any)
ATTO RIVEY 10 Contributor's employer/law firm SELF 11 Law firm of contributor's sp SELF 12 If contributor is a child, law firm of parent(s) (if any)	pouse (if any)
10 Contributor's employer/law firm SELF 11 Law firm of contributor's sp 12 If contributor is a child, law firm of parent(s) (if any) Date	pouse (if any)
Date	Amount of contribution (\$)
	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 sp	ouse (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's principal occupation Contributor's job title	
Contributor's employer/law firm Law firm of contributor's sp	ouse (if any)
If contributor is a child, law firm of parent(s) (if any)	

SCHEDULE A(J)1

	The Instruction Guide explains how to complete this	form.	1 Total pages Schedule A(J)1:
2 FILER NAME	CHRISTOPHER P. JO	MOSNHC	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor ut-of-state PAC	ID#:)	7 Amount of contribution (\$)
10/26/17	E. WALLY KINNEY 6 Contributor address; City; State 1034 HIDDEN HILLS PL. PRIPE Dringing accuration		\$250.00
9 Contributoria	TO24 HIDDEN HIUS VF. PRIPE principal occupation	ING SPRINGS, TY	78620
	JSULTANT	9 Contributor's job title	
10 Contributor's		CONSUL	
	ELF	11 Law firm of contributor'	's spouse (if any)
	s a child, law firm of parent(s) (if any)		
ii contributoris	s a Criliu, law IIrm of parent(s) (if any)		
Date	Full name of contributor	D#:)	Amount of contribution (\$)
	Contributor address; City; State;	Zip Code	
Contributor's p	principal occupation	Contributor's job title	
Contributor's e	mployer/law firm	Law firm of contributor's	s spouse (if any)
If contributor is	a child, law firm of parent(s) (if any)		:
Date	Full name of contributor)#:)	Amount of contribution (\$)
	• • • • • • • • • • • • • • • • • • • •		**
	Contributor address; City; State:	Zip Code	
Contributor's pr	rincipal occupation	Contributor's job title	
Contributor's er	mployer/law firm	Law firm of contributor's	spouse (if any)
If contributor is	a child, law firm of parent(s) (if any)		
		-	

SCHEDULE A(J)1

	The Instruction Guide explains how to complete this	1 Total pages Schedule A(J)1:	
2 FILER NAME	CHRISTOPHER P. JO	HUSON	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor ut-of-state PAC	ID#:)	7 Amount of contribution (\$)
10/31/17	BETH AND BILL MITCE 6 Contributor address; City; State 2300 FLITE ACRES RD. W	HEUL ; Zip Code	\$100,00
	0300 FLITE ACRES RD. W	IMBERLEY TO T	18676
	ormorpal occupation	9 Contributor's job title	
RETI		RETIRED	
10 Contributor's	employer/law firm	11 Law firm of contributor	s spouse (if any)
12 If contributor is	s a child, law firm of parent(s) (if any)		
		3 ,	
Date	Full name of contributor	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	D#:)	Amount of contribution (\$)
	Contributor address; City; State:	Zip Code	
Contributor's p	rincipal occupation	Contributor's job title	
		Continuator a job title	
Contributor's er	mployer/law firm	Law firm of contributor's	s spouse (if any)
	4.7		
If contributor is	a child, law firm of parent(s) (if any)		
			<

SCHEDULE A(J)1

	ruction Guide explains how to complete this	form.	1 Total pages Schedule A(J)1:
2 FILER NAME	HLISTOPHER P. JO	HNSON	3 Filer ID (Ethics Commission Filers)
4 Date 5 Fu	Il name of contributor out-of-state PAC LLY MCNABB Intributor address; City; State E. SAN MAR ANTONIO, occupation JEV r/law firm	ID#:)	NEY
Date	I name of contributor	T	
	I name of contributor		Amount of contribution (\$)
Contributor's principal occupation Contributor's job title			
Contributor's employer/law firm Law firm of contributor's spouse (if any)			
If contributor is a child,	law firm of parent(s) (if any)		
	name of contributor	D#:) Zip Code	Amount of contribution (\$)
Contributor's principal	occupation	Contributor's job title	
Contributor's employer/	law firm	Law firm of contributor's	spouse (if any)
If contributor is a child,	law firm of parent(s) (if any)		

SCHEDULE A(J)1

The	Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A(J)1:
	HRISTOPHER P. JOH	4 NOON +	3 Filer ID (Ethics Commission Filers)
	Full name of contributor ut-of-state PAC I	D#:)	7 Amount of contribution (\$)
11/2/17 6	MIKE WENK Contributor address; City; State;	Zip Code	\$500.00
l l	74 S. GUADALUPE SAN	MARCOSI TXO 7	RLOULL
8 Contributor's prin	cipal occupation STE 201	9 Contributor's job title	, dece
	SENEY	ATTORN	UEY
10 Contributor's emp		11 Law firm of contributor	
SE	LF		
12 If contributor is a	child, law firm of parent(s) (if any)		
Date	Full name of contributor	D#:)	Amount of contribution (\$)
	Contributor address: City: State:	7-0-4-	
	Contributor address; City; State;	Zip Code	
Contributor's princ	cipal occupation	Contributor's job title	
Contributor's empl	loyer/law firm	Law firm of contributor's	s spouse (if any)
If contributor is a	child, law firm of parent(s) (if any)		
ii continuator is a t	child, law lifth of parent(s) (if any)		
Date	Full name of contributor)#:)	Amount of contribution (\$)
		,	
• •			
	Contributor address; City; State:	Zip Code	
Contributor's princ	ipal occupation	Contributor's job title	
Contributor's empl	oyer/law firm	Law firm of contributor's	s spouse (if any)
If contributor is a c	child, law firm of parent(s) (if any)		

SCHEDULE A(J)1

	The Instruction Guide explains how to complete this	form.	1 Total pages Schedule A(J)1:
2 FILER NAME	CHRISTOPHER P. J	NOSUHOT	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor ut-of-state PAC	ID#:	7 Amount of contribution (\$)
113117	EMMETT GREEN 6 Contributor address; City; State		\$300,00
	5a61 HILLSIDE TERRACE	BUDA, TX 781	016
A	principal occupation	9 Contributor's job title	
	eney	ATTORN	E4
	employer/law firm	11 Law firm of contributor	
	ELF		
12 If contributor i	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor ut-of-state PAC	D#-	Amount of contribution (\$)
	_ Got of state fixe	U#	(φ)
	Contributor address; City; State;	Zip Code	

Contributor's	orincipal occupation	Contributor's job title	
Contributor's	employer/law firm	Law firm of contributor's	s spouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
		3	
Date	Full name of contributor	D#:)	Amount of contribution (\$)
			(4)
	Contributor address; City; State:	Zip Code	
Contributor's p	rincipal occupation	Contributor's job title	
Contributor's e	mployer/law firm	Low firm of contributed	
		Law firm of contributor's	s spouse (ii any)
If contributor is	a child, law firm of parent(s) (if any)		
,	, and an experience (in any)		

SCHEDULE A(J)1

	The Instruction Guide explains how to complete this	1 Total pages Schedule A(J)1:		
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
(CHRISTOPHER P. JOHN	noz	Carries Commission Filers)	
4 Date	5 Full name of contributor Out-of-state PAC	ID#·	7 Amount of contribution (\$)	
11/3/17	TOMBOLLIANCELLA		\$100.00	
	200 N. SEGUIN AVE NEW B	RAUNFELS, TO 7	2130	
8 Contributor's	principal occupation	9 Contributor's job title		
AT.	TORNEY	1	A)T. /	
10 Contributor's			NEY	
<	ELT	11 Law firm of contributor	s spouse (If any)	
	s a child, law firm of parent(s) (if any)			
ii contributor ii	s a child, law littli of parent(s) (if any)			
	7			
Date	Full name of contributor		Amount of contribution (\$)	
	Contributor address; City; State;	Zip Code		
		2.5 0000		
Otilb. t. d.				
Contributor's principal occupation Contributor's job title				
Contributor's e	mployer/law firm	Law firm of contributor's	s spouse (if any)	
If a set the desired				
if contributor is	s a child, law firm of parent(s) (if any)			
Date	Full name of contributor out-of-state PAC	D#:)	Amount of contribution (\$)	
1			(4)	
	· · · · · · · · · · · · · · · · · · ·			
	Contributor address; City; State:	Zip Code		
Contributor's p	rincipal occupation	Contributor's job title		
•		Contributor's job title		
Contributor's er	Contributor's employer/law firm			
	,	Law firm of contributor's	s spouse (if any)	
If contributor is	a child law firm of payant/-> ///			
ii contributor is	a child, law firm of parent(s) (if any)			

SCHEDULE A(J)1

Т	he Instruction Guide explains how to complete this	iorm.	1 Total pages Schedule A(J)1:		
2 FILER NAME	CHRISTOPHER P. JOH	(NO2N)	3 Filer ID (Ethics Commission Filers)		
1113117	5 Full name of contributor out-of-state PAC DAVID HARDAWAY 6 Contributor address; City; State 100 E. SAN ANTONIO SAN rincipal occupation STE 201		7 Amount of contribution (\$) \$ 1,000,00		
8 Contributor's pr	TORNEY		ORNEY		
10 Contributor's en	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	D#:) Zip Code	Amount of contribution (\$)		
Contributor's pr	incipal occupation	Contributor's job title	<u>·</u>		
Contributor's employer/law firm		Law firm of contributor's	s spouse (if any)		
If contributor is	a child, law firm of parent(s) (if any)				
Date .	Full name of contributor		Amount of contribution (\$)		
Contributor's pri	ncipal occupation	Contributor's job title			
Contributor's em	Contributor's employer/law firm		s spouse (if any)		
If contributor is a	If contributor is a child, law firm of parent(s) (if any)				

SCHEDULE A(J)1

The Instruction (Guide explains how to complete this	form.	1 Total pages Schedule A(J)1:
2 FILER NAME CHRIST	TOPHER P. JOH	INSON	3 Filer ID (Ethics Commission Filers)
5 Full name DANIE 6 Contributor 2405 F	of contributor out-of-state PAC UE GARCIA r address; City; State HAZELTINE AUSTIN	ID#:)	7 Amount of contribution (\$)
8 Contributor's principal occupa	ition	9 Contributor's job title	
ATTORNEY		PROSECU	TO 0
10 Contributor's employer/law firm	m	dd 1	
HAUS COUNTY	DISTRICT ATTORNEY	OFFICE	s spouse (ii any)
12 If contributor is a child, law firm	m of parent(s) (if any)	OFFICE	
	To paronilo, (ii arry)		
Date Full name	of contributor	ID#:	Amount of contribution (\$)
Contributor	r address; City; State;	Zip Code	
Contributor's principal occupat	lion	Contributor's job title	
Contributor's employer/law firm	n	Law firm of contributor's	s spouse (if any)
If contributor is a child, law firm	n of parent(s) (if any)	L	1
Date Full name of	of contributor	D#:)	Amount of contribution (\$)
Contributor	address; City; State:	Zip Code	
Contributor's principal occupat	ion	Contributor's job title	
Contributor's employer/law firm	1	Law firm of contributor's	s spouse (if any)
If contributor is a child, law firm	of parent(s) (if any)		

SCHEDULE A(J)1

-	The Instruction Guide explains how to complete this	form.	1 Total pages Schedule A(J)1:		
2 FILER NAME	CHRISTOPHER P. JOH	NSON	3 Filer ID (Ethics Commission Filers)		
4 Date 11 7 17 8 Contributor's	5 Full name of contributor out-of-state PAC JASON TRUMPLER 6 Contributor address; City; State 902 E 544 STREET AUSTIN principal occupation	,	Amount of contribution (\$)		
A.	TTORNEY	ATTORNE	EU.		
LAW OFFI	CES OF JASON TRUMPLER	11 Law firm of contributor			
if contributor is	s a child, law firm of parent(s) (if any)				
Date	Full name of contributor		Amount of contribution (\$)		
Contributor's principal occupation Contributor's job title					
Contributor's employer/law firm Law firm of contributor's spouse (if any)					
If contributor is	s a child, law firm of parent(s) (if any)				
Date	Full name of contributor		Amount of contribution (\$)		
Contributor's principal occupation Contributor's job title					
Contributor's employer/law firm		Law firm of contributor's	s spouse (if any)		
If contributor is	If contributor is a child, law firm of parent(s) (if any)				
			1		

SCHEDULE A(J)1

7	he Instruction Guide explains how to complete this f	orm	1 Total pages Schedule A(J)1:
The motitation datas explains now to complete this form.		34	
2 FILER NAME	CHRISTOPHER P. Z	MOSNHOT	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC RON JOHNSON 6 Contributor address; City; State; 240 MAUET COULT AWT	ID#·	7 Amount of contribution (\$)
8 Contributor's r	principal occupation	9 Contributor's job title	
	RNEY	GENERA	L COUNSEL
10 Contributor's e		11 Law firm of contributor	
TV	OUT		c specie (ii aiiy)
12 If contributor is	s a child, law firm of parent(s) (if any)		
,			
Date	Full name of contributor	D#:	Amount of contribution (\$)
	Contributor address; City; State;	Zip Code	
Contributor's p	principal occupation	Contributor's job title	
Contributor's e	mployer/law firm	Law firm of contributor	's spouse (if any)
If contributor is	a child, law firm of parent(s) (if any)		
Date	Full name of contributor	D#:)	Amount of contribution (\$)
	Contributor address; City; State:	Zip Code	
Contributor's p	rincipal occupation	Contributor's job title	
Contributor's e	mployer/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.

SCHEDULE A(J)1

	The Instruction Guide explains how to complete this	form.	1 Total pages Schedule A(J)1:
2 FILER NAME	CHRISTOPHER P. JO	HNZON	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor ut-of-state PAC	ID#:)	7 Amount of contribution (\$)
1117117	NOVERT MORALES 6 Contributor address; City; State	Zip Code	\$200.00
	1007 E. 7THST. AUSTINI	TV 78702	
8 Contributor's	principal occupation	9 Contributor's job title	
AT	TORNEY	ATTORA	IEY
10 Contributor's	employer/law firm	11 Law firm of contributor	's spouse (if any)
MORALE.	S LAW OFFICE	8 4	
12 If contributor is	s a child, law firm of parent(s) (if any)		
			* -
Date	Full name of contributor out-of-state PAC	D#:	Amount of contribution (\$)
	Contributor address; City; State;	Zip Code	
Contributor's p	principal occupation	Contributor's job title	
Contributor's e	employer/law firm		
	, and the second	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 ut-of-state PAC	D#:	Amount of contribution (\$)
			(ψ)
	• • • • • • • • • • • • • • • • • • • •		
	Contributor address; City; State:	Zip Code	
Contributor's p	rincipal occupation	Contributor's job title	
Contributor's e	mployer/law firm	Law firm of contributor's	s spouse (if any)
If contributes !-	a child law firm of parent/-> ///		
" COMMIDUION 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.

SCHEDULE A(J)1

The Instruction Guide explains how to complete this	form.	1 Total pages Schedule A(J)1:
2 FILER NAME		2 Filor ID (Fabine Commission 51)
CHRISTOPHER P. J.	MOZNHO	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC	ID#:)	7 Amount of contribution (\$)
11/7/17 6 Contributor address; City; State 37/ FAIRFIELD KYLE	· · · · · · · · · · · · · · · · · · ·	\$ 500,00
371 FAIRFIELD KUIE	T9 7 910110	
8 Contributor's principal occupation	9 Contributor's job title	
ATTORNEY	ATTORN	EY
10 Contributor's employer/law firm	11 Law firm of contributor	
SELF		o specie (ii diiy)
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		
City, State	; Zip Code	
Contributor's principal occupation		
communication of principal occupation	Contributor's job title	
Contributor's employer/law firm	Law firm of contributor's	s spouse (if any)
		(, 2.,),
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	
Contributed		
Contributor's principal occupation	Contributor's job title	
Contributor's employer/law firm	Law firm of contributor's	s spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

SCHEDULE A(J)1

The Instruction Guide explains how to comple	ete this form.	1 Total pages Schedule A(J)1:
CHRISTOPHER P. JO	11115.00)	3 Filer ID (Ethics Commission Filers)
5 Full name of contributor Out-of-st	state; Zip Code	7 Amount of contribution (\$)
8 Contributor's principal occupation 343 ATTO RNEY	9 Contributor's job title	2NEY
10 Contributor's employer/law firm HAYS COUNTY DISTRICT ATTOR 12 If contributor is a child, law firm of parent(s) (if any)	11 law firm of contributor	
Date Full name of contributor out-of-sta	ate 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	s spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date Full name of contributor out-of-sta	te PAC ID#:) State: Zip Code	Amount of contribution (\$)
Contributor's principal occupation	Contributor's job title	
Contributor's employer/law firm	Law firm of contributor's	s spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

SCHEDULE A(J)1

-	The Instruction Guide explains how to complete this	form.	1 Total pages Schedule A(J)1:	
2 FILER NAME	CHRISTOPHER P. JOHN	uson	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC JASON JARVIS 6 Contributor address; City; State AUTOLYPTUE RD. AUX	ID#:)	7 Amount of contribution (\$)	
ATELO	orincipal occupation	9 Contributor's job title ATTORN 11 Law firm of contributor'		
	HELA + ERSKINE LAW PLIC	Law initi of contributor	s spouse (ii arry)	
12 If contributor is	s a child, law firm of parent(s) (if any)			
Date	Full name of contributor ut-of-state PAC	ID#:)	Amount of contribution (\$)	
	Contributor address; City; State;	Zip Code		
Contributor's p	principal occupation	Contributor's job title		
Contributor's e	mployer/law firm	Law firm of contributor's	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 I	Zip Code	Amount of contribution (\$)	
Contributor's p	rincipal occupation	Contributor's job title		
Contributor's e	mployer/law firm	Law firm of contributor's	s spouse (if any)	
If contributor is	a child, law firm of parent(s) (if any)			

SCHEDULE A(J)1

	The Instruction Guide explains how to complete this	form.	1 Total pages Schedule A(J)1:
2 FILER NAME	CHRISTOPHER P. JOI	HNSON	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor OUT-of-state PAC OAN OWORIN 6 Contributor address; City; State 1304 NUECES AUSTIN	ID#:)	7 Amount of contribution (\$) \$\displace{1}{2} \lambda 50.00
10 Contributor's	principal occupation ATTORNEY	9 Contributor's job title ATTORN 11 Law firm of contributor'	
	s a child, law firm of parent(s) (if any)	1	
Date	Full name of contributor		Amount of contribution (\$)
Contributor's p	principal occupation	Contributor's job title	
Contributor's e	employer/law firm	Law firm of contributor's	s spouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor		Amount of contribution (\$)
Contributor's p	rincipal occupation	Contributor's job title	
	mployer/law firm	Law firm of contributor's	s spouse (if any)
If contributor is	a child, law firm of parent(s) (if any)		

SCHEDULE A(J)1

٦	The Instruction Guide explains how to complete this	form.	1 Total pages Schedule A(J)1:
2 FILER NAME	CHRISTOPHER P. JO	NOSNHO	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor ut-of-state PAC	ID#:	7 Amount of contribution (\$)
11114117	6 Contributor address; City; State 3300 1-35 SANMARCO	; Zip Code	\$40.00
8 Contributor's	principal occupation		9
POL	ICE OFFICER	9 Contributor's job title	E OFFICER
	PARCUS POLICE DEPTART	11 Law firm of contributor	
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor	JD#:)	Amount of contribution (\$)
	Contributor address; City; State;	Zip Code	
Contributor's p	principal occupation	Contributor's job title	
Contributor's e	employer/law firm	Law firm of contributor	s spouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor	D#:)	Amount of contribution (\$)
	Contributor address; City; State:	Zip Code	
Contributor's p	rincipal occupation	Contributor's job title	
Contributor's e	mployer/law firm	Law firm of contributor's	s spouse (if any)
If contributor is	a child, law firm of parent(s) (if any)		

SCHEDULE A(J)1

Т	he Instruction Guide explains how to complete this for	orm.	1 Total pages Schedule A(J)1:
2 FILER NAME	CHRISTOPHER P. JOHN:	son	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC OAVID WHITE 6 Contributor address; City; State; US W. IN ST. AUSTIN,	D#:) Zip Code	7 Amount of contribution (\$)
	LOOS W. 12th ST. AUSTIN,	TY 78701	
^ -	orincipal occupation To ENTY	9 Contributor's job title ATTO RI	NEY
10 Contributor's 6		11 Law firm of contributor	
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor	D#:)	Amount of contribution (\$)
	Contributor address; City; State;	1	
Contributor's p	principal occupation	Contributor's job title	
Contributor's e	mployer/law firm	Law firm of contributor	s spouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor	D#:) Zip Code	Amount of contribution (\$)
Contributor's p	rincipal occupation	Contributor's job title	
Contributor's e	mployer/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.

SCHEDULE A(J)1

•	The Instruction Guide explains how to complete this	1 Total pages Schedule A(J)1:	
2 FILER NAME	CHRISTOPHER P. JO	Noznh	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor ut-of-state PAC		7 Amount of contribution (\$)
1111117	SAN MARCOS POUCE OFFICE 6 Contributor address; City; State	ERS ASSOCIATION Zip Code (PAC)	
	2300 IH 35 S. SAW MA	Reas, TY 780	166
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	s a child, law firm of parent(s) (if any)	1	
Date	Full name of contributor	ID#:)	Amount of contribution (\$)
	Contributor address	1	
	Contributor address; City; State;	Zip Code	
Contributor's p	principal occupation	Contributor's job title	
Contributor's e	mployer/law firm	Law firm of contributor's	s spouse (if any)
If contributor is	a child, law firm of parent(s) (if any)		
Date	Full name of contributor	D#:)	Amount of contribution (\$)
	Contributor address; City; State:	Zip Code	
Contributor's p	rincipal occupation	Contributor's job title	,
Contributor's e	mployer/law firm	Law firm of contributor's	s spouse (if any)
If contributor is	a child, law firm of parent(s) (if any)		

SCHEDULE A(J)1

7	The Instruction Guide explains how to complete this	form.	1 Total pages Schedule A(J)1:
2 FILER NAME	CHRISTOPHER P. JOH	HNSON	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor uut-of-state PAC	ID#:)	7 Amount of contribution (\$)
11/16/17	TESUS ANDARZA 6 Contributor address; City; State		\$500.00
	WILL S. CONGRESS STE. 2100 A	WIN TO 787	54
8 Contributors	orincipal occupation	9 Contributor's job title	
10 Contributor's e	employer/law firm	ATTORA	
ANDAR	ZA LAW OFFICE	11 Law firm of contributor	's spouse (if any)
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor	ID#:)	Amount of contribution (\$)
	Contributor address; City; State	Zip Code	
Contributor's p	principal occupation	Contributor's job title	
Contributor's e	mployer/law firm	Law firm of contributor's	s spouse (if any)
If contributor is	a child, law firm of parent(s) (if any)	L	
Date	Full name of contributor ut-of-state PAC	ID#:)	Amount of contribution (\$)
Contributor address; City; State: Zip Code			
Contributor's p	rincipal occupation	Contributor's job title	,
Contributor's er	mployer/law firm	Law firm of contributor's	s spouse (if any)
If contributor is a child, law firm of parent(s) (if any)			

SCHEDULE A(J)1

Т	he Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A(J)1:
2 FILER NAME	CHRISTOPHER P. 7	JOHNSON	3 Filer ID (Ethics Commission Filers)
4 Date		D#:)	7 Amount of contribution (\$)
12/5/17	COLIN MCFERRIN 6 Contributor address; City; State; 187 ELMHURST KYLE,	Zip Code TY 78440	\$100.00
8 Contributor's p	principal occupation	9 Contributor's job title	
AT-	to rney	ATTO	RNEY
	RIN + ZAYED PLIC	11 Law firm of contributor	's spouse (if any)
12 If contributor is	s a child, law firm of parent(s) (if any)		
*			
Date	Full name of contributor	D#:)	Amount of contribution (\$)
	Contributor address; City; State;		
Contributor's p	principal occupation	Contributor's job title	
Contributor's e	employer/law firm	Law firm of contributor	's spouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor ut-of-state PAC	D#:)	Amount of contribution (\$)
	Contributor address; City; State:	Zip Code	
Contributor's p	rincipal occupation	Contributor's job title	ă.
Contributor's e	mployer/law firm	Law firm of contributor	's spouse (if any)
If contributor is	a child, law firm of parent(s) (if any)		

SCHEDULE A(J)1

The Instruction Guide explains I	now to complete this form.	1 Total pages Schedule A(J)1:
2 FILERNAME CHRISTOPHE	R P. JOHNSON	3 Filer ID (Ethics Commission Filers)
5 Full name of contributor CHLSTOPHE 6 Contributor address; 0.0.804 1444	City; State; Zip Code ORIPPING SPRINGS, TX 7	7 Amount of contribution (\$) \$ 500.00
8 Contributor's principal occupation	9 Contributor's job title	D 0.5c
ATTORNEY	PROSEC	
HAYS COUNTY PISTRICT A	11 Law firm of contribute	r's spouse (if any)
12 If contributor is a child, law firm of parent(s) (i	f any)	
		-
Date Full name of contributor Contributor address;	out-of-state PAC ID#:	Amount of contribution (\$)
Contributor's principal occupation	Contributor's job title	1
Contributor's employer/law firm	Law firm of contributo	r's spouse (if any)
If contributor is a child, law firm of parent(s) (if	f any)	
Date Full name of contributor	out-of-state PAC ID#:	Amount of contribution (\$)
Contributor's principal occupation	Contributor's job title	
Contributor's employer/law firm	Law firm of contributor	r's spouse (if any)
If contributor is a child, law firm of parent(s) (if	any)	

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A(J)1:
CHRISTOPHER P. JOHNSON	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC ID#: ARANA LAW GROUP, A PROFESTA 6 Contributor address; City; State; Zip Code 1005 CONGRESS AVE, AUSTIN 8 Contributor's principal occupation SULTE 3500 9 Contrib	7 Amount of contribution (\$) ONAL CORP. SLOO, 00 TX 78701
AITOPNEY	ATTORNEY
ARANA LAW GROUP, A PROFESSIONAL CORP.	irm 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#: Contributor address; City; State; Zip Code	Amount of contribution (\$)
Contributor's principal occupation Contrib	ibutor's job title
Contributor's employer/law firm Law fir	rm 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#: Contributor address; City; State: Zip Code	Amount of contribution (\$)
Contributor's principal occupation Contrib	butor's job title
Contributor's employer/law firm Law fir	rm 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

1	The Instruction Guide explains how to complete this	form.	1 Total pages Schedule A(J)1:
2 FILER NAME	CHRISTOPHER P. JOH	Mosur	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor ut-of-state PAC		7 Amount of contribution (\$)
12/12/17	6 Contributor address; City; State	Zip Code	\$300.00
	13320 PAISAND TR. AUST	N, TX 78737	,
8 Contributor's p	principal occupation	9 Contributor's job title	
ATTO	RNTY	ATTORNE	4
10 Contributor's e	employer/law firm	11 Law firm of contributor	s spouse (if any)
SE	LF		,
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC_I	D#:)	Amount of contribution (\$)
e III.			
	Contributor address; City; State;	Zip Code	
Contributor's p	rincipal occupation	Contributor's job title	
Contributor's e	mployer/law firm	Law firm of contributor's	s spouse (if any)
If contributor is	a child, law firm of parent(s) (if any)		
Date	Full name of contributor ut-of-state PAC II	D#:)	Amount of contribution (\$)
	0	* * * * * * * * * * * * * * * * * * * *	
	Contributor address; City; State:	Zip Code	
			*
Contributor's pr	rincipal occupation	Contributor's job title	
Contributor's er	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:
CHRISTOPHER P. JOHNSON		-	3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ \$150.60
1113 PAUTH PINER CT SEGUNTA TOIST			Contribution \$. description \$ 150,00
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	itor's job title (FOR JUDICIAL) (See Instructions)
	ATTORNEY		ATTORNEY
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor)	Amount of . In-kind contribution Contribution \$. description .
	Contributor address; City; State; Zip Co	de	
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (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)		
If	ATTACH ADDITIONAL COPIES OF T contributor is out-of-state PAC, please see instruction		

PLEDGED CONTRIBUTIONS (JUDICIAL)

SCHEDULE B(J)

	•			
	TI	ne Instruction Guide explains how to complete this fo	1 Total pages Schedule B(J):	
2	FILER NAME	HRISTOPHER P. JOH	Nesh	3 Filer ID (Ethics Commission Filers)
4	TOTAL OF	UNITEMIZED PLEDGES		\$ Ø
5	Date	6 Full name of pledgor ☐ out-of-state PAC (ID#:)	8 Amount . 9 In-kind contribution description
		7 Pledgor address; City; State; Zi	o Code	Check if travel outside of Texas. Complete Schedule T.
10	Pledgor's princ	cipal occupation	11 Pledgor's job	title
12	Pledgor's emp	oloyer/law firm	13 Law firm of p	Jedgor's spouse (if any)
14	If pledgor is a	child, law firm of parent(s) (if any)		
	Date	Full name of pledgor out-of-state PAC (ID#:		Amount . In-kind contribution of Pledge \$. description
		Pledgor address; City; State; Zi	p Code	• • • •
				Check if travel outside of Texas. Complete Schedule T.
	Pledgor's prine	cipal occupation	Pledgor's job	title
	Pledgor's emp	oloyer/law firm	Law firm of p	ledgor's spouse (if any)
	If pledgor is a	child, law firm of parent(s) (if any)		
	Date	Full name of plodgor)	Amount In-kind contribution of Pledge \$ description
		Pledgor address; City; State; Zi	p Code	
				Check if travel outside of Texas. Complete Schedule T.
	Pledgor's princ	cipal occupation	Pledgor's job	title
Pledgor's employer/law firm Law firm of p		Law firm of p	ledgor's spouse (if any)	
	If pledgor is a	child, law firm of parent(s) (if any)		
	If	ATTACH ADDITIONAL COPIES contributor is out-of-state PAC, please see instru		

LOANS (JUDICIAL)	SCHEDULE E(J)
The Instruction Guide explains how to complete this	form. 1 Total pages Schedule E(J):
2 FILER NAME CHRISTOPHER P. JOHNS	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS	\$ Ø
5 Date of loan 7 Name of lender ut-of-state PAC	(ID#:) 9 Loan Amount (\$)
6 Is lender a financial Institution? 8 Lender address; City; S	State; Zip Code 10 Interest rate
Y N	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
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)	
	OF THIS SCHEDULE AS NEEDED tion guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME CHRISTOPHER 1. JOH	3 Filer ID (Ethics Commission Filers)
4 Date 8 25 17	5 Payee name AC+ 3	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$138.56	P.O. BOY 898	101
	DRIPPING SPRINGS. TP 7	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T.
PURPOSE OF	ADJECTICIALLY ENCOMENICE	Check if Austin, TX, officeholder living expense
EXPENDITURE	ADVERTISING EXPENSE	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
8/15/17	ILALIS ADJUSTS BAR AS	
8,1101 11	HAYS COUNTY BAR AS	SOCIATION
Amount (\$)	Payee address; City; State; Zip Code	
\$350.00	13LE SAN ANTONIO ST.	SAN MARCOS, TY 78UUL
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	ADVERTISING EXPENSE	Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
Complete ONLY if direct expenditure to benefit C/OF		Cinco sought
Date	Payee name	
10/9/17	PRINT THIS	
Amount (\$)	Payee address; City; State; Zip Code	
\$259.80	124 - 1204.45 0117	EC SAN MARCOS, TX 78446
30 37, 00	139 E. HOPKINS SUIT	EC SHO MAPCOSI OF TOUGH
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	ADVERTISING EXPENSE	Check if Austin, TX, officeholder living expense
,	71770	
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/OF		Office field
	ATTACH ADDITIONAL COPIES OF THIS S	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

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

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

Credit Card Payment	al Committee Legal Services Salaries/Wi The Instruction Guide explains how to co	ages/Contract Labor Other (enter a category not listed above)
1 Total pages Schedule F1:		
3 3		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
10119117	JAMES GILL	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$500.00	1201 RIO GRANDE ST#	200 AUSTINITY 78701
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	EVENT EXPENSE	Check if Austin, TX, officeholder living expense
or we go		
2 0	Condidate (Office to Live	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
_	_	
Date	Payee name	
11129117	HAYS COUNTY REPUBLI	CAN PARTY
Amount (\$)	Payee address; City; State; Zip Code	
\$1,500.00	900 BUGG LANE SAN	MARCUS, TY 78666
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	FEES	Check if Austin, TX, officeholder living expense
Complete ONLY if disease	Candidate / Officeholder name	OW-
Complete ONLY if direct expenditure to benefit C/OH		Office sought Office held
		a a
Date	Payee name	
11/23/17	JAMES GILL	
Amount (\$)	Payee address; City; State; Zip Code	
\$600.00	1201 RIO GRANDE ST	#200 AUSTIN, TY 78701
	Category (See Categories listed at the top of this schedule)	
PURPOSE	Catogory (See Categories listed at the top of this schedule)	Description Check if traval outside of Toyon Complete School de T
OF	EVENT EXPENSE	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
EXPENDITURE	LUCIO! DE SITUATION	Chack it Additit, 17, dilicetiolider living expense
* 1 1		
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/OH		
	ATTACH ADDITIONAL COSTS	
	ATTACH ADDITIONAL COPIES OF THIS SO	CHEDULE 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 lieted above)

Candidate/Officeholder/Politica Credit Card Payment	al Committee	Legal Services	mondis Expense	Salaries/Wa	ges/Contract Labor	Other (enter a	District category not listed above)
Gedit Card Fayinent		The Instruc	tion Guide exp	lains how to co	mplete this form.		
1 Total pages Schedule F1:	2 FILER N	AME		9		3 Filer ID (I	Ethics Commission Filers)
4 Date 12/3/1/17	5 Payee na		MONE	Ч	9		
6 Amount (\$)	7 Payee ad		City; State;	Zip Code			
\$121.85	P.O. 8	box au	elle	LITTLI	E ROCK,	AR 7	18231
8	(a) Category	(See Categories I	isted at the top of the	nis schedule)	(b) Description		9
PURPOSE				1	Check if travel ou	utside of Texas. Comp	elete Schedule T.
OF EXPENDITURE	FE	EES			Check if Austin	n, TX, officeholder	living expense
9 Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholo	der name		Office sought		Office held
Date	Payee na	me					
*							
Amount (\$)	Payee ad	dress;	City; State;	Zip Code			
							·
PURPOSE OF	Category	(See Categories li	isted at the top of th	is schedule)		side of Texas. Compl	
EXPENDITURE	П						
Complete ONLY if direct expenditure to benefit C/OH		te / Officeholo	ler name		Office sought		Office held
Date	Payee na	me					
Amount (\$)	Payee add	dress;	City; State;	Zip Code			
	Category	(See Categories li	sted at the top of th	is schedule)	Description		
PURPOSE OF						side of Texas. Comple	1
EXPENDITURE					Check if Austin,	TX, officeholder liv	ving expense
							5
Complete ONLY 3 divers	Candida	te / Officeholo	dor name		Office country		
Complete ONLY if direct expenditure to benefit C/OH		re / Orlicenoid	uer name	15	Office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

		SCHEDULE 1 2		
EXPENDITURE CATEGORIES FOR BOX 10(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense y Gift/Awards/Memorials Expense Printing Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F2:	2 FILERNAME CHRISTOPHER P. JOHNSON	3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITER	IZED UNPAID INCURRED OBLIGATIONS	s Ø		
5 Date	6 Payee name	/		
7 Amount (\$)	8 Payee address; City; State; Zip Code			
9 TYPE OF EXPENDITURE	Political Non-Political			
10 PURPOSE OF EXPENDITURE		on travel outside of Texas. Complete Schedule T. If Austin, TX, officeholder living expense		
11 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Office sought	Office held		
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code			
TYPE OF EXPENDITURE	Political Non-Political			
PURPOSE OF EXPENDITURE		on travel outside of Texas. Complete Schedule T. f Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE	EDED		

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

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

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

Contributions/Donations Made E Candidate/Officeholder/Politic	al Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above)
	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F4:	2 FILER NAME CHRISTOPHER P. JOHNSON 3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
5 Date	6 Payee name
7 Amount (\$)	8 Payee address; City; State; Zip Code
9 TYPE OF EXPENDITURE	Political Non-Political
10	(a) Category (See Categories listed at the top of this schedule) (b) Description
PURPOSE	Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Check if Austin, TX, officeholder living expense
EXPENDITURE	Check if Austin, 1A, difficentiater living expense
11 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name Office sought Office held
Date	Payee name
Amount (\$)	Payee address; City; State; Zip Code
TYPE OF EXPENDITURE	Political Non-Political
	Category (See Categories listed at the top of this schedule) Description
PURPOSE	Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit CO	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

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)

Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule G:	2 FILER NAME CHRISTOPHER P. JOHNSON 3 Filer ID (Ethics Commission Filers)
4 Date 7/28/17	DEIPPING SPRINGS AG BOOSTERS
6 Amount (\$) \$ 300.00 Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1.0. BOY 1008 DRIPPING SPRINGS, TY 78020
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name Office sought Office held OH
Date 10129117	Payee name ACT THREE
Amount (\$) \$140.73 Reimbursement from political contributions intended	Payee address; City; State; Zip Code P.O. BOY 898 PRIPPING SPRINGS, TO 78620
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name Office sought Office held OH
Date 12 17	Payee name ELEVATE
Amount (\$) \$115.01 Pelmbursement from political contributions intended	Payee address; City; State; Zip Code 407 SOUTH STAGECOACH TR. SAN MARCOS, TY 78666
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name Office sought Office held OH
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

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

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

Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment		inting Expense plaries/Wages/Contract Labor ow to complete this form.	Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule H:	2 FILER NAME CHRISTOPHER P.	JOHNSON	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Business name			
6 Amount (\$)	7 Business address; City; State; Zip Co	ode		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedul	Check if travel outside of	of Texas. Complete Schedule T. officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Business name			
Amount (\$)	Business address; City; State; Zip Co	nge		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedu	Check if travel outside of	of Texas. Complete Schedule T. officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Business name			
Amount (\$)	Business address; City; State; Zip Co	ode		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedul	Check if travel outside o	of Texas. Complete Schedule T. officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE K

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

OUTSTANDING LOANS

SCHEDULE L

The	1 Total pages Schedule L:		
2 FILER NAME	HRISTOPHER P. JOHNSON	3 Filer ID (Ethics Commission Filers)	
LENDER INFORMATION	4 Name of lender		
	5 Lender address; City; State; Zip Code		
GUARANTOR INFORMATION	6 Name of guarantor		
not applicable	7 Guarantor address; City; State; Zip Code	/	
LENDER INFORMATION	Name of lender		
19	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		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

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

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

SCHEDULE T

The Instruction Guide explains how to complete this form. 1 Total pages Schedule T:					
2 FILER NAME CHRISTOPHER P. JOHNSON			3 Filer ID (Ethics Commission Filers)		
4 Name of Contributor /					
5 Contribution / Expend	liture reported	on:			
Schedule A2		dule B edule F4	Schedule B(J) Schedule G	Schedule C2	Schedule D Schedule F1 Schedule COHJUC Schedule B-SS
6 Dates of travel	7 Name of person(s) traveling				
	8 Departur	e city or n	ame of departure loca	tion	
	9 Destination	on city or	name of destination lo	cation	
10 Means of transportation	on	11 Purpo	se of travel (including	name of conference	eminar, or other event)
Name of Contributor /	Corporation	or Labor O	Organization / Pledgor	Payee	
Contribution / Expend	iture reported	on:			
Schedule A2	Scheo	dule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1
Schedule F2	Sche	dule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS
Dates of travel Name of person(s) traveling					
	Departure city or name of departure location				
	Destination	on city or i	name of destination lo	cation	
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:					
Schedule A2	Sched		Schedule B(J)	Schedule C2	Schedule D Schedule F1
Schedule F2	Sche	dule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS
Dates of travel	Name of	person(s)	traveling		
-	Departure city or name of departure location				
	Destination	on city or r	name of destination lo	cation	
Means of transportati	ion	Purpo	se of travel (including	name of conference,	seminar, or other event)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	The Instruction Guide explains how to complete this form. •• Complete only if "Report Type" on page 1 is marked "Final Report" ••						
1	C/OH N	NAME	2 Filer ID (Ethics Commission Filers)				
3	SIGNA	ATURE					
	I do not	at expect any further political contributions or political expenditures in some at					
		ot expect any further political contributions or political expenditures in connecti eport as a final report terminates my campaign treasurer appointment. I also					
	contribu	outions or make any campaign expenditures without a campaign treasurer ap	pointment on file.				
			Signature of Candidate / Officeholder				
_		/					
4		R WHO IS NOT AN OFFICEHOLDER mplete A & B below only if you are not an officeholder. ••					
	A.	CAMPAIGN FUNDS					
	Checl	ck only one:					
		I do not have unexpended contributions or unexpended interest or income	a parned from political contributions				
		and the same should be an analysis of an analysis o	carried from political contributions.				
		I have unexpended contributions or unexpended interest or income earner					
		may not convert unexpended political contributions or unexpended interest					
		personal use. I also understand that I must file an annual report of une unexpended contributions or unexpended interest or income earned on pol					
		this final report. Further, I understand that I must dispose of unexpended					
	income earned on political contributions in accordance with the requirements of Election Code, § 254.204.						
	B.	ASSETS					
	Chool	ok only one.					
		Lide not rate in execute purchased with political contributions or interest or a	About the same of				
		I do not retain assets purchased with political contributions or interest or o	ther 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 inter					
		personal use. I also understand that I must dispose of assets purchased requirements of Election Code, § 254.204.	with political contributions in accordance with the				
		requirements of Liection code, § 254.204.					
		_	Signature of Candidate				
			Signature of Candidate				
5	OFFICE	CEHOLDER					
9		nplete this section only if you are an officeholder					
		I am aware that I remain subject to filing requirements applicable to an officeh file. I am also aware that I will be required to file reports of unexpended contri					
		office/folder, I retain political contributions, interest or other income from politi					
		cal contributions or interest or other income from political contributions.					
			,				
			Signature of Officeholder				