

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) 00083198	2 Total pages filed: 26	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable	FIRST James S.	MI	OFFICE USE ONLY
	NICKNAME Jim	LAST Johnson	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE REDACTED PER 254.0313, GOV'T CODE			Date Hand-delivered or Date Postmarked
				Receipt # Amount
				Date Processed
				Date Imaged
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.	FIRST Pamela S.	MI	
	NICKNAME Pam	LAST Johnson	SUFFIX	
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE REDACTED PER 254.0313, GOV'T CODE			
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
	(214)	952-1298		
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)			
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)			
9 PERIOD COVERED	Month Day Year 07/01/2023	THROUGH	Month Day Year 12/31/2023	
10 ELECTION	ELECTION DATE Month Day Year 03/05/2024		ELECTION TYPE	
			<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any) District Judge District 431 Denton		12 OFFICE SOUGHT (if known) District Judge District 431	

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH
COVER SHEET PG 2

2 of 26

13 C / OH NAME Johnson, James S. (The Honorable) **14** Filer ID (Ethics Commission Filers)
00083198

15 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.

Additional Pages

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

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 19,710.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 76,107.53
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 4,607.87
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

17 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.

The Honorable James S. Johnson

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - JC/OH

18 FILER NAME Johnson, James S. (The Honorable)		19 Filer ID (Ethics Commission Filers) 00083198
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$ 19,710.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$
4.	<input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 76,107.53
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 1/11 Rpt: 4/26
2 FILER NAME Johnson, James S. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083198
4 Date 07/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, Judy	7 Amount of Contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code Frisco, TX 75033	
8 Contributor's Principal Occupation Entrepreneur		9 Contributor's Job Title Entrepreneur
10 Contributor's employer/law firm Self Employed		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 08/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Askew, Stephanie	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Highland Village, TX 75077	
Contributor's Principal Occupation Attorney		Contributor's Job Title Magistrate Judge
Contributor's employer/law firm Denton County		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bollner, Dan	Amount of Contribution (\$) \$300.00
	Contributor address; City; State; Zip Code Frisco, TX 75034	
Contributor's Principal Occupation Retired		Contributor's Job Title Retired
Contributor's employer/law firm Retired		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 2/11 Rpt: 5/26
2 FILER NAME Johnson, James S. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083198
4 Date 08/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dean, Britt <hr/> 6 Contributor address; City; State; Zip Code Frisco, TX 75033	7 Amount of Contribution (\$) \$100.00
8 Contributor's Principal Occupation Real Estate Broker		9 Contributor's Job Title Real Estate Broker
10 Contributor's employer/law firm Dean Healthcare Realty		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 07/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donnelly, Mike <hr/> Contributor address; City; State; Zip Code Double Oak, TX 75077	Amount of Contribution (\$) \$200.00
Contributor's Principal Occupation Fleet Service		Contributor's Job Title Manager
Contributor's employer/law firm American Airlines		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 07/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eby, Greg <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76131	Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation Law Enforcement		Contributor's Job Title Bailiff
Contributor's employer/law firm Denton County		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 3/11 Rpt: 6/26
2 FILER NAME Johnson, James S. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083198
4 Date 07/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gandy, Patricia	7 Amount of Contribution (\$) \$300.00
	6 Contributor address; City; State; Zip Code Sanger, TX 76266	
8 Contributor's Principal Occupation Court Reporting		9 Contributor's Job Title Court Reporter
10 Contributor's employer/law firm Denton County		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 07/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gelbman, Itamar	Amount of Contribution (\$) \$360.00
	Contributor address; City; State; Zip Code Flower Mound, TX 75022	
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Itamar Gelbman		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 07/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goline & Roland Law Firm, PLLC	Amount of Contribution (\$) \$1,500.00
	Contributor address; City; State; Zip Code Denton , TX 76209	
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)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 4/11 Rpt: 7/26
2 FILER NAME Johnson, James S. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083198
4 Date 07/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hagenbuch, Brent	7 Amount of Contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code Little Elm, TX 75068	
8 Contributor's Principal Occupation Transportation		9 Contributor's Job Title Chief Executive Officer
10 Contributor's employer/law firm Titus Transport		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 08/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Handler, Vince	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Aubrey, TX 76227	
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Handler Law Firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 07/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hayes, Berry, White, Vanzant, LLP	Amount of Contribution (\$) \$2,500.00
	Contributor address; City; State; Zip Code Denton, TX 76201	
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)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 5/11 Rpt: 8/26
2 FILER NAME Johnson, James S. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083198
4 Date 07/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henley, Geoff	7 Amount of Contribution (\$) \$2,500.00
	6 Contributor address; City; State; Zip Code Dallas, TX 75201	
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney
10 Contributor's employer/law firm Henley & Henley PC		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 07/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henley, Hudson	Amount of Contribution (\$) \$2,500.00
	Contributor address; City; State; Zip Code Dallas, TX 75201	
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Henley & Henley PC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 12/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kerestine, Julia	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Lantana, TX 76226	
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Kerestine Law		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 6/11 Rpt: 9/26
2 FILER NAME Johnson, James S. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083198
4 Date 07/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, Glyn <hr/> 6 Contributor address; City; State; Zip Code Frisco, TX 75033	7 Amount of Contribution (\$) \$250.00
8 Contributor's Principal Occupation Retired		9 Contributor's Job Title Retired
10 Contributor's employer/law firm Retired		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lyle, Frank <hr/> Contributor address; City; State; Zip Code Denton, TX 76205	Amount of Contribution (\$) \$1,500.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Springer & Lyle, LLP		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 07/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCormick, Tim <hr/> Contributor address; City; State; Zip Code Denton, TX 76207	Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation Retired		Contributor's Job Title Retired
Contributor's employer/law firm Retired		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
(Empty space for additional information)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 7/11 Rpt: 10/26
2 FILER NAME Johnson, James S. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083198
4 Date 09/05/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meek, Dena <hr/> 6 Contributor address; City; State; Zip Code Oak Point, TX 75068	7 Amount of Contribution (\$) \$1,000.00
8 Contributor's Principal Occupation Retired		9 Contributor's Job Title Retired
10 Contributor's employer/law firm Retired		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 07/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Minor & Jester P.C. <hr/> Contributor address; City; State; Zip Code Denton, TX 76202	Amount of Contribution (\$) \$500.00
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 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morris, Tonya <hr/> Contributor address; City; State; Zip Code Denton, TX 76205	Amount of Contribution (\$) \$25.00
Contributor's Principal Occupation District Director		Contributor's Job Title District Director
Contributor's employer/law firm State Representative Lynn Stucky		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 8/11 Rpt: 11/26
2 FILER NAME Johnson, James S. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083198
4 Date 07/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Powers, Tim	7 Amount of Contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code Denton, TX 76201	
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney
10 Contributor's employer/law firm Law Offices of Tim Powers		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 07/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rapaport , Hagai	Amount of Contribution (\$) \$1,500.00
	Contributor address; City; State; Zip Code Van Nuys, CA 91406	
Contributor's Principal Occupation Construction		Contributor's Job Title President
Contributor's employer/law firm T&R Painting & Drywall		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 07/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sayre, Arthur	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Corinth, TX 76210	
Contributor's Principal Occupation Retired		Contributor's Job Title Retired
Contributor's employer/law firm Retired		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 9/11 Rpt: 12/26
2 FILER NAME Johnson, James S. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083198
4 Date 07/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shipman, Sherry <hr/> 6 Contributor address; City; State; Zip Code Denton, TX 76205	7 Amount of Contribution (\$) \$100.00
8 Contributor's Principal Occupation Judge		9 Contributor's Job Title Judge
10 Contributor's employer/law firm State of Texas		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 07/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spalding, Denise <hr/> Contributor address; City; State; Zip Code Ponder, TX 76259	Amount of Contribution (\$) \$50.00
Contributor's Principal Occupation Court Administration		Contributor's Job Title Court Administrator
Contributor's employer/law firm Denton County		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 07/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stucky, Lynn <hr/> Contributor address; City; State; Zip Code Sanger, TX 76266	Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation Veterinarian		Contributor's Job Title Veterinarian
Contributor's employer/law firm Dr. Lynn Stucky, DVM		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 10/11 Rpt: 13/26
2 FILER NAME Johnson, James S. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083198
4 Date 07/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sutherland, Stephen	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Denton , TX 76210	
8 Contributor's Principal Occupation Retired		9 Contributor's Job Title Retired
10 Contributor's employer/law firm Retired		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 08/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thimesch, Kronda	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Lewisville, TX 75056	
Contributor's Principal Occupation State Representative		Contributor's Job Title State Representative
Contributor's employer/law firm State of Texas		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 07/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vess, Katherine	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Denton, TX 76201	
Contributor's Principal Occupation Retired		Contributor's Job Title Retired
Contributor's employer/law firm Retired		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 11/11 Rpt: 14/26
2 FILER NAME Johnson, James S. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083198
4 Date 07/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Ryan	7 Amount of Contribution (\$) \$1,000.00
6 Contributor address; City; State; Zip Code Sanger, TX 76266		
8 Contributor's Principal Occupation County Commissioner		9 Contributor's Job Title County Commissioner
10 Contributor's employer/law firm Denton County		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 07/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yale Law Group PLLC	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Denton, TX 76209		
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)		

POLITICAL EXPENDITURES 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: Sch: 1/12 Rpt: 15/26	2	FILER NAME Johnson, James S. (The Honorable)	3	Filer ID (Ethics Commission Filers) 00083198
4	Date 08/04/2023	5	Payee name 4Imprint, Inc.		
6	Amount (\$) \$150.93	7	Payee address; City; State; Zip Code 101 Commerce Street Oshkosh, WI 54901		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing 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 Logo imprint thank you cards.		
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 07/18/2023		Payee name Anedot		
	Amount (\$) \$29.40		Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770 New Orleans, LA 70112		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank fees		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 07/14/2023		Payee name Anedot		
	Amount (\$) \$1.30		Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770 New Orleans, LA 70112		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank fees		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES 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: Sch: 2/12 Rpt: 16/26	2 FILER NAME Johnson, James S. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083198
4 Date 07/05/2023	5 Payee name Anedot	
6 Amount (\$) \$60.30	7 Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770 New Orleans, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/03/2023	Payee name Anedot	
Amount (\$) \$60.30	Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/06/2023	Payee name Anedot	
Amount (\$) \$10.30	Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES 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: Sch: 3/12 Rpt: 17/26	2	FILER NAME Johnson, James S. (The Honorable)	3	Filer ID (Ethics Commission Filers) 00083198
4	Date 08/01/2023	5	Payee name Anedot		
6	Amount (\$) \$4.30	7	Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770 New Orleans, LA 70112		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank fees		
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 08/30/2023		Payee name Anedot		
	Amount (\$) \$2.30		Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770 New Orleans, LA 70112		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank fees		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 08/14/2023		Payee name Anedot		
	Amount (\$) \$4.30		Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770 New Orleans, LA 70112		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank fees		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES 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: Sch: 4/12 Rpt: 18/26	2 FILER NAME Johnson, James S. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083198
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4 Date 12/05/2023	5 Payee name Anedot
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6 Amount (\$) \$10.30	7 Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770 New Orleans, LA 70112
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank fees
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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 07/03/2023	Payee name Chase Bank
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Amount (\$) \$133.13	Payee address; City; State; Zip Code P.O. Box 15298 Wilmington, DE 19850-5298
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment of credit card bill for campaign logo pushcards.
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 07/03/2023	Payee name Chase Bank
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Amount (\$) \$230.65	Payee address; City; State; Zip Code P.O. Box 15298 Wilmington, DE 19850-5298
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment of credit card bill for campaign logo "JOHNSON" soft peppermint candies for
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES 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: Sch: 5/12 Rpt: 19/26	2 FILER NAME Johnson, James S. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083198
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4 Date 07/03/2023	5 Payee name Chase Bank
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6 Amount (\$) \$281.42	7 Payee address; City; State; Zip Code P.O. Box 15298 Wilmington, DE 19850-5298
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment of credit card bill for campaign logo shirts for volunteers.
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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 07/03/2023	Payee name Chase Bank
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Amount (\$) \$64.64	Payee address; City; State; Zip Code P.O. Box 15298 Wilmington, DE 19850-5298
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment of credit card bill for campaign logo shirts for volunteers.
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/11/2023	Payee name DCRP Primary
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Amount (\$) \$1,500.00	Payee address; City; State; Zip Code 2921 Country Club Rd #102 Denton, TX 76210
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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 Candidate filing fee.
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES 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: Sch: 6/12 Rpt: 20/26	2 FILER NAME Johnson, James S. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083198
4 Date 07/06/2023	5 Payee name Denton County Republican Lincoln Cabinet	
6 Amount (\$) \$2,000.00	7 Payee address; City; State; Zip Code 4120 Austin Circle Sanger, TX 76266	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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 Campaign Table/Booth for Denton County Lincoln Reagan Dinner.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/27/2023	Payee name Denton County Republican Lincoln Cabinet	
Amount (\$) \$337.50	Payee address; City; State; Zip Code 4120 Austin Circle Sanger, TX 76266	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event Sponsorship Advertising
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/17/2023	Payee name Dukate, Jean	
Amount (\$) \$245.00	Payee address; City; State; Zip Code 4601 Brookwoods Dr. Houston, TX 77092	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign website development.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES 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: Sch: 7/12 Rpt: 21/26	2 FILER NAME Johnson, James S. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083198
4 Date 08/16/2023	5 Payee name Dukate, Jean	
6 Amount (\$) \$20.00	7 Payee address; City; State; Zip Code 4601 Brookwoods Dr. Houston, TX 77092	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Graphic design for advertisement.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/18/2023	Payee name El Rincon del Maiz Restaurant	
Amount (\$) \$1,700.00	Payee address; City; State; Zip Code 1431 E. McKinney St. STE 100 Denton, TX 76209	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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 Food and beverages for fundraising event.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/21/2023	Payee name El Rincon del Maiz Restaurant	
Amount (\$) \$750.00	Payee address; City; State; Zip Code 1431 E. McKinney St. STE 100 Denton, TX 76209	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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 Food and beverages for fundraising event.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES 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: Sch: 8/12 Rpt: 22/26	2	FILER NAME Johnson, James S. (The Honorable)	3	Filer ID (Ethics Commission Filers) 00083198	
4	Date 07/14/2023	5	Payee name El Rincon del Maiz Restaurant			
6	Amount (\$) \$800.00	7	Payee address; City; State; Zip Code 1431 E. McKinney St. STE 100 Denton, TX 76209			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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 Food and beverages for fundraising event.			
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	
	Date 07/13/2023		Payee name Gallaher, Todd			
	Amount (\$) \$10,000.00		Payee address; City; State; Zip Code P.O. Box 611 Katy, TX 77492			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contract labor for website creation, communications, and event organization.			
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	
	Date 07/18/2023		Payee name Hernandez, David			
	Amount (\$) \$300.00		Payee address; City; State; Zip Code 253 East Round Grove Road Lewisville, TX 75067			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contract labor for sign installation work.			
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	

POLITICAL EXPENDITURES 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: Sch: 9/12 Rpt: 23/26	2 FILER NAME Johnson, James S. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083198
4 Date 09/01/2023	5 Payee name Hernandez, David	
6 Amount (\$) \$4,000.00	7 Payee address; City; State; Zip Code 253 East Round Grove Road Lewisville, TX 75067	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Signs and event management
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/17/2023	Payee name Johnson, James	
Amount (\$) \$20,000.00	Payee address; City; State; Zip Code 5517 Cypress Point Dr. Denton, TX 76210	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Loan repayment.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/05/2023	Payee name Johnson, James	
Amount (\$) \$10,000.00	Payee address; City; State; Zip Code 5517 Cypress Point Dr. Denton, TX 76210	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Loan repayment.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES 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: Sch: 10/12 Rpt: 24/26	2	FILER NAME Johnson, James S. (The Honorable)	3	Filer ID (Ethics Commission Filers) 00083198
4	Date 10/16/2023	5	Payee name Johnson, James		
6	Amount (\$) \$20,000.00	7	Payee address; City; State; Zip Code 5517 Cypress Point Dr. Denton, TX 76210		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Loan repayment.		
9		Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 11/11/2023		Payee name Konfectionary		
	Amount (\$) \$168.00		Payee address; City; State; Zip Code 311 S. Magnolia St. Aubrey, TX 76227		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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 Campaign logo cookies for candidate filing party		
		Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 07/14/2023		Payee name Party Time Texas		
	Amount (\$) \$500.00		Payee address; City; State; Zip Code 811 E Plano Parkway Suite 103 Plano, TX 75074		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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 DJ and audio equipment rental for fundraising event.		
		Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES 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: Sch: 11/12 Rpt: 25/26	2 FILER NAME Johnson, James S. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083198
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4 Date 08/18/2023	5 Payee name Robson Ranch Republican Club
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6 Amount (\$) \$250.00	7 Payee address; City; State; Zip Code 8008 American Way Denton, TX 76207
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsorship of club meeting
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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 11/20/2023	Payee name Robson Ranch Republican Club
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Amount (\$) \$500.00	Payee address; City; State; Zip Code 8008 American Way Denton, TX 76207
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertisement/Sponsorship at Republican Club Christmas Dinner Event
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 07/21/2023	Payee name Texas Strong Republican Women's Club
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Amount (\$) \$1,000.00	Payee address; City; State; Zip Code PO Box 549 Argyle, TX 76226
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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 Table for Republican Club Dinner Event.
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES 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: Sch: 12/12 Rpt: 26/26	2 FILER NAME Johnson, James S. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083198
4 Date 08/23/2023	5 Payee name Yeargain, Lynn	
6 Amount (\$) \$993.46	7 Payee address; City; State; Zip Code 121 Harmony Ln Hickory Creek, TX 75065	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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 Reimbursement for decorations and beverages for campaign kickoff event.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held