

**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<br>(Ethics Commission Filers)<br>00085376   | 2 Total pages filed:<br>13                                      |   |
| 3 CANDIDATE /<br>OFFICEHOLDER<br>NAME   | MS / MRS / MR<br>The Honorable<br>.....<br>NICKNAME<br>Dee   |     |  | FIRST<br>Delinda R.<br>.....<br>LAST<br>Johnson<br>MI<br>SUFFIX | OFFICE USE ONLY   |
|   |  |     |  | Date Received<br>ELECTRONICALLY FILED<br>01/14/2026             |   |
| 4 CANDIDATE /<br>OFFICEHOLDER<br>MAILING<br>ADDRESS<br><br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY;<br>.....<br><b>REDACTED PER 254.0313, GOVT CODE</b>   |     |  | ZIP CODE  | Date Hand-delivered or Date Postmarked<br><br>Receipt # <input type="text"/> Amount |
|   |  |     |  | Date Processed  |   |
|   |  |     |  | Date Imaged   |   |
|   |  |     |  |   |   |
| 5 CAMPAIGN<br>TREASURER<br>NAME   | MS / MRS / MR<br>Mrs.  |     |  | FIRST<br>Courtney<br>.....<br>LAST<br>Neely<br>MI<br>SUFFIX     |   |
|   |  |     |  |   |   |
| 6 CAMPAIGN<br>TREASURER<br>ADDRESS<br><br>(Residence or Business)                                     | STREET ADDRESS (NO PO BOX PLEASE);<br>.....<br><b>REDACTED PER 254.0313, GOVT CODE</b>   |     |  | APT / SUITE #; CITY; STATE; ZIP CODE                            |   |
|   |  |     |  |   |   |
| 7 CAMPAIGN<br>TREASURER<br>PHONE  | AREA CODE      PHONE NUMBER      EXTENSION<br>(806) 341-4885   |     |  |   |   |
| 8 REPORT<br>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)<br><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<br>COVERED   | Month<br>07/01/2025  | Day | Year   | Month<br>12/31/2025   | Day<br>Year   |
| 10 ELECTION   | ELECTION DATE<br>Month Day Year<br>03/03/2026  |     | ELECTION TYPE<br><br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other<br><input type="checkbox"/> General <input type="checkbox"/> Special |   |   |
| 11 OFFICE   | OFFICE HELD (if any)<br>District Judge District 47 Potter  |     |  | 12 OFFICE SOUGHT (if known)<br>District Judge District 47       |   |

**GO TO PAGE 2**

**JUDICIAL CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS**

**FORM JC/OH  
COVER SHEET PG 2**

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|   |   |  |   |   |                |                |  |                                  |                   |  |                                   |                                   |  |  |                                      |
|---|---|--|---|---|----------------|----------------|--|----------------------------------|-------------------|--|-----------------------------------|-----------------------------------|--|--|--------------------------------------|
| 13 C / OH NAME  | Johnson, Delinda R. (The Honorable)   |  | 14 Filer ID<br>(Ethics Commission Filers)<br>00085376 |   |                |                |  |                                  |                   |  |                                   |                                   |  |  |                                      |
| 15 NOTICE<br>FROM<br>POLITICAL<br>COMMITTEE(S)  | <p>This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.</p> <table border="1"> <tr> <td><input type="checkbox"/> Additional Pages</td> <td>COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td></td> <td><input type="checkbox"/> GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td></td> <td><input type="checkbox"/> SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table> |  |   | <input type="checkbox"/> Additional Pages | COMMITTEE TYPE | COMMITTEE NAME |  | <input type="checkbox"/> GENERAL | COMMITTEE ADDRESS |  | <input type="checkbox"/> SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME |  |  | COMMITTEE CAMPAIGN TREASURER ADDRESS |
| <input type="checkbox"/> 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<br>TOTALS   | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS,<br>OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)   |  | \$ 0.00   |   |                |                |  |                                  |                   |  |                                   |                                   |  |  |                                      |
|   | 2. <b>TOTAL POLITICAL CONTRIBUTIONS</b><br>(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  |  | \$ 8,287.44   |   |                |                |  |                                  |                   |  |                                   |                                   |  |  |                                      |
| EXPENDITURE<br>TOTALS   | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES  |  | \$ 0.00   |   |                |                |  |                                  |                   |  |                                   |                                   |  |  |                                      |
|   | 4. <b>TOTAL POLITICAL EXPENDITURES</b>  |  | \$ 2,157.71   |   |                |                |  |                                  |                   |  |                                   |                                   |  |  |                                      |
| CONTRIBUTION<br>BALANCE   | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE<br>REPORTING PERIOD   |  | \$ 5,802.29   |   |                |                |  |                                  |                   |  |                                   |                                   |  |  |                                      |
| OUTSTANDING<br>LOAN TOTALS  | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY<br>OF THE REPORTING PERIOD  |  | \$ 0.00   |   |                |                |  |                                  |                   |  |                                   |                                   |  |  |                                      |
| 17 AFFIDAVIT  |   |  |   |   |                |                |  |                                  |                   |  |                                   |                                   |  |  |                                      |
| <p>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.</p> |   |  |   |   |                |                |  |                                  |                   |  |                                   |                                   |  |  |                                      |
| <p>The Honorable Delinda R. Johnson<br/>_____<br/>Signature of Candidate or Officeholder</p>  |   |  |   |   |                |                |  |                                  |                   |  |                                   |                                   |  |  |                                      |
| AFFIX NOTARY STAMP / SEAL ABOVE   |   |  |   |   |                |                |  |                                  |                   |  |                                   |                                   |  |  |                                      |
| <p>Sworn to and subscribed before me, by the said _____, this the _____ day<br/>of _____, 20_____, to certify which, witness my hand and seal of office.</p>                                    |   |  |   |   |                |                |  |                                  |                   |  |                                   |                                   |  |  |                                      |
| 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**

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|   |  |
|---|--|
| <b>18</b> FILER NAME<br>Johnson, Delinda R. (The Honorable)   | <b>19</b> Filer ID<br>(Ethics Commission Filers)<br>00085376 |
| <b>20</b> SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE  |  |
| 1. <input checked="" type="checkbox"/> SCHEDULE A(J): MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL) \$ 7,585.00       |  |
| 2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ 702.44        |  |
| 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 \$ 2,157.71 |  |
| 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

|  |   |  |
|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>   |   | <b>1</b> Total pages Schedule A(J)1:<br>Sch: 1/6 Rpt: 4/13 |
| <b>2</b> FILER NAME<br>Johnson, Delinda R. (The Honorable)   |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00085376   |
| <b>4</b> Date<br>09/25/2025  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Attebury, William (Mr.) | <b>7</b> Amount of Contribution (\$)<br>\$2,500.00         |
|  | <b>6</b> Contributor address; City; State; Zip Code<br><br>Amarillo, TX 79109                                       |  |
| <b>8</b> Contributor's Principal Occupation<br>Commercial Construction   |   | <b>9</b> Contributor's Job Title<br>Owner                  |
| <b>10</b> Contributor's employer/law firm<br>Self Employed   |   | <b>11</b> Law firm of contributor's spouse (if any)        |
| <b>12</b> If contributor is a child, law firm of parent(s) (if any)  |   |  |
| Date<br>09/25/2025<br>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Essary, Faye (Ms.)    |   | Amount of Contribution (\$)<br>\$200.00                    |
| Contributor address; City; State; Zip Code<br><br>Bushland, TX 79012   |   |  |
| Contributor's Principal Occupation<br>Retired  |   | Contributor's Job Title<br>Retired                         |
| Contributor's employer/law firm<br>Retired   |   | Law firm of contributor's spouse (if any)                  |
| If contributor is a child, law firm of parent(s) (if any)  |   |  |
| Date<br>09/25/2025<br>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Harris, Angela (Mrs.) |   | Amount of Contribution (\$)<br>\$25.00                     |
| Contributor address; City; State; Zip Code<br><br>Amarillo, TX 79109   |   |  |
| Contributor's Principal Occupation<br>Court Coordinator  |   | Contributor's Job Title<br>Court Coordinator               |
| Contributor's employer/law firm<br>County Employee   |   | 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

|  |   |  |
|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>   |   | <b>1</b> Total pages Schedule A(J)1:<br>Sch: 2/6 Rpt: 5/13 |
| <b>2</b> FILER NAME<br>Johnson, Delinda R. (The Honorable)   |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00085376   |
| <b>4</b> Date<br>08/06/2025  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Johnson, Dee (Mrs.) | <b>7</b> Amount of Contribution (\$)<br>\$250.00           |
|  | <b>6</b> Contributor address; City; State; Zip Code<br><br>Amarillo, TX 79106                                   |  |
| <b>8</b> Contributor's Principal Occupation<br>Judge   |   | <b>9</b> Contributor's Job Title<br>Judge                  |
| <b>10</b> Contributor's employer/law firm<br>State of Texas  |   | <b>11</b> Law firm of contributor's spouse (if any)        |
| <b>12</b> If contributor is a child, law firm of parent(s) (if any)  |   |  |
| Date<br>09/25/2025<br><br>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Johnson, Dee (Mrs.)<br><br>Contributor address; City; State; Zip Code<br><br>Amarillo, TX 79106 |   | Amount of Contribution (\$)<br>\$10.00                     |
| Contributor's Principal Occupation<br>Judge  |   | Contributor's Job Title<br>Judge                           |
| Contributor's employer/law firm<br>State of Texas  |   | Law firm of contributor's spouse (if any)                  |
| If contributor is a child, law firm of parent(s) (if any)  |   |  |
| Date<br>09/22/2025<br><br>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Lovell, Joe (Mr.)<br><br>Contributor address; City; State; Zip Code<br><br>Amarillo, TX 79101   |   | Amount of Contribution (\$)<br>\$250.00                    |
| Contributor's Principal Occupation<br>Lawyer   |   | Contributor's Job Title<br>Lawyer                          |
| Contributor's employer/law firm<br>Make Right 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

|   |   |   |
|---|---|---|
| <b>The Instruction Guide explains how to complete this form.</b>  |   | <b>1</b> Total pages Schedule A(J)1:<br>Sch: 3/6 Rpt: 6/13                                  |
| <b>2</b> FILER NAME<br>Johnson, Delinda R. (The Honorable)  |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00085376                                    |
| <b>4</b> Date<br>09/25/2025   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Mullin Hoard & Brown, L.L.P.<br><br><b>6</b> Contributor address; City; State; Zip Code<br><br>Amarillo, TX 79120 | <b>7</b> Amount of Contribution (\$)<br>\$1,000.00  |
|   |   |   |
| <b>8</b> Contributor's Principal Occupation<br><br><b>10</b> Contributor's employer/law firm  |   | <b>9</b> Contributor's Job Title<br><br><b>11</b> Law firm of contributor's spouse (if any) |
| <b>12</b> If contributor is a child, law firm of parent(s) (if any)   |   |   |
| Date<br>09/25/2025<br><br>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Northern, Van (Mr.)<br><br>Contributor address; City; State; Zip Code<br><br>Amarillo, TX 79109  |   | Amount of Contribution (\$)<br>\$250.00   |
| Contributor's Principal Occupation<br>Attorney  |   | Contributor's Job Title<br>Attorney   |
| Contributor's employer/law firm<br>Northern Law Firm  |   | Law firm of contributor's spouse (if any)   |
| If contributor is a child, law firm of parent(s) (if any)   |   |   |
| Date<br>09/25/2025<br><br>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Nowak, Vincent (Mr.)<br><br>Contributor address; City; State; Zip Code<br><br>Amarillo, TX 79124 |   | Amount of Contribution (\$)<br>\$500.00   |
| Contributor's Principal Occupation<br>Attorney  |   | Contributor's Job Title<br>Attorney   |
| Contributor's employer/law firm<br>Vincent Nowak  |   | 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

|  |  |   |
|--|--|---|
| <b>The Instruction Guide explains how to complete this form.</b>   |  | <b>1</b> Total pages Schedule A(J)1:<br>Sch: 4/6 Rpt: 7/13                    |
| <b>2</b> FILER NAME<br>Johnson, Delinda R. (The Honorable)   |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00085376                      |
| <b>4</b> Date<br>09/25/2025  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Pinkham, William (Mr.) | <b>7</b> Amount of Contribution (\$)<br>\$250.00                              |
|  | <b>6</b> Contributor address; City; State; Zip Code<br><br>Amarillo, TX 79119                                      |   |
| <b>8</b> Contributor's Principal Occupation<br>Lawyer  |  | <b>9</b> Contributor's Job Title<br>Partner                                   |
| <b>10</b> Contributor's employer/law firm<br>Perdue Brandon Law Firm   |  | <b>11</b> Law firm of contributor's spouse (if any)<br>47th District Attorney |
| <b>12</b> If contributor is a child, law firm of parent(s) (if any)  |  |   |
| Date<br>09/25/2025<br><br>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Reilly, Tracie (Mrs.) |  | Amount of Contribution (\$)<br>\$500.00                                       |
| Contributor address; City; State; Zip Code<br><br>Amarillo, TX 79109   |  |   |
| Contributor's Principal Occupation<br>Lawyer   |  | Contributor's Job Title<br>Lawyer   |
| Contributor's employer/law firm<br>Reilly Law Firm   |  | Law firm of contributor's spouse (if any)                                     |
| If contributor is a child, law firm of parent(s) (if any)  |  |   |
| Date<br>09/25/2025<br><br>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Sharpee Law Firm      |  | Amount of Contribution (\$)<br>\$500.00                                       |
| Contributor address; City; State; Zip Code<br><br>Amarillo, TX 79121   |  |   |
| 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

|   |  |  |
|---|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>    |  | <b>1</b> Total pages Schedule A(J)1:<br>Sch: 5/6 Rpt: 8/13 |
| <b>2</b> FILER NAME<br>Johnson, Delinda R. (The Honorable)          |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00085376   |
| <b>4</b> Date<br>10/14/2025   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Stewart, Chris (Mr.) | <b>7</b> Amount of Contribution (\$)<br>\$250.00           |
|   | <b>6</b> Contributor address; City; State; Zip Code<br><br>Amarillo, TX 79124                                    |  |
| <b>8</b> Contributor's Principal Occupation<br>Lawyer               |  | <b>9</b> Contributor's Job Title<br>Lawyer                 |
| <b>10</b> Contributor's employer/law firm<br>Morgan Williamson, LLP |  | <b>11</b> Law firm of contributor's spouse (if any)        |
| <b>12</b> If contributor is a child, law firm of parent(s) (if any) |  |  |
| Date<br>09/25/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Thurman, Ryan (Mr.)           | Amount of Contribution (\$)<br>\$500.00                    |
|   | Contributor address; City; State; Zip Code<br><br>Amarillo, TX 79159   |  |
| Contributor's Principal Occupation<br>Marketing                     |  | Contributor's Job Title<br>Owner                           |
| Contributor's employer/law firm<br>N/A                              |  | Law firm of contributor's spouse (if any)                  |
| If contributor is a child, law firm of parent(s) (if any)           |  |  |
| Date<br>09/25/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Watson, Lonny (Mr.)           | Amount of Contribution (\$)<br>\$100.00                    |
|   | Contributor address; City; State; Zip Code<br><br>Canyon, TX 79015   |  |
| Contributor's Principal Occupation<br>Retired                       |  | Contributor's Job Title<br>Retired                         |
| Contributor's employer/law firm<br>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**

|   |   |  |
|---|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>    |   | <b>1</b> Total pages Schedule A(J)1:<br>Sch: 6/6 Rpt: 9/13 |
| <b>2</b> FILER NAME<br>Johnson, Delinda R. (The Honorable)          |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00085376   |
| <b>4</b> Date<br>09/25/2025   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Werner Law Office<br>.....<br><b>6</b> Contributor address; City; State; Zip Code<br><br>Amarillo, TX 79101 | <b>7</b> Amount of Contribution (\$)<br>\$500.00           |
| <b>8</b> Contributor's Principal Occupation                         |   | <b>9</b> Contributor's Job Title                           |
| <b>10</b> Contributor's employer/law firm                           |   | <b>11</b> Law firm of contributor's spouse (if any)        |
| <b>12</b> If contributor is a child, law firm of parent(s) (if any) |   |  |

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

|   |   |  |
|---|---|--|
| <p><b>The Instruction Guide explains how to complete this form.</b></p>   |   | <p><b>1</b> Total pages Schedule A2:<br/>Sch: 1/1 Rpt: 10/13</p>   |
| <p><b>2</b> FILER NAME<br/>Johnson, Delinda R. (The Honorable)</p>  |   | <p><b>3</b> Filer ID (Ethics Commission Filers)<br/>00085376</p>   |
| <p><b>4</b> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS</p>   |   | <p><b>\$</b></p>   |
| <p><b>5</b> Date<br/>09/25/2025</p>   | <p><b>6</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br/>Reed, Chris (Mr.)<br/>.....<br/><b>7</b> Contributor address; City; State; Zip Code<br/><br/>Amarillo, TX 79103</p> | <p><b>8</b> Amount of contribution (\$)<br/>\$351.22<br/><b>9</b> In-kind contribution description<br/>Use of facility and beverage cost. Use of Bartenders and tablecloths<br/><br/><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p> |
| <p><b>10</b> Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)</p>   |   | <p><b>11</b> Employer (FOR NON-JUDICIAL) (See instructions)</p>  |
| <p><b>12</b> Contributor's principal occupation (FOR JUDICIAL)<br/>Beverage Sales</p>   |   | <p><b>13</b> Contributor's job title (FOR JUDICIAL) (See instructions)<br/>Owner</p>   |
| <p><b>14</b> Contributor's employer/law firm (FOR JUDICIAL)<br/>N/A</p>   |   | <p><b>15</b> Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>  |
| <p><b>16</b> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>   |   |  |
| <p>Date<br/>09/25/2025<br/>.....<br/>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br/>Reed, Vance (Mr.)<br/>.....<br/>Contributor address; City; State; Zip Code<br/><br/>Amarillo, TX 79103</p> |   | <p>Amount of contribution (\$)<br/>\$351.22<br/>In-kind contribution description<br/>Use of facility and beverage cost. Use of bartenders and tablecloths<br/><br/><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>                   |
| <p>Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)</p>   |   | <p>Employer (FOR NON-JUDICIAL) (See instructions)</p>  |
| <p>Contributor's principal occupation (FOR JUDICIAL)<br/>Beverage Sales</p>   |   | <p>Contributor's job title (FOR JUDICIAL) (See instructions)<br/>Owner</p>   |
| <p>Contributor's employer/law firm (FOR JUDICIAL)<br/>N/A</p>   |   | <p>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>  |
| <p>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>   |   |  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

| EXPENDITURE CATEGORIES FOR BOX 8(a)   |                               |                                |  |
|---|-------------------------------|--------------------------------|--|
| Advertising Expense   | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking  | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Polling Expense                | Travel in District                         |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out of District                     |
| Credit Card Payment   | 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 F1:<br>Sch: 1/3 Rpt: 11/13     | 2 FILER NAME<br>Johnson, Delinda R. (The Honorable)                                    | 3 Filer ID (Ethics Commission Filers)<br>00085376   |
| 4 Date<br>10/01/2025                                  | 5 Payee name<br>Amarillo National Bank   |   |
| 6 Amount (\$)<br>\$8.00                               | 7 Payee address; City;<br>P O Box 1<br><br>Amarillo, TX 79105                          | State; Zip Code   |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See Categories listed at the top of this schedule)<br>Accounting/Banking | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Monthly Service Fee for September. |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name<br>Office sought   | Office held   |
| Date<br>11/03/2025                                    | Payee name<br>Amarillo National Bank   |   |
| Amount (\$)<br>\$8.00                                 | Payee address; City;<br>P O Box 1<br><br>Amarillo, TX 79105                            | State; Zip Code   |
| PURPOSE OF EXPENDITURE                                | (a) Category (See Categories listed at the top of this schedule)<br>Accounting/Banking | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Service Fee for October            |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name<br>Office sought   | Office held   |
| Date<br>12/01/2025                                    | Payee name<br>Amarillo National Bank   |   |
| Amount (\$)<br>\$8.00                                 | Payee address; City;<br>P O Box 1<br><br>Amarillo, TX 79105                            | State; Zip Code   |
| PURPOSE OF EXPENDITURE                                | (a) Category (See Categories listed at the top of this schedule)<br>Accounting/Banking | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Service Fee for November           |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name<br>Office sought   | Office held   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

| EXPENDITURE CATEGORIES FOR BOX 8(a)   |                               |                                |  |
|---|-------------------------------|--------------------------------|--|
| Advertising Expense   | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking  | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Polling Expense                | Travel in District                         |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out of District                     |
| Credit Card Payment   | 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 F1:<br>Sch: 2/3 Rpt: 12/13     | 2 FILER NAME<br>Johnson, Delinda R. (The Honorable)                                     | 3 Filer ID (Ethics Commission Filers)<br>00085376  |
| 4 Date<br>11/07/2025                                  | 5 Payee name<br>Amarillo National Bank  |  |
| 6 Amount (\$)<br>\$2.00                               | 7 Payee address; City;<br>P O Box 1<br><br>Amarillo, TX 79105                           | State; Zip Code  |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See Categories listed at the top of this schedule)<br>Accounting/Banking  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Cashier check fee to pay for Filing Fee.  |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name<br>Office sought  | Office held  |
| Date<br>12/31/2025                                    | Payee name<br>Lincoln Reagan Dinner   |  |
| Amount (\$)<br>\$375.00                               | Payee address; City;<br>401 S. Buchanan<br><br>Amarillo, TX 79101                       | State; Zip Code  |
| PURPOSE OF EXPENDITURE                                | (a) Category (See Categories listed at the top of this schedule)<br>Event Expense       | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>ARW and High Plains dinner/table  |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name<br>Office sought  | Office held  |
| Date<br>12/09/2025                                    | Payee name<br>Noboxcreative   |  |
| Amount (\$)<br>\$235.70                               | Payee address; City;<br>4211 I-40 West<br>Suite201<br>Amarillo, TX 79106                | State; Zip Code  |
| PURPOSE OF EXPENDITURE                                | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Print, mail, envelopes, postage and mailing services.<br>Press release. (Our portion) |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name<br>Office sought  | Office held  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

|   |                               |                                |  |
|---|-------------------------------|--------------------------------|--|
| Advertising Expense   | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking  | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Polling Expense                | Travel in District                         |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out of District                     |
| Credit Card Payment   | 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 F1:<br>Sch: 3/3 Rpt: 13/13     | 2 FILER NAME<br>Johnson, Delinda R. (The Honorable)  | 3 Filer ID (Ethics Commission Filers)<br>00085376   |
| 4 Date<br>09/25/2025                                  | 5 Payee name<br>Square Point of Sale Application   |   |
| 6 Amount (\$)<br>\$0.80                               | 7 Payee address; City; State; Zip Code<br>1455 Market Street<br>Suite 600<br>San Francisco, CA 94103 |   |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See Categories listed at the top of this schedule)<br>Accounting/Banking               | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Fee from square for AH.                          |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name<br>Office sought   | Office held   |
| Date<br>09/26/2025                                    | Payee name<br>Square Point of Sale Application   |   |
| Amount (\$)<br>\$20.21                                | Payee address; City; State; Zip Code<br>1455 Market Street<br>Suite 600<br>San Francisco, CA 94103   |   |
| PURPOSE OF EXPENDITURE                                | (a) Category (See Categories listed at the top of this schedule)<br>Accounting/Banking               | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Square fee for D.J., Van Northern, Tracie Reilly |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name<br>Office sought   | Office held   |
| Date<br>11/07/2025                                    | Payee name<br>State of Texas   |   |
| Amount (\$)<br>\$1,500.00                             | Payee address; City; State; Zip Code<br>P.O. Box 12060<br><br>Austin, TX 78711-2060                  |   |
| PURPOSE OF EXPENDITURE                                | (a) Category (See Categories listed at the top of this schedule)<br>Fees                             | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Filing Fee                                       |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name<br>Office sought   | Office held   |