

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM JCOR-C/OH

1 Filer ID (Ethics Commission Filers) 00088798	2 Total pages filed: 15	OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs.	FIRST Stephanie W.	MI MI
	NICKNAME	LAST Johnson	SUFFIX
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded modified reporting limit	
	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)	
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final Report (Attach C/OH-FR)	
5 ORIGINAL PERIOD COVERED	Month Day Year 01/01/2026	THROUGH	Month Day Year 01/22/2026
OFFICE USE ONLY Date Received ELECTRONICALLY FILED 02/23/2026 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged			

6 EXPLANATION OF CORRECTION

Upon printing out this Campaign Finance Report yesterday, I realized that there was an error on the Cover Page. The 30-Day Pre-Election Finance Report is to cover the periods from January 1, 2026 through January 22, 2026. The filed Campaign Report covered the correct time period, but the Cover Page listed an incorrect date on Item 9, and therefore, I corrected Item 9 to reflect the correct "period covered" of 1/1/2026 through 1/22/2026 instead of 1/1/2026 through 2/1/2026. Further the Office Held should have stated "None". The office sought on the cover sheet was put in both categories on Item 11 instead of just one, therefore, I am filing this updated report to reflect both of these corrections on the Cover Sheet.

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check the box next to any and all applicable statements:

Semiannual reports: I swear, or affirm that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Mrs. Stephanie W. 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

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

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) 00088798	2 Total pages filed: 15
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs.	FIRST Stephanie W.	MI
	NICKNAME	LAST Johnson	SUFFIX
OFFICE USE ONLY			
			Date Received ELECTRONICALLY FILED 02/23/2026
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; P.O. Box 257 Hillsboro, TX 76645		ZIP CODE
			Date Hand-delivered or Date Postmarked
			Receipt # Amount
			Date Processed
		Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.	FIRST Shelia R.	MI
	NICKNAME	LAST Wilson	SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 120 Hightower Hillsboro, TX 76645		
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
(254) 582-9243			
8 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)		
9 PERIOD COVERED	Month Day Year 01/01/2026	THROUGH	Month Day Year 01/22/2026
10 ELECTION	ELECTION DATE Month Day Year 03/03/2026		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) None	12 OFFICE SOUGHT (if known) District Judge District 66	

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH
COVER SHEET PG 2

3 of 15

13 C / OH NAME Johnson, Stephanie W. (Mrs.) **14 Filer ID** (Ethics Commission Filers)
00088798

15 NOTICE FROM POLITICAL COMMITTEE(S)
 Additional Pages

This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

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

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)	\$	6,457.51
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	14,815.15
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	4,474.21
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	200.00

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.

Mrs. Stephanie W. 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, Stephanie W. (Mrs.)	19 Filer ID (Ethics Commission Filers) 00088798
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20 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
1.	<input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$ 5,120.01
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1,337.50
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	\$ 8,924.61
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 5,758.75
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 checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 131.79
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: 1/5 Rpt: 5/15
2 FILER NAME Johnson, Stephanie W. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088798
4 Date 01/13/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beims, Josh (Mr.)	7 Amount of Contribution (\$) \$52.40
6 Contributor address; City; State; Zip Code Hillsboro, TX 76645		
8 Contributor's Principal Occupation Community Liasion/PTA		9 Contributor's Job Title Community Liasion/PTA
10 Contributor's employer/law firm Restoring Function Home Health Care		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bledsoe, David (Mr.)	Amount of Contribution (\$) \$300.00
Contributor address; City; State; Zip Code Hillsboro, TX 76645		
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)		
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burkhart, Rhonda (Ms.)	Amount of Contribution (\$) \$52.40
Contributor address; City; State; Zip Code Hillsboro, TX 76645		
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: 2/5 Rpt: 6/15
2 FILER NAME Johnson, Stephanie W. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088798
4 Date 01/17/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, Austin (Mr.)	7 Amount of Contribution (\$) \$1,000.00
	6 Contributor address; City; State; Zip Code Hillsboro, TX 76645	
8 Contributor's Principal Occupation student		9 Contributor's Job Title student
10 Contributor's employer/law firm Student at UMBH		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 01/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, Brannon (Mr.)	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Hillsboro, TX 76645	
Contributor's Principal Occupation Logistics Coordinator		Contributor's Job Title Logistics Coordinator
Contributor's employer/law firm Bobcat Contracting		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 01/22/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cowan, D'ette (Mrs.)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Whitney, TX 76692	
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: 3/5 Rpt: 7/15
2 FILER NAME Johnson, Stephanie W. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088798
4 Date 01/03/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crain, Vicki (Mrs.)	7 Amount of Contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code Hillsboro, TX 76645	
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 01/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Farquhar, Michael (Mr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Hillsboro, TX 76645	
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)		
Date 01/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lednicky, Michael (Mr.)	Amount of Contribution (\$) \$260.73
	Contributor address; City; State; Zip Code West, TX 76691	
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: 4/5 Rpt: 8/15
2 FILER NAME Johnson, Stephanie W. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088798
4 Date 01/04/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nowlin, Jennifer (Mrs.) <hr/> 6 Contributor address; City; State; Zip Code Hillsboro, TX 76645	7 Amount of Contribution (\$) \$500.00
8 Contributor's Principal Occupation manager		9 Contributor's Job Title manager
10 Contributor's employer/law firm Hill County Title		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 01/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peacock, Steven (Mr.) <hr/> Contributor address; City; State; Zip Code Whitney, TX 76692	Amount of Contribution (\$) \$250.00
Contributor's Principal Occupation Banker		Contributor's Job Title Banker
Contributor's employer/law firm Citizens National Bank		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 01/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rawls, Don (Mr.) <hr/> Contributor address; City; State; Zip Code Blum, TX 76627	Amount of Contribution (\$) \$104.48
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: 5/5 Rpt: 9/15
2 FILER NAME Johnson, Stephanie W. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088798
4 Date 01/10/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yocham, Jerry (Mr.) <hr/> 6 Contributor address; City; State; Zip Code McGregor, TX 76657	7 Amount of Contribution (\$) \$500.00
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)		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/1 Rpt: 10/15	
2 FILER NAME Johnson, Stephanie W. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088798	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0.00	
5 Date 01/17/2026	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Crystal (Mrs.)	8 Amount of contribution (\$) \$200.00	9 In-kind contribution description fair auction purchase
7 Contributor address; City; State; Zip Code Abbott, TX 76621		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL) homemaker		13 Contributor's job title (FOR JUDICIAL) (See instructions) homemaker	
14 Contributor's employer/law firm (FOR JUDICIAL) self		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 01/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Kyle (Mr.)	Amount of contribution (\$) \$1,000.00	In-kind contribution description Fair auction purchase
7 Contributor address; City; State; Zip Code Abbott, TX 76621		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL) farmer		Contributor's job title (FOR JUDICIAL) (See instructions) farmer	
Contributor's employer/law firm (FOR JUDICIAL) farmer		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 01/09/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Teepie, Delaine (Mrs.)	Amount of contribution (\$) \$137.50	In-kind contribution description buttons
7 Contributor address; City; State; Zip Code Austin, TX 78703		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL) homemaker		Contributor's job title (FOR JUDICIAL) (See instructions) homemaker	
Contributor's employer/law firm (FOR JUDICIAL) self		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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: 1/2 Rpt: 11/15	2 FILER NAME Johnson, Stephanie W. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00088798
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4 Date 01/22/2026	5 Payee name Anedot
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6 Amount (\$) \$140.91	7 Payee address; City; State; Zip Code 3723 Greenville Ave Dallas, TX 75206-5311
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Processing 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 01/19/2026	Payee name Go Creative Group
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Amount (\$) \$6,429.47	Payee address; City; State; Zip Code P.O. Box 170009 Austin, TX 78717
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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 design and media expenses
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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 01/14/2026	Payee name KAP Print, LLC
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Amount (\$) \$315.48	Payee address; City; State; Zip Code 220 Quinn Dr Dripping Springs, TX 78620
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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 push cards
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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: 2/2 Rpt: 12/15	2 FILER NAME Johnson, Stephanie W. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00088798
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4 Date 01/02/2026	5 Payee name Leon Strategies
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6 Amount (\$) \$1,500.00	7 Payee address; City; State; Zip Code P.O. Box 311 Leander, TX 78646
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting 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 consulting fee
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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 01/14/2026	Payee name Texas Elite Graphics & Signs LLC
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Amount (\$) \$538.75	Payee address; City; State; Zip Code 9761 State HWY 171 Itasca, TX 76055
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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 campaign signs
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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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UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(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
	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 F2: Sch: 1/1 Rpt: 13/15	2 FILER NAME Johnson, Stephanie W. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00088798
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$ 0.00
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5 Date 01/17/2026	6 Payee name Hill County Ag Youth, Inc.
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7 Amount (\$) \$5,758.75	8 Payee address; City; State; Zip Code P.O. Box 435 Hillsboro, TX 76645
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 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 Fair Auction purchases
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11 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 PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 1/2 Rpt: 14/15	2 FILER NAME Johnson, Stephanie W. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00088798
4 Date 01/09/2026	5 Payee name Business Supply Center	
6 Amount (\$) \$15.46 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 117 East Elm St. Hillsboro, TX 76645	
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 colored copies
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name _____ Office sought _____ Office held _____	
Date 01/13/2026	Payee name Business Supply Center	
Amount (\$) \$18.33 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 117 East Elm St. Hillsboro, TX 76645	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense colored copies
	Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name _____ Office sought _____ Office held _____	
Date 01/10/2026	Payee name Fleming Lumber	
Amount (\$) \$23.48 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 209 W. Elm St. Hillsboro, TX 76645	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense zip ties
	Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name _____ Office sought _____ Office held _____	

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By -	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 2/2 Rpt: 15/15	2 FILER NAME Johnson, Stephanie W. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00088798
4 Date 01/17/2026	5 Payee name Tractor Supply	
6 Amount (\$) \$74.52 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 307 Coke St. Hillsboro, TX 76645	
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 t-posts
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held