



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME  
**Don H Johnson**

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION  
TOTALS

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

\$ 0.02

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

\$ ~~0.02~~

EXPENDITURE  
TOTALS

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

\$ - 0 -

4. TOTAL POLITICAL EXPENDITURES

\$ 199.89

CONTRIBUTION  
BALANCE

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

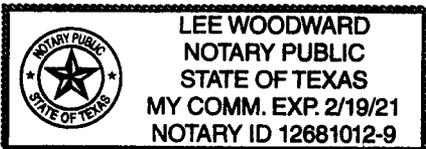
\$ - 0 -

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$ - 0 -

18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Don H Johnson*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Don H. Johnson, this the 16<sup>th</sup> day of January, 2018, to certify which, witness my hand and seal of office.

*Lee Woodward*  
Signature of officer administering oath

Lee Woodward  
Printed name of officer administering oath

City Secretary  
Title of officer administering oath

**SUBTOTALS - C/OH**

**FORM C/OH  
COVER SHEET PG 3**

19 FILER NAME

Don H Johnson

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ - 0 -
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ - 0 -
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ - 0 -
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$ - 0 -
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 199.89
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ - 0 -
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ - 0 -
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ - 0 -
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ - 0 -
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ - 0 -
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ - 0 -
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ - 0 -

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME <i>Don H Johnson</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>12/20/17</i>	<b>5</b> Payee name <i>Will Dorham Campaign</i>	
<b>6</b> Amount (\$) <i>199<sup>89</sup></i>	<b>7</b> Payee address; City; State; Zip Code <i>356 Elkins Lake Huntsville, TX 77340</i>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Contributions by Candidate</i>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name      Office sought      Office held	

Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name      Office sought      Office held		

Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name      Office sought      Office held		

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

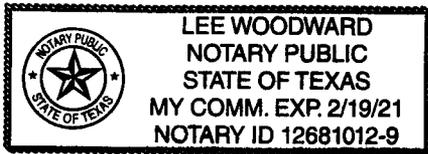
**CANDIDATE / OFFICEHOLDER  
REPORT OF UNEXPENDED CONTRIBUTIONS**

**FORM C/OH-UC  
COVER SHEET PG 1**

The C/OH-UC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)
2 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST MI <b>Don H Johnson</b>	<b>OFFICE USE ONLY</b> Date Received <i>GW 1/16/18</i>
	NICKNAME LAST SUFFIX	
3 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>503 Elkins Lake Huntsville, TX 77340</b>	Date Hand delivered or Date Postmarked <i>GW 1/16/18</i>
		Receipt # Amount \$
4 REPORT TYPE	<input type="checkbox"/> Annual <input checked="" type="checkbox"/> Final Disposition	Date Processed <i>GW 1/16/18</i>
5 PERIOD COVERED	Month Day Year THROUGH Month Day Year <b>7 / 1 / 17 THROUGH 12 / 31 / 17</b>	Date Logged <i>GW 1/16/18</i>
6 TOTALS	1. TOTAL AMOUNT OF UNEXPENDED POLITICAL CONTRIBUTIONS AS OF DECEMBER 31 OF THE PREVIOUS YEAR. (2016)	\$ 198.85
	2. TOTAL AMOUNT OF INTEREST AND OTHER INCOME EARNED ON UNEXPENDED POLITICAL CONTRIBUTIONS DURING THE PREVIOUS YEAR.	\$ .64

7 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.



*Don H. Johnson*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Don H. Johnson, this the 16th day of January, 20 18, to certify which, witness my hand and seal of office.

*Lee Woodward* Signature of officer administering oath  
 Printed name of officer administering oath  
 City Secretary Title of officer administering oath

**C/OH REPORT OF UNEXPENDED CONTRIBUTIONS  
EXPENDITURES**

**FORM C/OH-UC  
PG 2**

**8** C/OH NAME Don H Johnson **9** Filer ID (Ethics Commission Filers)

<b>10</b> Date	<b>11</b> Payee name <u>Will Durham</u>	<b>13</b> Amount (\$) <u>199.89</u>
	<b>12</b> Payee address; City; State; Zip Code <u>356 Elkins Lake Huntsville, TX 77340</u>	

**14** Purpose of expenditure (See instructions regarding type of information required.)  
Campaign for dist Atty  
 Check if travel outside of Texas. Complete Schedule T.

**15** Is expenditure a contribution to a candidate, officeholder, or political committee?  Yes  No

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	

Purpose of expenditure (See instructions regarding type of information required.)  
 Check if travel outside of Texas. Complete Schedule T.

Is expenditure a contribution to a candidate, officeholder, or political committee?  Yes  No

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	

Purpose of expenditure (See instructions regarding type of information required.)  
 Check if travel outside of Texas. Complete Schedule T.

Is expenditure a contribution to a candidate, officeholder, or political committee?  Yes  No

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	

Purpose of expenditure (See instructions regarding type of information required.)  
 Check if travel outside of Texas. Complete Schedule T.

Is expenditure a contribution to a candidate, officeholder, or political committee?  Yes  No

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

**CANDIDATE / OFFICEHOLDER REPORT:  
DESIGNATION OF FINAL REPORT**

**FORM C/OH - FR**

The Instruction Guide explains how to complete this form.  
.. Complete only if "Report Type" on page 1 is marked "Final Report" ..

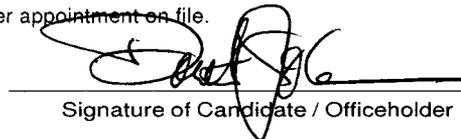
1 C/OH NAME

Don H Johnson

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

  
Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

.. Complete A & B below only if you are not an officeholder. ..

**A. CAMPAIGN FUNDS**

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

**B. ASSETS**

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

  
Signature of Candidate

5 OFFICEHOLDER

.. Complete this section only if you are an officeholder ..

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

\_\_\_\_\_  
Signature of Officeholder