

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 12
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS <input checked="" type="checkbox"/> MR FIRST: JASON MI: K NICKNAME: JJ LAST: JOHNSON SUFFIX:	<div style="border: 1px solid black; padding: 2px;"> <p style="text-align: center; margin: 0;">OFFICE USE ONLY</p> <p style="font-size: small; margin: 0;">Date Received: 2020 JUL 14 PM 4:03</p> <p style="font-size: small; margin: 0;">AURA A. HUGHES COUNTY CLERK DEPUTY</p> <p style="font-size: small; margin: 0;">FILED FOR RECORD KAUFMAN CO. TEXAS</p> </div> <p style="font-size: small; margin-top: 5px;">Date Hand-delivered or Date Postmarked</p>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 16492 CR 221 Forsyth, Texas 75126		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: (972) PHONE NUMBER: 259-0170 EXTENSION:	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS <input checked="" type="checkbox"/> MRS / MR FIRST: AMANDA MI: L NICKNAME: LAST: JOHNSON SUFFIX:	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 16492 CR 221 Forsyth, Texas 75126		
8 CAMPAIGN TREASURER PHONE	AREA CODE: (972) PHONE NUMBER: 742-5383 EXTENSION:		
9 REPORT TYPE	<input 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 checked="" 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)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 1 / 1 / 2020 THROUGH 6 / 30 / 2020		
11 ELECTION	ELECTION DATE Month Day Year / /	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) Kaufman County Constable Pct 2	13 OFFICE SOUGHT (if known) Kaufman County Constable Pct 2	
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

JASON 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

AMANDA JOHNSON

COMMITTEE CAMPAIGN TREASURER ADDRESS

16442 CR 221
FURNING, TEXAS 75126

Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)

\$ 142.80

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

\$ 5627.85

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 336.01

4. TOTAL POLITICAL EXPENDITURES

\$ 6120.65

CONTRIBUTION
BALANCE

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

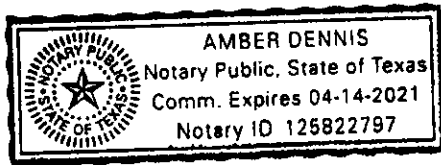
\$ 5627.85

OUTSTANDING
LOAN TOTALS

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

\$

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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.

[Signature]
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Jason Johnson, this the 14th day of July, 2020, to certify which, witness my hand and seal of office.

Amber Dennis
Signature of officer administering oath

Amber Dennis
Printed name of officer administering oath

Notary
Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5627. ⁸⁸
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 2042. ⁸³
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 995. ³⁸
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

4

2 FILER NAME

JASON JOHNSON

3 Filer ID (Ethics Commission Filers)

4 Date

12-13-2019

5 Full name of contributor

Eric Davis

out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

\$ 500.⁰⁰

6 Contributor address:

City:

State:

Zip Code

Po Box 2637 Forney, TX 75126

8 Principal occupation / Job title (See instructions)

Business Owner

9 Employer (See instructions)

Date

12-11-2019

Full name of contributor

Mark Sharrack

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$ 1000.-

Contributor address:

City:

State:

Zip Code

4617 Tippecanoe Dr. Forney, TX 75126

Principal occupation / Job title (See instructions)

Business Owner

Employer (See instructions)

Date

12-12-2019

Full name of contributor

Keith Bell

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$ 250.-

Contributor address:

City:

State:

Zip Code

Po Box 1886 Forney, TX 75126

Principal occupation / Job title (See instructions)

Business Owner

Employer (See instructions)

Date

1-6-2020

Full name of contributor

John Cole

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$ 100.-

Contributor address:

City:

State:

Zip Code

125 Redbud Forney, TX 75126

Principal occupation / Job title (See instructions)

Operations Manager

Employer (See instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4
2 FILER NAME JASON JOHNSON		3 Filer ID (Ethics Commission Filers)
4 Date 1-7-2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Charles Bustes 6 Contributor address; City; State; Zip Code 303 W. Broad Ferry, TX 75124	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Business Owner		9 Employer (See Instructions)
Date 1-7-2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kindy Hoering Contributor address; City; State; Zip Code 1200 Warrington Way Ferry TX 75124	Amount of contribution (\$) \$50.-
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions)
Date 1-19-2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jeff Fudge Contributor address; City; State; Zip Code 5349 Armesburg #306 Dallas TX 75206	Amount of contribution (\$) \$100.-
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
Date 1-22-2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cespedes & Gerardo Contributor address; City; State; Zip Code 12639 Resides Rd. Ferry, TX 75124	Amount of contribution (\$) \$250.-
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

4

2 FILER NAME

JASON JOHNSON

3 Filer ID (Ethics Commission Filers)

4 Date

1-24-2020

5 Full name of contributor

JO EILEEN CART

out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

\$ 100.-

6 Contributor address:

City:

State:

Zip Code

102 Darcie Dr. Forney TX 75126

8 Principal occupation / Job title (See instructions)

Retired

9 Employer (See instructions)

Date

1-18-2020

Full name of contributor

JASON KOP

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$ 100.-

Contributor address:

City:

State:

Zip Code

1610 Roundhouse Forney Texas 75126

Principal occupation / Job title (See instructions)

Police Officer

Employer (See instructions)

Date

1-20-2020

Full name of contributor

Shelly Winslow

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$ 50.-

Contributor address:

City:

State:

Zip Code

2004 Chisholm Trail Forney TX 75126

Principal occupation / Job title (See instructions)

mom

Employer (See instructions)

Date

1-20-2020

Full name of contributor

CAISA SIZENOTE

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$ 100.-

Contributor address:

City:

State:

Zip Code

1011 Cobblestone Forney TX 75126

Principal occupation / Job title (See instructions)

STAY AT HOME MOM

Employer (See instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <u>1</u>	
2 FILER NAME <u>JASON JOHNSON</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>300.00</u>	
5 Date <u>1-27-2020</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>LEGAL FIRM</u>	8 Amount of Contribution \$	9 In-kind contribution description <u>300 Cookies, Hots</u>
7 Contributor address; City; State; Zip Code <u>3524 Fairmont Dallas TX 75219</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <u>CONSTABLE</u>		11 Employer (FOR NON-JUDICIAL)(See Instructions) <u>HUNTSMAN COUNTY CONSTABLE PA 2</u>	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
		<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)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expenses
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 F4: 4		2 FILER NAME JASON JOHNSON		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD				\$	
5 Date 9-12-17		6 Payee name CASEY BLAIR			
7 Amount (\$) \$ 250.00		8 Payee address: 100 W. Mulberry Kaufman, Texas 75142			
9 TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political			
10 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contribution / Donations made by candidate / office holder / Political Committee			
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule I. <input type="checkbox"/>			
11 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name JASON JOHNSON		Office sought Kaufman County Commissioner At-Large	
Date 11-8-2019		Payee name Big JAYS SIGN & SHIRTWORKS			
Amount (\$) \$ 210.38		Payee address: 11801 Rufft Row Forsyth, Texas 75124			
TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Hunting expense			
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule I. <input type="checkbox"/>			
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name JASON JOHNSON		Office held Kaufman County Commissioner At-Large	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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 & Maintenance |
| Printing Expense | Food/Beverage Expense | Printing Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officerholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed) |

The instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 4		2 FILER NAME JASON JOHNSON		3 Filer ID (Ethics Commission File #)	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD				\$	
5 Date 1-8-2020		6 Payee name Tractor Supply Co.			
7 Amount (\$) \$ 72.89		8 Payee address: 100 STATE HWY 205 # 100		City: State: Zip Code TERRELL, TEXAS 75160	
9 TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political			
10 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule)		(b) Description	
		Other (Equipment for signs)		TEE POST	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officerholder living expense	
11 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officerholder name JASON JOHNSON		Office sought Kaufman County Constable Prec 2	
				Office held Kaufman County Constable Prec 2	
Date 1-26-2020		Payee name LOWES			
Amount (\$) 107.82		Payee address: 902 E. US Highway 80		City: State: Zip Code FORNEY, TX 75126	
TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description	
		Other (Equipment for signs)		TEE POST	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officerholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officerholder name JASON JOHNSON		Office sought Kaufman County Constable Prec 2	
				Office held Kaufman County Constable Prec 2	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
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 F4: 4	2 FILE NAME JASON JOHNSON	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date	6 Payee name RENTO INDUSTRIES	
7 Amount (\$) \$2000.00	8 Payee address: 102 METRO DR. TERTRELL, TEXAS 75140	City: State: Zip Code
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description YATO SIGNS, 4x4 SIGNS BANNERS
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name JASON JOHNSON	Office sought Kaufman County CONSTABLE PCT 2
		Office held Kaufman County CONSTABLE PCT 2
Date	Payee name COSTCO	
Amount (\$) \$153.75	Payee address: 1225 STATE HWY 270 ROCKWALL TEXAS 75082	City: State: Zip Code
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE	Description Drinks, paper plates, SWEETWARE, FOOD, SNACKS
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name JASON JOHNSON	Office sought Kaufman County CONSTABLE PCT 2
		Office held Kaufman County CONSTABLE PCT 2

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
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 F4: 4	2 FILER NAME JASON JOHNSON	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 2042.83
5 Date	6 Payee name VSOLET	
7 Amount (\$) \$ 40.99	8 Payee address: 500 Marketplace Blvd	City: Fortney, Texas State: Zip Code: 75126
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Tea, condiments, drinks
	(c) <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin TX officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name JASON JOHNSON	Office sought Kentner County COMMISSIOE PRTY
		Office held Kentner County COMMISSIOE PRTY
Date	Payee name	
Amount (\$)	Payee address:	City: State: Zip Code
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	(c) <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin TX officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
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: <u>1</u>	2 FILER NAME <u>JASON JOHNSON</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>12-17-15</u>	5 Payee name <u>Kaufman County</u>	
6 Amount (\$) <u>375.00</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address: <u>214 INDEPENDENCE TRAIL</u> <u>FORTY, TEXAS 75126</u> City: State: Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Contributions/Donations Made By Candidate/Officeholder/Political Committee</u>	(b) Description <u>Filing Fee</u>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <u>JASON JOHNSON</u>	Office sought <u>Kaufman County COMMISSIO PER 2</u>
Date <u>12-15-15</u>	Payee name <u>Walmart</u>	Office held <u>Kaufman County COMMISSIO PER 2</u>
Amount (\$) <u>32.00</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: <u>214 INDEPENDENCE TRAIL</u> <u>FORTY, TEXAS 75126</u> City: State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>FOOD / BEVERAGE EXPENSE</u>	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <u>JASON JOHNSON</u>	Office sought <u>Kaufman County COMMISSIO PER 2</u>
Date <u>11-15-19</u>	Payee name <u>Kaufman County</u>	Office held <u>Kaufman County COMMISSIO PER 2</u>
Amount (\$) <u>375.00</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: <u>16492 CR 221</u> <u>FORTY, TEXAS 75126</u> City: State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Contributions/Donations Made By Candidate/Officeholder/Political Committee</u>	Description <u>Filing Fee</u>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <u>JASON JOHNSON</u>	Office sought <u>Kaufman County COMMISSIO PER 2</u>
		Office held <u>Kaufman County COMMISSIO PER 2</u>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED