# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

#### FORM COR-C/OH

1 Filer ID (Ethics Com	nission Filers)	2 Total pages filed: 13	OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST MI Date Received  Eric L  NICKNAME LAST SUFFIX  Johnson			
4 ORIGINAL REPORT TYPE	30th day before election 15th app	onoff Other (specify)  seeded \$500 limit ———————————————————————————————————	Date Hand-delivered or Date Postmarked  Receipt # Amount \$	
5 ORIGINAL PERIOD COVERED	Month Day Year 04 / 27 / 2023 TH	Month Day Year HROUGH 06 30 2023	Date Processed  Date Imaged	
6 EXPLANATION OF CO	ORRECTION mitted with original filing			
<b>7</b> AFFIDAVIT	report is	or affirm, under penalty of perjury, true and correct.  ONLY if applicable:	that this corrected	
	made in sent the  Other re report no that the in or affirm	nual reports: I swear, or affirm, the good faith and without an intent information contained in the reports: I swear, or affirm, that lot later than the 14th business dareport as originally filed is inaccural, that any error or omission in the de in good faith.	to mislead or to misrepre- ort.  I am filing this corrected y after the date I learned te or incomplete. I swear,	
		* * * Electronically Certified	* * * <u>*</u>	
AFFIX NOTARY STA	MP / SEAL ABOVE	Signature of Candidate or C	Officeholder	
	ed before me, by the saidEric L Johnson		oth day of July ,	
Signature of officer ac	Iministering oath Printed	d name of officer administering oath	Title of officer administering oath	
Re	emember To Attach Any Par	rt Of The Campaign Finance Re	eport Form	

**Needed To Report And Explain Corrections** 

# **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how to	o complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages file 13	ed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST <b>Eric</b>	MI L	OFFICE	USE ONLY
NAME	NICKNAME	LAST <b>Johnson</b>	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; PO Box: 181738		CITY; STATE; ZIP CODE  Dallas TX 75218		
Change of Address					
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE ( 214 )	PHONE NUMBER 670 3301	EXTENSION	Date Hand-delivered  Receipt #	or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	first <b>Mel</b>	MI	<u> </u>	Amount \$
NAME	NICKNAME	LAST	SUFFIX	Date Processed	
	TWOTHVINE	Renfro	001111	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (N 8211 Hunnicut Ro	,	SUITE #; CITY; Dallas TX 75228	STATE;	ZIP CODE
(Residence or Business)	4DE4 00DE	BUONE AUMED	EVENION		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
9 REPORT TYPE	January 15	30th day before 6	election Runoff	15th day aft treasurer ap (Officeholder	
	X July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Report	(Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year Month Day Year				
OOVERED	04 / 27 / 2023 THROUGH 06 / 30 / 2023			3	
11 ELECTION	Month Day  05 / 06 /	Year Primary  2023 Seneral	Runoff Other Description  Special		
12 OFFICE	OFFICE HELD (if any)  Mayor	·	13 OFFICE SOUGHT (if known Mayor	n)	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFICE	HOLDER. THESE EXPENDITURE	ACCEPTED OR POLITICAL EXPENDITURES N S MAY HAVE BEEN MADE WITHOUT THE CAN IRED TO REPORT THIS INFORMATION ONLY IF	DIDATE'S OR OFFICEHOL	DER'S KNOWLEDGE OR
COMMITTEE(3)	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TRE	EASURER NAME		
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS		
		GO ТО	PAGE 2		

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

15 C/OH NAME Eric L Johnson				16 File	r ID (Ethics Co	mmission Filers)
17 CONTRIBUTION TOTALS	PLED	UNITEMIZED POLITICA GES, LOANS, OR GUARA RIBUTIONS MADE ELEC		THAN	\$ 0.00	
		L POLITICAL CONTRIE R THAN PLEDGES, LOAN	BUTIONS NS, OR GUARANTEES OF LC	OANS)	\$ 5220.0	00
EXPENDITURE TOTALS	3. TOTAL	UNITEMIZED POLITICA	L EXPENDITURE.		\$ 0.00	
	4. TOTA	L POLITICAL EXPENDI	TURES		\$ 20889	5.04
CONTRIBUTION BALANCE		POLITICAL CONTRIBUT PORTING PERIOD	IONS MAINTAINED AS OF TH	IE LAST DAY	\$ 0.00	
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF DAY OF THE REPORTING	FALL OUTSTANDING LOANS B PERIOD	AS OF THE	\$ 0.00	
		der penalty of perjury, the	nat the accompanying report lection Code.	is true and co	prrect and inclu	udes all information
			***ELECTRO	NICALLY C	ERTIFIED**	**
			Signature	of Candidate	or Officeholde	er
				_		
		Please comp	lete either option be	elow:		
(1) Affidavit						
NOTARY STAMP/SEA	L					
		Eric L. Johnson		10th		Inly
Sworn to and subscribed	-		this	s the 10th	_ day of	, , , , , , , , , , , , , , , , , , ,
$20 \phantom{0000000000000000000000000000000000$	which, witness my h	nand and seal of office.				
Signature of officer administe	ring oath	Printed name of office	cer administering oath		Title of officer	administering oath
			OR			
(2) Unsworn Declaration	on					
My name is			, and my date of b	irth is		
My address is						
	(st	reet)	(city)	(state)	` '	` ,
Executed in	County,	State of	_ , on the day of(	month)	, 20 (year)	
			Signature of 0	Candidate/Offic	ceholder (Decl	arant)

## **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

19	FILER NAME	20 Filer ID (Ethics Co	mmission Filers)	
E	ric L Johnson			
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 5,220.00	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTION	ns	\$ 0.00	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0.00	
4.	SCHEDULE E: LOANS	\$ 0.00		
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL	\$ 208,895.00		
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00		
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLIT	\$ 0.00		
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00		
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONA	\$ 0.00		
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$ 0.00	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTI	RIBUTIONS RETURNED	\$ 7,916.78	

### SCHEDULE A1

If the requested information is not applicable, **DO NOT include this page in the report.** 

Th	ne Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 1 of 3
2 FILER NAM Eric L Johnson		3 Filer ID (Ethics Commission Filers)
<b>4</b> Date 04/28/2023	Full name of contributor	7 Amount of contribution (\$) 1000.00
	6 Contributor address; City; State; Zip Code 113 Cree Dr Forest Heights, MD 20745	
8 Principal occ	cupation / Job title (See Instructions)  9 Employer (See Instr	uctions)
Date 05/02/2023	Full name of contributor	Amount of contribution (\$) 1000.00
	Contributor address; City; State; Zip Code 6509 Malcolm Dr Dallas, TX 75214	
Principal occ	supation / Job title (See Instructions) Employer (See Instr	uctions)
Date 05/02/2023	Full name of contributor	Amount of contribution (\$) 100.00
	Contributor address; City; State; Zip Code 11937 Denton Dr Suite 102 Dallas, TX 75234	
Principal occ	cupation / Job title (See Instructions)  Employer (See Instructions)	uctions)
Date 05/03/2023	Full name of contributor	Amount of contribution (\$) 400.00
	Contributor address; City; State: Zip Code 1739 Novela Way Dallas, TX 75215	
Principal occ	cupation / Job title (See Instructions) Employer (See Instr	uctions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE A1

If the requested information is not applicable, **DO NOT include this page in the report.** 

The Instruction Guide explains how to complete this form.  1 Total pages Schedule At: 2 of 3 2 FILER NAME Eric L. Johnson  4 Date   5 Full name of contributor					
Eric L Johnson  4 Date   5 Full name of contributor  out-of-state PAC (ID#:	The	Instruction Guide explains how to	complete this	form.	1 Total pages Schedule A1: 2 of 3
O5/10/2023   Chrystiane Kiser   O5/10/2023   Chrystiane Kiser   O6   Contributor address; 2814 Highwood Dr   City; State: Zip Code   Dallas, TX 75228					3 Filer ID (Ethics Commission Filers)
6 Contributor address; 2814 Highwood Dr City; State; Zip Code Dallas, TX 75228  8 Principal occupation / Job title (See Instructions)  Date Full name of contributor	4 Date	5 Full name of contributor	out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
6 Contributor address; 2814 Highwood Dr Dallas, TX 75228  8 Principal occupation / Job title (See Instructions)  Date   Full name of contributor   out-of-state PAC (ID#:	05/10/2023	Chrystiane Kiser			10.00
Date   Full name of contributor   out-of-state PAC (ID#:		6 Contributor address;	City;	State; Zip Code	
Chrystiane Kiser   10.00	8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	tions)
Contributor address; 2814 Highwood Dr Dallas, TX 75228  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) 2500.00  Contributor address; City; State; Zip Code 3100 McKinnon Street Suite 1150 Dallas, TX 75201  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of contribution (\$) 2500.00  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of contribution (\$) 100.00	Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
Contributor address; 2814 Highwood Dr  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of contribution (\$) 2500.00  Contributor address; City; Dallas, TX 75201  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of contribution (\$) 2500.00  Contributor address; City; Dallas, TX 75201  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of contribution (\$) 2500.00  Employer (See Instructions)	06/10/2023				10.00
Date   Full name of contributor   out-of-state PAC (ID#:)   Amount of contribution (\$)		Contributor address;	City;	State; Zip Code	
The Real Estate Council PAC  Contributor address; City; State; Zip Code 3100 McKinnon Street Suite 1150 Dallas, TX 75201  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date 04/28/2023  Full name of contributor out-of-state PAC (ID#:	Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	cions)
Contributor address; City; State; Zip Code 3100 McKinnon Street Suite 1150 Dallas, TX 75201  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date Full name of contributor out-of-state PAC (ID#: 100.00)  Elizabeth Quelch 100.00	Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date  Full name of contributor	05/12/2023	The Real Estate Council PAC			2500.00
Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) 100.00		Contributor address; 3100 McKinnon Street Suite 1	City; 1150 Dallas,	State; Zip Code TX 75201	
04/28/2023 Elizabeth Quelch 100.00	Principal occu	aation / Job title (See Instructions)		Employer (See Instruc	tions)
Contributor address; City; State; Zip Code 5841 Melshire Dr Dallas, TX 75230			out-of-state PAC	(ID#:)	
		Contributor address; 5841 Melshire Dr	City; Dallas,	State: Zip Code TX 75230	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	Principal occu	oation / Job title (See Instructions)		Employer (See Instruct	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE A1

If the requested information is not applicable, **DO NOT include this page in the report.** 

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 3 of 3
2 FILER NAME Eric L Johnson			3 Filer ID (Ethics Commission Filers)
<b>4</b> Date 04/29/2023	David Bell  6 Contributor address; City;	State; Zip Code	7 Amount of contribution (\$) 100.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	_	(ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date		(ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES (	DE THIS SCHEDI II E AS N	JEEDED.

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	, -	,
<b>1</b> Total pages Schedule F1: 1 of 6	2 FILER NAME Eric L Johnson		3 Filer ID (Ethic	s Commission Filers)
<b>4</b> Date 06/30/2023	5 Payee name Anedot	'		
<b>6</b> Amount (\$) 90.65	<b>7</b> Payee address; 1340 Poydras Street SuitNdŵ70rleans, LA 70112	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees	(b) Description Contribution fees dur	ing period	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	g expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
05/15/2023	Adept Strategies			
Amount (\$) 20000.00	Payee address; P.O. Box 225841 Dallas, TX 75222	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Consulting Expense	Strategic consulting s	ervices	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date 06/15/2023	Payee name Adept Strategies			
Amount (\$) 21307.04	Payee address; P.O. Box 225841 Dallas, TX 75222	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Consulting Expense	Strategic consulting s	ervices	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(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

Credit Card Payment	The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1: 2 of 6	2 FILER NAME Eric L Johnson		3 Filer ID (Ethics Com	mission Filers)		
<b>4</b> Date 04/30/2023	5 Payee name Strategic Partners & Media					
6 Amount (\$) 50000.00	<b>7</b> Payee address; 1851 McGuckian St Annapolis, MD 21401	City;	State; Zi <sub>l</sub>	o Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Consulting Expense	(b) Description Strategic consulting s	services			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expens	se		
<b>9</b> Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office	e held		
Date	Payee name					
04/27/2023	Black Jack Pizza					
Amount (\$) 2105.00	Payee address; 2536 Martin Luther King <b>JalBi</b> ls;dTX 75215	City;	State; Zi	o Code		
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Event				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expens	se		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office	e held		
Date 05/08/2023	Payee name Carmen Orellana					
Amount (\$) 200.00	Payee address; 10910 Middle Knoll Dr Dallas, TX 75238	City;	State; Zi	o Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description Event				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expens	ee		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Offic	e held		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED			

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Magnes/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1: 3 of 6	2 FILER NAME Eric L Johnson		3 Filer ID (Ethics Commission Filers)
<b>4</b> Date 05/01/2023	<b>5</b> Payee name Virgin Hotels		
<b>6</b> Amount (\$) 5595.78	<b>7</b> Payee address; 1445 Turtle Creek Blvd Dallas, TX 75207	City;	State; Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Event Expense	Venue, food, & bever	rage
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
05/01/2023	Mailchimp		
Amount (\$) 1119.30	Payee address; 675 Ponce De Leon Ave <b>Nt</b> anta , GA 30308	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Email service	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 05/09/2023	Payee name Strategic Partners & Media		
Amount (\$) 55000.00	Payee address; 1851 McGuckian St Annapolis, MD 21401	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Consulting Expense	Strategic consulting s	services
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	
<b>1</b> Total pages Schedule F1: 4 of 6	2 FILER NAME Eric L Johnson		3 Filer ID (Ethics Commission Filers)
<b>4</b> Date 05/17/2023	5 Payee name Damarcus Offord		
6 Amount (\$) 2000.00	<b>7</b> Payee address; 8705 Craige Dr Dallas, TX 75217	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor	(b) Description Field	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
06/20/2023	Isaiah Johnson		
Amount (\$) 500.00	Payee address; 2626 Duncanville Rd SuiDall0\$,3TX 75211	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Salaries/Wages/Contract Labor	Photography	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 05/28/2023	Payee name Strategic Partners & Media		
Amount (\$) 24957.00	Payee address; 1851 McGuckian St Annapolis, MD 21401	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Consulting Expense	Strategic consulting s	services
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, 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 NEE	EDED

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Other (enter a category not listed above)
<b>1</b> Total pages Schedule F1: 5 of 6	2 FILER NAME Eric L Johnson		3 Filer ID (Ethics Commission Filers)
<b>4</b> Date 05/15/2023	<b>5</b> Payee name L2		
<b>6</b> Amount (\$) 7559.15	7 Payee address; 18912 North Creek Park Wayth SalliteWA 98011	City;	State; Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Consulting Expense	Strategic consulting s	services
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
06/04/2023	The Charles Hotel		
Amount (\$) 2161.12	Payee address; 1 Bennett Street Cambridge, MA 02138	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Transportation Equipment & Related Expense	Lodging	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 05/02/2023	Payee name Strategic Partners & Media		
Amount (\$) 16000.00	Payee address; 1851 McGuckian St Annapolis, MD 21401	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Consulting Expense	Strategic consulting s	services
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(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

Oredit Gard Layment	The Instruction Guide explains how to	complete this form.		
<b>1</b> Total pages Schedule F1: 6 of 6	2 FILER NAME Eric L Johnson		3 Filer ID (Ethics Commission Fi	lers)
<b>4</b> Date 04/28/2023	5 Payee name Dean Macadam			
6 Amount (\$) 300.00	7 Payee address; 1540 S Coast Hwy Suite L@guna Beach, CA 92651	City;	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor	(b) Description Photo		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
Amount (\$)	Payee address;	City;	State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
Amount (\$)	Payee address;	City;	State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

## INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

### SCHEDULE K

If the requested information is not applicable, **DO NOT include this page in the report.** 

The	Instruction Guide explains how to complete this form.	1 Total pages Sche	dule K:
2 FILER NAME Eric L Johnson	ı	3 Filer ID (Ethics	s Commission Filers)
4 Date	5 Name of person from whom amount is received Liberty Capital Bank		8 Amount (\$)
06/30/2023	6 Address of person from whom amount is received; City; Stat 5055 Keller Springs Road Suite 120  Addison, TX		7916.78
	7 Purpose for which amount is received Check if I Interest during period	oolitical contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; Sta	te; Zip Code	
	Purpose for which amount is received Check if	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; Stat	e; Zip Code	
	Purpose for which amount is received Check if	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; Sta	te; Zip Code	
	Purpose for which amount is received Check if	political contribution	returned to filer
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED	

Supplement Officeholder	al Report		FOR Cover She	MSR etSR
1. CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST MI Eric L	2. Total Pages Filed: 11	
	NICKNAME	LAST SUFFIX  Johnson	3. Office Held  Mayor	
4. SUPPLEMENTAL REPORT TYPE	c January 15	c 30th day before election c Runoff	c 15th day after camp treasurer appointmer (officeholder only)	
	<b>☆</b> July 15	c 8th day before election c Exceeded \$500 limit	c Final Report	
5. PERIOD / COVERED		4/27/2023 THROUGH 6/30/2023		
6. ELECTION	Month Day Year			
	5/6/2023	c Primary c Runoff $oldsymbol{X}$ C	Seneral c Spe	cial c N/A
7. OFFICE- HOLDER	CONTRIBUTION TOTALS	1. TOTAL OFFICEHOLDER CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$0.00		
		2. TOTAL OFFICEHOLDER CONTRIBUTIONS OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		
	EXPENDITURE	3. TOTAL OFFICEHOLDER EXPENDITURES OF \$100 OR LE	SS, UNLESS ITEMIZED	\$0.00
	TOTALS	4. TOTAL OFFICEHOLDER EXPENDITURES		\$ 4,080.42
8. POLITICAL	CONTRIBUTION TOTALS	5. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS ( LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED		\$0.00
(Campaign)		6. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LC	DANS)	\$ 5,220.00
	EXPENDITURE	7. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS U	NLESS ITEMIZED	\$ 0.00
	TOTALS	8. TOTAL POLITICAL EXPENDITURES		\$204,814.60
9. OFFICEHOLDER FUN FOR CAMPAIGN PURF		9. TOTAL DOLLAR AMOUNT OF OFFICEHOLDER CONTRIBI CAMPAIGN EXPENDITURES DURING THE REPORTING PER		\$ 0.00
10. AFFIDAVIT		I swear, or affirm, under penalty of perju is true and correct and includes all inform me under Title 15, Election code.		
***ELECTRONICALLY CERTIFIED***				
AFFIX NOTARY STAMP / SEAL ABOVE  ———————————————————————————————————				
Sworn to and subscribed by	pefore me, by the saidEric L	_ Johnson, t	this the 16th	day
of July , 20	23 , to certify which,	witness my hand and seal of office.		
Signature of officer add	ministering oath	Printed name of officer administering oath	Title of officer add	ministering oath

### SCHEDULE A1

If the requested information is not applicable, **DO NOT include this page in the report.** 

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME Eric L Johnson		3 Filer ID (Ethics Commission Filers)
<b>4</b> Date 04/28/2023	5 Full name of contributor out-of-state PAC (ID#: Anthony Noble	7 Amount of contribution (\$) 1000.00
Campaign Contribution	6 Contributor address; City; State; 113 Cree Dr Forest Heights,	Zip Code MD 20745
8 Principal occu	pation / Job title (See Instructions)  9 Emp	oloyer (See Instructions)
Date 05/02/2023	Full name of contributor □ out-of-state PAC (ID#:  Dan and Hon Carol Donovan	Amount of contribution (\$) 1000.00
Campaign Contribution	Contributor address; City; State; 6509 Malcolm Dr Dallas, TX 752	•
Principal occup	eation / Job title (See Instructions) Emp	oloyer (See Instructions)
Date 05/02/2023	Full name of contributor □ out-of-state PAC (ID#:	Amount of contribution (\$) 100.00
Campaign Contribution	Contributor address; City; State; 11937 Denton Dr Suite 102 Dallas, TX 752	Zip Code 34
Principal occup	pation / Job title (See Instructions) Emp	oloyer (See Instructions)
Date 05/03/2023	Full name of contributor out-of-state PAC (ID#: Matthew McDougal	Amount of contribution (\$) 400.00
Campaign Contribution	Contributor address; City; State; 1739 Novela Way Dallas, TX 752	Zip Code 15
Principal occup	pation / Job title (See Instructions) Emp	oloyer (See Instructions)

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### SCHEDULE A1

If the requested information is not applicable, **DO NOT include this page in the report.** 

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 2 of 3
<b>2</b> FILER NAME Eric L Johnson			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
05/10/2023	Chrystiane Kiser		10.00
Campaign Contribution	6 Contributor address; City; 2814 Highwood Dr Dallas,	State; Zip Code TX 75228	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	Full name of contributor	G (ID#:)	Amount of contribution (\$)
06/10/2023	Chrystiane Kiser		10.00
Campaign Contribution	Contributor address; City;	State; Zip Code TX 75228	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)
05/12/2023	The Real Estate Council PAC		2500.00
Campaign Contribution	Contributor address; City; 3100 McKinnon Street Suite 1150 Dallas,	State; Zip Code TX 75201	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 04/28/2023	Full name of contributor	C (ID#:)	Amount of contribution (\$) 100.00
Campaign Contribution	Contributor address; City; 5841 Melshire Dr Dallas,	State: Zip Code TX 75230	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)

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### SCHEDULE A1

If the requested information is not applicable, **DO NOT include this page in the report.** 

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 3 of 3
<b>2</b> FILER NAME Eric L Johnson			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
04/29/2023	David Bell		100.00
Campaign Contribution	6 Contributor address; City; 8350 Meadow Rd Suite 186 Dallas,	State; Zip Code , TX 75231	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	vation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	ATTACH ADDITIONAL CODIES	OE THIS SCHEDI II E AS N	IEEDED.

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(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

Credit Card Payment	The Instruction Guide explains how to o	complete this form.	, ,	
1 Total pages Schedule F1:	2 FILER NAME Eric L Johnson		3 Filer ID (Ethics	s Commission Filers)
4 Date	5 Payee name			
06/30/2023	Anedot			
<b>6</b> Amount (\$) 90.65  Campaign Funds for Campaign Expenditures	7 Payee address; 1340 Poydras Street Suite 1770 New Orleans, LA 70112	City;	State;	Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	Fees	Contribution fees dur	ing period	
OF EXPENDITURE				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
05/15/2023	Adept Strategies			
Amount (\$) 20000.00	Payee address; P.O. Box 225841 Dallas, TX 75222	City;	State;	Zip Code
Campaign Funds for Campaign Expenditures				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Consulting Expense	Strategic consulting s	services	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
06/15/2023	Adept Strategies			
Amount (\$) 21307.04	Payee address; P.O. Box 225841 Dallas, TX 75222	City;	State;	Zip Code
Campaign Funds for Campaign Expenditures	F.O. BOX 223041 Dallas, 1X 73222			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	Consulting Expense	Strategic consulting s	services	
EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, 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 NEE	DED	

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	,	,
<b>1</b> Total pages Schedule F1: 2 of 6	2 FILER NAME Eric L Johnson		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name			
04/30/2023	Strategic Partners & Media			
<b>6</b> Amount (\$) 50000.00 Campaign Funds for Campaign Expenditures	7 Payee address; 1851 McGuckian St Annapolis, MD 21401	City;	State;	Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Consulting Expense	Strategic consulting s	services	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living e	expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	C	Office held
Date	Payee name			
04/27/2023	Black Jack Pizza			
Amount (\$) 2105.00	Payee address;	City;	State;	Zip Code
Campaign Funds for Campaign Expenditures	2536 Martin Luther King Jr Blvd Dallas, TX 75215	_		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Event		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living e	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	C	Office held
Date	Payee name			
05/08/2023	Carmen Orellana			
Amount (\$) 200.00	Payee address; 10910 Middle Knoll Dr Dallas, TX 75238	City;	State;	Zip Code
Campaign Funds for Campaign Expenditures	10710 Wildle Knor Br Builds, 177 73230			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Salaries/Wages/Contract Labor	Event		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living e	xpense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(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

Credit Card Payment	The Instruction Guide explains how to o	complete this form.	Garer (errier a satege	.,
1 Total pages Schedule F1: 3 of 6	2 FILER NAME Eric L Johnson		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name			
05/01/2023	Virgin Hotels			
<b>6</b> Amount (\$) 5595.78 Campaign Funds for Campaign Expenditures	<b>7</b> Payee address; 1445 Turtle Creek Blvd Dallas, TX 75207	City;	State;	Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	Event Expense	Venue, food, & bever	rage	
OF EXPENDITURE				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
05/01/2023	Mailchimp			
Amount (\$) 1119.30	Payee address;	City;	State;	Zip Code
Officeholder Funds for Officeholder Expenditures	675 Ponce De Leon Ave <b>Me</b> lanta, GA 30308			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Email service		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
05/09/2023	Strategic Partners & Media			
Amount (\$) 55000.00	Payee address;	City;	State;	Zip Code
Campaign Funds for Campaign Expenditures	1851 McGuckian St Annapolis, MD 21401			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Consulting Expense	Strategic consulting s	services	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, 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 NEE	DED	

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(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

Credit Card Payment	The Instruction Guide explains how to e	complete this form.	Other (enter a category not listed above)	
<b>1</b> Total pages Schedule F1: 4 of 6	2 FILER NAME Eric L Johnson		3 Filer ID (Ethics Commission Filers)	)
4 Date	5 Payee name	l		
05/17/2023	Damarcus Offord			
6 Amount (\$) 2000.00	<b>7</b> Payee address; 8705 Craige Dr Dallas, TX 75217	City;	State; Zip Code	
Campaign Funds for Campaign Expenditures				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Salaries/Wages/Contract Labor	Field		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
06/20/2023	Isaiah Johnson			
Amount (\$) 500.00	Payee address;	City;	State; Zip Code	
Officeholder Funds for Officeholder Expenditures	2626 Duncanville Rd Suite 1013 Dallas, TX 75211			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Salaries/Wages/Contract Labor	Photography		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
05/29/2022	St. A. D. A. B. M. I'			
05/28/2023 Amount (\$) 24057.00	Strategic Partners & Media  Payee address;	City;	State; Zip Code	
24937.00	1851 McGuckian St Annapolis, MD 21401	Oity,	State, Zip Gode	
Campaign Funds for Campaign Expenditures				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Consulting Expense	Strategic consulting s	ervices	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, 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 NEE	:DED	

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
<b>1</b> Total pages Schedule F1: 5 of 6	2 FILER NAME Eric L Johnson		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name			
05/15/2023	L2			
6 Amount (\$) 7559.15 Campaign Funds for Campaign Expenditures	7 Payee address; 18912 North Creek Parkway Suite 1 Bothell, WA 98011	City;	State; Zip Code	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Consulting Expense	Strategic consulting services		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
06/04/2023	The Charles Hotel			
Amount (\$) 2161.12	Payee address; 1 Bennett Street Cambridge, MA 02138	City;	State; Zip Code	
Officeholder Funds for Officeholder Expenditures				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Transportation Equipment & Related Expense	Lodging		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
05/02/2023	Strategic Partners & Media			
Amount (\$) 16000.00	Payee address; 1851 McGuckian St Annapolis, MD 21401	City;	State; Zip Code	
Campaign Funds for Campaign Expenditures	7 Amapons, MD 21401			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Consulting Expense	Strategic consulting s	services	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/OF				
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(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

Credit Card Payment	The Instruction Guide explains how to o	complete this form.		,
<b>1</b> Total pages Schedule F1: 6 of 6	2 FILER NAME Eric L Johnson		3 Filer ID (Ethics	s Commission Filers)
4 Date	5 Payee name			
04/28/2023	Dean Macadam			
6 Amount (\$) 300.00  Officeholder Funds for Officeholder Expenditures	<b>7</b> Payee address; 1540 S Coast Hwy Suite 101 Laguna Beach, CA 92651	City;	State;	Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Salaries/Wages/Contract Labor	Photo		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	g expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, 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 NEE	EDED	

## INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

### SCHEDULE K

If the requested information is not applicable, **DO NOT include this page in the report.** 

The Instruction Guide explains how to complete this form.  1 Total pages Sche 1 of 1		dule K:	
2 FILER NAME Eric L Johnson  3 Filer ID (Ethics		Commission Filers)	
<b>4</b> Date	5 Name of person from whom amount is received Liberty Capital Bank		8 Amount (\$)
06/30/2023 Officeholder Fun for Officeholder Expenditures	dis Address of person from whom amount is received; City; State; Zip Code 5055 Keller Springs Road Suite 120  Addison, TX 75001		7916.78
	7 Purpose for which amount is received  Interest during period  Check if political contribution returned to filer		returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code		
	Purpose for which amount is received Check if political contribution returned to filer		
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; Stat	te; Zip Code	
	Purpose for which amount is received Check if political contribution retu		returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; Sta	ite; Zip Code	
	Purpose for which amount is received   Check if political contribution return		returned to filer
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			