CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 20	
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST SUSan	Č.	OFFICE USE ONLY	
NAME	NICKNAME JOHNSON	SUFFIX	Date Received 4-24-24	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		onnoe, TX 77301	Sami Quilan Asst. City secretary	
Change of Address	*			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (281) 380 - 4753	EXTENSION	Date Hand-delivered or Date Postmarked 4-24-24 Receipt # Amount \$	
6 CAMPAIGN TREASURER NAME	MS/MRS (MR) DEAN NICKNAME LAST JONNSON	SUFFIX	Date Processed 4-24 5-24 Date Imaged	
7 CAMPAIGN TREASURER ADDRESS		CONTOR, TX 773	STATE; ZIP CODE	
(Residence or Business)				
8 CAMPAIGN TREASURER PHONE	(281) 881-1087	EXTENSION		
9 REPORT TYPE	January 15 30th day before	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)	
	July 15 8th day before el	lection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year 3 / 26 / 24	THROUGH 4	Day Year / 24 / 24	
11 ELECTION	ELECTION DATE	ELECTION TYP	E	
*	Month Day Year Primary 5 / 4 /2024 Genera	Description		
12 OFFICE	OFFICE HELD (If any)	13 OFFICE SOUGHT (If know	Council Place#1	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTION. THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURE CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQU	ES MAY HAVE BEEN MADE WITHOUT THE CA	MADE BY POLITICAL COMMITTEES TO SUPPORT NDIDATE'S OR OFFIGEHOLDER'S KNOWLEDGE OR	
	COMMITTEE TYPE COMMITTEE NAME	ofessional Firefigl	nters Assoc.	
Additional Pages	GENERAL COMMITTEE ADDRESS P.O. BOX 3	ole Conroe, TX	77305	
		oolery		
	COMMITTEE CAMPAIGN T	Clevel	and, TX 77328	
GO TO PAGE 2				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	san C. Johnson	16 Filer ID (Ethics Commission Filers)			
17 CONTRIBUTION TOTALS	 TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 	\$ \$			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 15,150.00			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0			
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,260.91			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAG OF REPORTING PERIOD	\$ 10,789.09			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	F THE \$			
•	swear, or affirm, under penalty of perjury, that the accompanying report is tru quired to be reported by me under Title 15, Election Code.	e and correct and includes all information			
	Swan Cofun	wsv			
	Signature of Co	andidate or Officeholder			
	Please complete either option below:				
(1) Affidavit YANIRA PERES GUTIERREZ Notary ID #134423989 My Commission Expires June 23, 2027					
NOTARY STAMP/SEAL					
Sworn to and subscribed	this the	day of April ,			
20 <u>24</u> , to certif	ywhich, witness my hand and seal of office. Yanira Peres-Gutierrez	Notary			
Signature of officer adminis		Title of officer administering oath			
	OR				
(2) Unsworn Declarate	ion				
My name is	, and my date of birth	is			
My address is		(data) (dispersion)			
Frequency in	()	(state) (zip code) (country)			
Executed in	County, State of , on the day of (mon	th) (year)			
	Signature of Cano	didate/Officeholder (Declarant)			

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME SUSAN C. JOHNSON 20 Filer ID (Ethics Con	mmission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$15,150.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 2
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ &
4. SCHEDULE E: LOANS	\$ 8
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 4,360.91
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 8
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 8
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ B
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 8
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 8
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 8
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 8

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The I	nstruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 3
2 FILER NAME	Susan C. Johnson	7	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
4/03/24	6 Contributor address; City;	State; Zip Code CONVOL TX 17304	250.00
8 Principal occup Refire	pation / Job title (See Instructions)	9 Employer (See Instruct	ions) —→
Date	_	(ID#:)	Amount of contribution (\$)
4/03/24	Jean Mann Contributor address; City;	State; Zip Code TX 000 000 5 77382	50.00
	nation / Job title (See Instructions)	Employer (See Instruct	ry County
Date	Full name of contributor	; (ID#:)	Amount of contribution (\$)
4/03/24	Contributor address; City; Convol, 7	State; Zip Code	250.00
	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	λ .	Amount of contribution (\$)
4/05/24	Contributor address; City; Conv	State; Zip Code OU, TX 77304	500.00
	pation / Job title (See Instructions)	Employer (See Instruc	uolf Cars
	ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see Inst		

MONETARY POLITICAL CONTRIBUTIONS

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	Susan C. Johnson	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
4/15/24	Scott A. Gondon 6 Contributor address; City; State; Zip Code Houston TX 77057	1,000.00
	pation / Job title (See Instructions) State Developer 9 Employer (See Instru	octions)
Date	Full name of contributor	Amount of contribution (\$)
4/15/24	Ryan D. Gordon Contributor address; City; State; Zip Code Housen, TX 77056	1,000.00
Principal occup	tect Self Self	actions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
4/15/24	Contributor address; City; State; Zip Code Houston, TX 77056	1,000.00
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	uctions)
Date	Full name of contributor) Amount of contribution (\$)
4/15/24	Mandeep S. Palola Contributor address; City; State; Zip Code Sac varnowto, Cal 95834	10,000 .00
	pation / Job title (See Instructions) Employer (See Instructions) Texas Vall	al - 1 A
FIIM	cipal Halministrator rexas vall	ey Noucings
1		

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 state of the s
The Instruction Guide explains how to c	complete this form. 1 Total pages Schedule A1:
2 FILER NAME SUSAN C. John	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor	out-of-state PAC (ID#:) 7 Amount of contribution (\$)
6 Contributor address;	Soc. of Reactors PAC City; State; Zip Code 1,000.00
Hush	n TX 78768-22-14
8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions) PAC
Date Full name of contributor	out-of-state PAC (ID#:) Amount of contribution (\$)
4/15/24 Barbara Pad 19	0
Contributor address;	City; State; Zip Code 100.00
	Conroe, TX 17304
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Retired	
Nate Full name of contributor	out-of-state PAC (ID#:) Amount of contribution (\$)
Contributor address;	City; State; Zip Code
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date Full name of contributor	Tout-of-state PAC (ID#:) Amount of contribution (\$)
Contributor address;	City; State; Zip Code
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
:	
ATTACH ADDITIO	NAL COPIES OF THIS SCHEDULE AS NEEDED
	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:
² FILER NAME SUSAN C. Johnson	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS	\$ \$
7 Contributor address; City; State; Zip Code	B Amount of 9 In-kind contribution description
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)	Gyer (FOR NON-JUDICIAL)(Gee Institutions)
12 Contributor's principal occupation (FOR JUDICIAL) 13 Contri	ributor'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 out-of-state PAC (ID#:	Amount of I In-kind contribution description Contribution \$ I In-kind contribution description I In-kind contribution description Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Emp	loyer (FOR NON-JUDICIAL)(See Instructions)
Contributor's principal occupation (FOR JUDICIAL) Contributor's principal occupation (FOR JUDICIAL)	tributor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)	firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
ATTACH ADDITIONAL COPIES OF THIS SCH	

PLEDGED CONTRIBUTIONS

SCHEDULE B

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedul	е В:
2 FILER NAME	busan C. Johnson		3 Filer ID (Ethics Co	mmission Filers)
	UNITEMIZED PLEDGES		\$	
5 Nate	6 Full name of pledgor		8 Amount I of Pledge \$ I	9 In-kind contribution description
	7 Pledgor address; City; Stat	te; Zip Code		
			Check if travel outside	de of Texas. Complete Schedule T.
10 Principal occ	supation Nob title (See Instructions)	11 Employer (See	Instructions)	
Date	Full name of pledgor		Amount of Pledge \$ 	In-kind contribution description
	Pledgor address; City; Sta	ate; Zip Code	 	
			Check if travel outside	de of Texas. Complete Schedule T
Principal occi	upation / Job title (See Instructions)	Employer (See		
7 Tilloipai ooo				
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; Sta	ate; Zip Code		
			Check if travel outsi	de of Texas. Complete Schedule 1
Principal occ	cupation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of pledgor out-of-state PAC (ID#:)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State	; Zip Code		
/			Check if travel outs	l ide of Texas. Complete Schedule
Principal occ	cupation / Job title (See Instructions)	Employer (See		
		AHMINA A		
	ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see Inst			requirements.

LOANS SCHEDULE E

SWBATT (' JONNSOTT) 4 TOTAL OF UNITEMIZED LOANS 5 Date of loan 7 Name of lender out-of-state PAC (ID#		
SWBATT (' . JONNSOTT) 4 TOTAL OF UNITEMIZED LOANS \$ 5 Date of loan	The Instruction Guide explains how to comple	te this form. 1 Total pages Schedule E:
5 Date of Island 6 is lander a financial institution? Y N 12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions) 14 Description of Collateral	2 FILER NAME SUSAN C. JOHNSON	3 Filer ID (Ethics Commission Filers)
6 Is lander a financial Institution? Y N 12 Principal occupation / Job title (See Instructions) 14 Description of Collateral none 16 GUARANTOR INFORMATION 18 Guarantor address; City; State; Zip Code 19 Amount Guaranteed (\$) 11 Amount Guaranteed (\$) 12 Principal Occupation (See Instructions) 14 Description of Collateral none 16 GUARANTOR INFORMATION 18 Guarantor address; City; State; Zip Code 20 Principal Occupation (See Instructions) 21 Employer (See Instructions) 22 Employer (See Instructions) Date of Ioan Name of Iender a financial Institution? Y N Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount Givernateed (\$) Amount Givernateed (\$) Check if personal funds were deposited into political account (See Instructions) Description of Collateral none GUARANTOR INFORMATION Name of guarantor GUARANTOR INFORMATION Name of guarantor GUARANTOR INFORMATION Check if personal funds were deposited into political account (See Instructions) Employer (See Instructions) Amount Givernateed (\$) Principal Occupation (See Instructions) Employer (See Instructions)	4 TOTAL OF UNITEMIZED LOANS	\$
6 Is lander a financial institution? Y N 12 Principal occupation / Job title (See instructions) 13 Employer (See Instructions) 14 Description of Collateral none 15 Check if personal funds were deposited into political account (See Instructions) 16 GUARANTOR INFORMATION 18 Guarantor address; City; Staty Zip Code not applicable Lander address; City; Staty Zip Code Interest rate		, , , , , , , , , , , , , , , , , , , ,
Y N 12 Principal occupation / Job title (Sae Instructions) 13 Employer (See Instructions) 14 Description of Collateral	6 Is lender a financial 8 Lender address; City;	State; Zip Code 10 Interest rate
14 Description of Collateral	Y N	11 Maturity date
Check if personal funds were deposited into political account (See Instructions) Check if personal funds were deposited into political account (See Instructions)	12 Principal occupation / Job title (See Instructions)	13 Employer (See Instructions)
	14 Description of Collateral	Check if personal funds were deposited into political
18 Guarantor address; City; State; Zip Code	none	□ account (See Instructions)
not applicable	200711111111111111111111111111111111111	19 Amount Guaranteed (\$)
21 Employer (See Instructions) Date of Ioan Name of Iender out-of-state PAC (ID#	18 Guarantor address; City;	State; Zip Code
Date of loan Name of lender out-of-state PAC (D#:	☐ not applicable	
Is lender a financial Institution? Lender address;	20 Principal Occupation (See Instructions)	21 Employer (See Instructions)
Is lender a financial Institution? Y N Principal occupation / Job title (See Instructions) Description of Collateral none GUARANTOR INFORMATION Guarantor address; City; State; Zip Code Check if personal funds were deposited into political account (See Instructions) Amount Guaranteed (\$) Guarantor address; City; State; Zip Code Principal Occupation (See Instructions) Employer (See Instructions)	Date of loan Name of lender out-of-state	PAC (ID#:) Loan Amount (\$)
Y N Principal occupation / Job title (See Instructions) Employer (See Instructions) Description of Collateral none GUARANTOR INFORMATION Guarantor address; City; State; Zip Code Principal Occupation (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions)	a financial	State; Zip Code
Principal occupation / Job title (See Instructions) Employer (See Instructions) Description of Collateral none GUARANTOR INFORMATION Guarantor address; City; State; Zip Code Principal Occupation (See Instructions) Employer (See Instructions) Check if personal funds were deposited into political account (See Instructions) Amount Guaranteed (\$) Frincipal Occupation (See Instructions) Employer (See Instructions)		Maturity date
□ none □ GUARANTOR Name of guarantor Amount Guaranteed (\$) □ not applicable □ Principal Occupation (See Instructions) □ Guarantor address; City; State; Zip Code □ not applicable □ Principal Occupation (See Instructions) □ Employer (See Instructions)		Employer (See Instructions)
□ none □ GUARANTOR Name of guarantor Amount Guaranteed (\$) □ not applicable □ Principal Occupation (See Instructions) □ Guarantor address; City; State; Zip Code □ not applicable □ Principal Occupation (See Instructions) □ Employer (See Instructions)		
GUARANTOR Name of guarantor Amount Guaranteed (\$)	Description of Collateral	
Guarantor address; City; State; Zip Code not applicable Principal Occupation (See Instructions) Employer (See Instructions)	none	□ account (See Instructions)
Guarantor address; City; State; Zip Code not applicable		Amount Guaranteed (\$)
Principal Occupation (See Instructions) Employer (See Instructions)	Guarantor address; City;	1
	not applicable	
	Principal Occupation (See Instructions)	Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

	EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment					
Credit Card Payment	The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
4 Date 4 19 24	5 Payee name ACK1017 Printing				
11111	7 Payee address; City; State; Zip Code				
503.82	2407 82nd Street Lubbook TX 79423				
8	(a) Category (See Categories listed at the top of this schedule) (b) Description				
PURPOSE OF EXPENDITURE	Printing Expenses Post Card Mailer				
٠,	(C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Office holder name SUSAN C. JOHNSON CONVOL City Council Place # 1				
Date	Payee name				
4/19/24	Todd Yancey for Mayor				
Amount (\$)	Payee address; City; State; Zip Code				
924.47	Conroe IX 77305				
	Category (See Categories listed at the top of this schedule) Description				
PURPOSE OF EXPENDITURE	Event Expense Meet & Greet				
	Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Office holder name Office sought Office held SUSAN C-JOHNSON CONVOE City Council Place #1				
Date	Payee name				
4/21/24	Harrell's General Solutions LLC				
Amount (\$)	Payee address; City; State; Zip Code				
375.00	29523 5. Legends Bend Spring TX 77386				
	Category (See Categories listed at the top of this schedule) Description				
PURPOSE OF EXPENDITURE	Advertising Expense Sign Installation				
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH Susan C. Johnson Convol City Council Place # 1					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

	EXPENDI	TURE CATEGORI	IES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political		Offic pense Pollii prials Expense Print	n Repayment/Reimbursement the Overhead/Rental Expense ting Expense ting Expense aries/Wages/Contract Labor	Solicitation/Fundrals Transportation Equip Travel in District Travel Out Of Distric Other (enter a catego	oment & Related Expense
Credit Card Payment	The Instruction	n Guide explains how	w to complete this form.		
1 Total pages Schedule F1:	2 FILER NAME SUSAM C.	Johnson		3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee name				
3127 24	Texas GOF	> Store			7lm Ond-
,	7 Payee address;		City;	State;	Zip Code
1,454.94	404 1-455	outt	Huntsville	īΧ	77340
8	(a) Category (See Categories lis	ited at the top of this schedu	ule) (b) Description		
PURPOSE OF EXPENDITURE	Printing Ex	penses	Sign	Printing	
	(c) Check if travel outside	of Texas. Complete Schedule	eT. Check if Au	ustin, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholde Susart C. John	nson Con	roe City Coun	cel Place #	Office held
Date	Payee name		N		
4/3/24	The Table	at Madel	ty		
Amount (\$)	Payee address;		City;	State;	Zip Code
538.83	314 Madeley	st.	Convoe	TX	7730
	Category (See Categories Ils	led at the top of this schedu	ule) Description		
PURPOSE OF EXPENDITURE	Event Ex	pense	Meet &	Greet E	event
	Check if travel outside	e of Texas. Complete Schedul	le T. Check if A	ustin, TX, officeholder livin	ng expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officehold		Office sought roe City Council	. Place # 1	Office held
Date	Payee name	V.77	Λ		
4/2/24	White stone	Printing			
Amount (\$)	Payee address;		Clty;	State;	Zip Code
227.33	151 Indian (reek	Corroe	TX	77304
	Category (See Categories lis	ted at the top of this schedu	ule) Description		
PURPOSE OF EXPENDITURE	Printing Ex	pense	Flyer	Printing	
	Check if travel outsid	e of Texas, Complete Schedul	leT. Check if A	austin, TX, officeholder livir	ng expense
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officehold	der name TONNSON	Office sought	council #1	Office held
· · · · · · · · · · · · · · · · · · ·	ATTACH ADDITION	ONAL COPIES OF	THIS SCHEDULE AS N	IEEDED	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

	EXPENDITURE CATEGORIES FO	OR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment	Fees Office Overthe Food/Beverage Expense Polling Expense Printing Expense		Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
S. Son Card aymon	The Instruction Guide explains how to co	mplete this form.	
1 Total pages Schedule F1:	2 FILER NAME Susan C. Johnson	a	3 Filer ID (Ethics Commission Filers)
4 Date 4/18	5 Payee name Square-pace		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
36.52	- Online -		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Welosi	t-e
~	(c) Check if traval outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Susan C. Johnson Col	office sought	ouncil Place # 1
Date	Payee name	1	
4/10/24	Sacred Heart Catholi	c Church	Golf Tournament
Amount (\$)	Payee address;	City;	State; Zip Code
200.00	109 N. Frazier St. C	onvoe, TX	77301
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising Exponse	Hole S	oonsorship
	Check if travel outside of Texas. Complete Schedule T.	Check If Aus	atin, TX, officeholder living expense
Complete ONLY If direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH SUSAN C. Johnson Convoe City Council Hace#1			
Date	Payee name		
4/21/24	Facebook		
Amount (\$)	Payee address;	City;	State; Zip Code
100.00	- online -		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Ads	
	Check if travel outside of Texes, Complete Schedule T.	Check if Au	stin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H SUSAN (. JOHNSON CON	Office sought NOCC ity COU	wil face#1
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

	EXPENDITURE CATEG	ORIES FOR BOX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political G		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor as how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F2:				
TOTAL OF UNITEM	* TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$			
5 Date	6 Payee name			
7 Amount (\$)	8 Payee address;	City;	State, Zip Code	
9 TYPE OF EXPENDITURE	Political	Non-Political		
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of thi		ustin, TX, officeholder living expense	
11 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	
TYPE OF EXPENDITURE	Political	Non-Political		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of the	is schedule) Description		
	Check if travel outside of Texas, Comple		Austin, TX, officeholder living expense	
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

The Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:
SUSAN C. JOHNSON	3 Filer ID (Ethics Commission Filers)
Date 5 Name of person from whom investment is purchased	
6 Address of person from whom investment is purchased; City	y; State; Zip Code
7 Description of investment	
8 Amount of investment (\$)	
Date Name of person from whom investment is purchased	
Address of person from whom investment is purchased; Cit	ty; State; Zip Code
Description of investment	
Amount of investment (\$)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDUL	E AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a) Advertising Expense Accounting/Banking **Event Expense** Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 1 Total pages Schedule F4: SUSAN C. Johnson TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date 6 Payee name Zip Code 7 Amount (\$) 8 Payee address; City; State; TYPE OF Non-Political Rolitical **EXPENDITURE** (b) Description (a) Category (See Categories listed at the top of this schedule) 10 **PURPOSE** EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. (c) Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Zip Code State: Payee address; Amount (\$) TYPE OF Non-Political Political **EXPENDITURE** Description Category (See Categories listed at the top of this schedule) **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living xpense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Solicitation/Fundraising Expense **Event Expense** Loan Repayment/Reimbursement Advertising Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Fees Accounting/Banking Food/Beverage Expense Polling Expense Travel In District Consulting Expense Travel Out Of District Contributions/Donations Made By Gift/Awards/Memorials Expense **Printing Expense** Other (enter a category not listed above) Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule G: 2 FILER NAME Susan C. Johnson 4 Date 5 Payee name 6 Amount (\$) State: Zip Code 7 Payee address; City; Reimbursement from political contributions intended (a) Category (See Categories listed at the top of this schedule) (b) Description 8 **PURPOSE** OF **EXPENDITURE** Check if Austin, TX, officeholder living expense (c) Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date Payee address; State; Zip Code Amount (\$) City; Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Sheck if Austin, TX, officeholder living expense Office sough Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH avee name Date State; Zip Code Amount (\$) Payee address; City; Reimbursement from political contributions Description Category (See Categories listed at the top of this schedule) PURPOSE EXPENDITURE Check if Austin, TX, officeholder living expens Check if travel outside of Texas. Complete Schedule T. Office' held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment	Fees C Food/Beverage Expense F By Gift/Awards/Memorials Expense F	coan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Balaries/Wages/Contract Labor The Complete this form.	Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule H:	2 FILER NAME SUSAN C. Johns	######################################	3 Filer ID (Ethics Commission Filers)
4 Date	5 Business name		
6 Amount (\$)	7 Business address;	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sche	dule) (b) Description	
	(c) Check if travel outside of Texas. Complete Sched	ule T. Check if Austi	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Business name		
Amount (\$)	Business address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sche	Description	
	Check if travel outside of Texas. Complete Sched	dule T. Check if Aust	in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date	Business name		
Amount (\$)	Business address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch	edule) Description	
	Check if travel outside of Texas. Complete Sche	dule T. Check if Aus	stin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/G	Candidate / Officeholder name DH	Office sought	Office held
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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

	The Instruction Guide explains how to complete this form.				
1 Total pages Schedule I:	2 FILER NAME SUSAN C. Johnson		3 Filer ID (Ethics Co.	mmission Filers)	
4 Date	5 Payee name				
6 Amount (\$)	7 Payee address;	City	State	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (Se required.)	nstructions regarding type of	information	
Date	Payee name				
Amount (\$)	Payee address;	City	State	Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (Se	ee instructions regarding type of	f information	
Date	Payee name				
Amount (\$)	Payee address;	City	State	Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (S	ee instructions regarding type o	f Information	
Date	Payee name				
Amount (\$)	Payee address;	City	State	Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (S required.)	see instructions regarding type o	information	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

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

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K:	
2 FILER NAME	Susan C. Johnson	3 Filer ID (Ethics	s Commission Filers)
4 Date	5 Name of person from whom amount is received		8 Amount (\$)
	6 Address of person from whom amount is received; City; Sta	ate; Zip Code	
	7 Rurpose for which amount is received	political contribution	returned to filer
Date	Name of person from whom amount is received Address of person from whom amount is received; City; St	tate; Zip Code	Amount (\$)
	Purpose for which amount is received Check If	f political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; St	ate; Zip Code	
	Purpose for which amount is received	f political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; S	State; Zip Code	
	Purpose for which amount is received Check i	if political contributior	n returned to filer
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

<u> </u>				
The Instruction Guid	1 Total pages Schedule T:			
2 FILER NAME SUSAF	C. Johnson	3 Filer ID (Ethics Commission Filers)		
4 Name of Contributor / Corporation	or Labor Organization / Pledgor / Payee			
5 Contribution / Expenditure reporte	d on:			
Schedule A2 Sc	nedule B Schedule B(J) Schedule C2	Schedule D Schedule F1		
Generalis XII	nedule F4 Schedule G Schedule H	Schedule COH-UC Schedule B-SS		
6 Dates of travel 7 Name of person(s) traveling				
8 Depart	ure city or name of departure location			
9 Destination city or name of destination location				
10 Means of transportation	11 Purpose of travel (including name of conference,	seminar, or other event)		
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee				
Contribution / Expenditure report	ed on:			
Schedule A2 Schedule A2	hedule B Schedule B(J) Sphedule C2	Schedule D Schedule F1		
Schedule F2 Schedule F2	hedule F4 Schedule G Schedule H	Schedule COH-UC Schedule B-SS		
Dates of travel Name of person(s) traveling				
Depar	Departure city or name of departure location			
Doctin	ation city or name of destination location	No.		
Bestin	anon only of marite or destination location			
Means of transportation	Purpose of travel (including name of conference,	seminar or other event)		
Wearis of transportation	, alpose of have, (moleculing hands of semicrories,			
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee				
Contribution / Expenditure repor	ed on:			
/				
Schedule F2 Sche	dule F4 Schedule G Schedule H	Schedule COH-UC Schedule B-SS		
Dates of travel Name of person(s) traveling				
Depa	Departure city or name of departure location			
	Destination sity or name of destination leastion			
Destil	Destination city or name of destination location			
Means of transportation Purpose of travel (including name of conference, seminar, or other event)				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				