

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME		Victoria Johnson	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 327
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 327
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 2020.75
	4.	TOTAL POLITICAL EXPENDITURES	\$ 2020.75
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 SIGNATURE 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 of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is **Victoria Johnson**, and my date of birth is **10/22/1984**.

My address is **1000 Monticello Drive**, **Burleson**, **TX**, **76028**, **USA**.
(street) (city) (state) (zip code) (country)

Executed in **Johnson** County, State of **Texas**, on the **4th** day of **April**, 20 **24**.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

UNSWORN DECLARATION

FORM UD

Attach this unsworn declaration to the front of any campaign finance report or personal financial statement in lieu of a notarized signature. See Tex. Civil Practice and Remedies Code § 132.001.

OFFICE USE ONLY

Date Received

Method of Delivery

Date Processed

1 FILER ID:
(Ethics Commission filers)

2 NAME OF FILER
(PLEASE TYPE OR PRINT)

Victoria Johnson

3 TYPE OF FILER

- | | | | |
|-------------------------------------|----------------------------------|--------------------------|---------------------|
| <input checked="" type="checkbox"/> | CANDIDATE/ OFFICEHOLDER | <input type="checkbox"/> | POLITICAL COMMITTEE |
| <input type="checkbox"/> | JUDICIAL CANDIDATE/ OFFICEHOLDER | <input type="checkbox"/> | POLITICAL PARTY |
| <input type="checkbox"/> | PERSONAL FINANCIAL STATEMENT | <input type="checkbox"/> | STATE/COUNTY CHAIR |
| <input type="checkbox"/> | DIRECT CAMPAIGN EXPENDITURE | | |

4 TYPE OF REPORT

30 day finance report

5 DUE DATE

4/4/24

6 UNSWORN DECLARATION:

My name is **Victoria Johnson**, and my date of birth is **10/22/1984**.

My Address is **1000 Monticello Drive**, **Burleson**, **TX**, **76028**, **USA**.
(street) (city) (state) (zip code) (country)

I swear, or affirm, under penalty of perjury that the information in the attached report is in all things true and correct, and includes all information required to be reported by me under Title 15, Election Code, or Chapter 572, Government Code.

Executed in **Johnson** County, State of **Texas**, on the **4th** day of **April**, 20**24**.



Signature of Filer/ Committee Representative
(Declarant)

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Victoria Johnson	3 Filer ID (Ethics Commission Filers)
4 Date 3/7	5 Payee name Burleson Instant Printing	
6 Amount (\$) 320.42	7 Payee address; City; State; Zip Code 208 NE Wilshire Blvd Burleson, TX 76028	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Door hangers and "Re-Elect" stickers
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 Victoria Johnson		3 Filer ID (Ethics Commission Filers)
4 Date 3/17	5 Full name of contributor out-of-state PAC (ID#: _____) Laura Ward 6 Contributor address; City; State; Zip Code Burleson, TX 76028	7 Amount of contribution (\$) 20
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/24	Full name of contributor out-of-state PAC (ID#: _____) Carolyn Jones Contributor address; City; State; Zip Code 608 Joy Ct. Burleson, TX 76028	Amount of contribution (\$) 57
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/29	Full name of contributor out-of-state PAC (ID#: _____) John Greene Contributor address; City; State; Zip Code 2833 Donnybrook Dr. Burleson TX 76028	Amount of contribution (\$) 250
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		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.

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)

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

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1 Total pages Schedule G:	2 FILER NAME Victoria Johnson	3 Filer ID (Ethics Commission Filers)
4 Date 2/21/24	5 Payee name WIX	
6 Amount (\$) 244.53 <small>Reimbursement from political contributions intended</small>	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Website
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 2/26/24	Payee name Dynamic Printing	
Amount (\$) 1412.50 <small>Reimbursement from political contributions intended</small>	Payee address; City; State; Zip Code 300 Boone Rd. STE A9, Burleson, TX 76028	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing	Description Yard Signs
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 2/28/24	Payee name Burleson Instant Printing	
Amount (\$) 43.30 <small>Reimbursement from political contributions intended</small>	Payee address; City; State; Zip Code 208 NE Wilshire Blvd. Burleson, TX 76028	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing	Description Business Cards
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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