

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 12																		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	<div style="border: 2px solid black; padding: 10px; margin: 0 auto; width: 80%;"> <p style="margin: 0;">RECEIVED</p> <p style="margin: 5px 0 0 0;">JUL 13 2020</p> <p style="margin: 0;">City Manager's / City Secretary's Office</p> </div>																	
	NICKNAME	LAST	SUFFIX																		
Birdia Johnson																					
1212 Autumn Oak Dr Denton TX 76209																					
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE																				
<input type="checkbox"/> Change of Address																					
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION																		
	(940)	735-6311																			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;">Date Received</td> <td style="width:50%; padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">Date Hand-delivered or Date Postmarked</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">Receipt #</td> <td style="padding: 2px;">Amount \$</td> </tr> <tr> <td style="padding: 2px;">Date Processed</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">Date Imaged</td> <td style="padding: 2px;"></td> </tr> </table>	Date Received		Date Hand-delivered or Date Postmarked		Receipt #	Amount \$	Date Processed		Date Imaged								
	Date Received																				
Date Hand-delivered or Date Postmarked																					
Receipt #	Amount \$																				
Date Processed																					
Date Imaged																					
NICKNAME	LAST	SUFFIX																			
Toya Stevenson																					
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE																				
	3141 Binary Trace Court Denton TX 76210																				
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION																		
	(469)	463 0359																			
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)																				
	<input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)																				
10 PERIOD COVERED	<table style="width:100%; border: none;"> <tr> <td style="text-align: center; font-size: 0.8em;">Month</td> <td style="text-align: center; font-size: 0.8em;">Day</td> <td style="text-align: center; font-size: 0.8em;">Year</td> <td style="text-align: center; font-size: 0.8em;">Month</td> <td style="text-align: center; font-size: 0.8em;">Day</td> <td style="text-align: center; font-size: 0.8em;">Year</td> </tr> <tr> <td style="text-align: center; font-size: 1.5em;">1</td> <td style="text-align: center; font-size: 1.5em;">/</td> <td style="text-align: center; font-size: 1.5em;">1</td> <td style="text-align: center; font-size: 1.5em;">6</td> <td style="text-align: center; font-size: 1.5em;">/</td> <td style="text-align: center; font-size: 1.5em;">30</td> </tr> <tr> <td colspan="3" style="text-align: center;">20</td> <td colspan="3" style="text-align: center;">20</td> </tr> </table>			Month	Day	Year	Month	Day	Year	1	/	1	6	/	30	20			20		
Month	Day	Year	Month	Day	Year																
1	/	1	6	/	30																
20			20																		
11 ELECTION	ELECTION DATE		ELECTION TYPE																		
	Month	Day	Year																		
	5	/ 2	/ 2020																		
	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input checked="" type="checkbox"/> Special		Feb 5 - June 30, 2020																		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)																		
	N/A		City Council District 1																		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Birdia Johnson 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

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

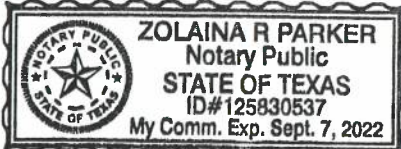
<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
		<u>N/A</u>
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>3,741.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>1,554.95</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>2,186.05</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

18 AFFIDAVIT

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

Birdia Johnson
Signature of Candidate or Officeholder



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Birdia Johnson, this the 13th day of July, 2020, to certify which, witness my hand and seal of office.

Zolaina R. Parker
Signature of officer administering oath

Zolaina R. Parker Deputy City Sec. / Notary
Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>Bridia Johnson</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,741.
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,554.95
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Birdia Johnson

3 Filer ID (Ethics Commission Filers)

4 Date

2-24-20

5 Full name of contributor

TWIN SOLES

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

500.00

6 Contributor address;

City;

State;

Zip Code

Fort Worth TX

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2-25-20

Full name of contributor

Richard Hayes

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

300.00

Contributor address;

City;

State;

Zip Code

512 W. Hickory St #100 Denton TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-25-20

Full name of contributor

Birdia Johnson

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

200.00

Contributor address;

City;

State;

Zip Code

1212 Autumn Oak Denton 76209

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-12-20

Full name of contributor

Tammy Robinson

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

25.00

Contributor address;

City;

State;

Zip Code

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Birdia Johnson

3 Filer ID (Ethics Commission Filers)

4 Date

3/12/2020

5 Full name of contributor

Kenneth Homer

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$25.00

6 Contributor address;

City;

State;

Zip Code

1516 Canvasback Dr Aubrey, TX 76227

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/12/2020

Full name of contributor

Cynthia Cochran

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$10.00

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/12/2020

Full name of contributor

Regenia Phillips

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$50.00

Contributor address;

City;

State;

Zip Code

124

Highland Village TX 75077

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/12/2020

Full name of contributor

John Catlin

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$20.00

Contributor address;

City;

State;

Zip Code

1228 McDonald Dr

Denton TX 76205

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Birdia Johnson

3 Filer ID (Ethics Commission Filers)

4 Date

3/12/2020

5 Full name of contributor out-of-state PAC (ID#: _____)

Terry + Amy Manuel

7 Amount of contribution (\$)

\$25.00

6 Contributor address; City; State; Zip Code

2220 Crestmeadow Denton TX 76207

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/12/2020

Full name of contributor out-of-state PAC (ID#: _____)

Brian Woodson

Amount of contribution (\$)

\$75.00

Contributor address; City; State; Zip Code

311 Preckness Lane Ponder TX 76259

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/12/2020

Full name of contributor out-of-state PAC (ID#: _____)

Richard Hayes

Amount of contribution (\$)

\$250.00

Contributor address; City; State; Zip Code

512 W. Hickory St Denton TX 76201 Suite 100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/12/2020

Full name of contributor out-of-state PAC (ID#: _____)

Jim + Christine Mann

Amount of contribution (\$)

\$50.00

Contributor address; City; State; Zip Code

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Birdia Johnson</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/12/2020</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Cassandra Berry</i>	7 Amount of contribution (\$) <i>\$25.00</i>
6 Contributor address; City; State; Zip Code <i>3805 Inwood Ct Denton TX 76208</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/12/2020</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Michael Johnson</i>	Amount of contribution (\$) <i>\$24.00</i>
Contributor address; City; State; Zip Code <i>1218 Autumn Oak Denton TX 76209</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/12/2020</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kenneth + Kathy Davis</i>	Amount of contribution (\$) <i>\$50.00</i>
Contributor address; City; State; Zip Code <i>331 Lakeside Dr Shady Shores TX 76208</i>		
Principal occupation / Job title (See Instructions) <i>Business Owner</i>		Employer (See Instructions) <i>NGCC, Inc</i>
Date <i>3/12/2020</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Gerard Hudspeth</i>	Amount of contribution (\$) <i>\$50.00</i>
Contributor address; City; State; Zip Code <i>1006 Wilson St Denton TX 76205</i>		
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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Birdia Johnson

3 Filer ID (Ethics Commission Filers)

4 Date

3-12-20

5 Full name of contributor

out-of-state PAC (ID#: _____)

Cas N. NO Name

6 Contributor address;

City;

State;

Zip Code

7 Amount of contribution (\$)

62.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

6-22-20

Full name of contributor

out-of-state PAC (ID#: _____)

RYAN GRIFFIN

Contributor address;

City;

State;

Zip Code

Amount of contribution (\$)

500.

PO. 190829 Dallas TX

75219

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6-11-20

Full name of contributor

out-of-state PAC (ID#: _____)

JENNIFER + STEPHAN ALEXANDER

Contributor address;

City;

State;

Zip Code

Amount of contribution (\$)

500.00

1339 George Foster Rd Ponder TX 76259

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6-11-20

Full name of contributor

out-of-state PAC (ID#: _____)

R.I.A. Heritage Amy Griffin

Contributor address;

City;

State;

Zip Code

Amount of contribution (\$)

500.00

8912 Crestview Dr Denton TX 76207

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Birdia Johnson

3 Filer ID (Ethics Commission Filers)

4 Date

6-16-20

5 Full name of contributor out-of-state PAC (ID#: _____)

Don + Nancy Cole

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code

4109 Hampton Rd Denton 76207

500.

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

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 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 out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

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 POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Birdia Johnson</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>2-28-20</i>	5 Payee name <i>Go Daddy Web</i>	
6 Amount (\$) <i>2,32.48</i>	7 Payee address; City; State; Zip Code <i>14455 North Hayder Rd #219 Scottsdale AZ 85260</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>	(b) Description <i>Website</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>2-28-20</i>	Payee name <i>Anthony Caraway</i>	
Amount (\$) <i>130.00</i>	Payee address; City; State; Zip Code <i>Caraway Business Solution Fort Worth TX</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertiser. n 9</i>	Description <i>Web Mgr.</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>3-3-20</i>	Payee name <i>Office Depot</i>	
Amount (\$) <i>82.88</i>	Payee address; City; State; Zip Code <i>2300 San Jacinto Blvd Denton TX 76205</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertiser. n 9</i>	Description <i>Cards poster</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>NA</i>	Office sought Office held <i>District 1 City Council</i>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Birdia Johnson</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>3-12-20</i>	5 Payee name <i>Sweet Water Grill</i>	
6 Amount (\$) <i>423.23</i>	7 Payee address; City; State; Zip Code <i>115 Elm Denton TX 76201</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Event Expenses</i>	(b) Description <i>Kick-off</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>5-18-20</i>	Payee name <i>Signarama</i>		
Amount (\$) <i>305.06</i>	Payee address; City; State; Zip Code <i>724 W main #250 Lewisville TX 75067</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>Signs</i>	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>6-6-20</i>	Payee name <i>Herr Business Forms</i>		
Amount (\$) <i>181.30</i>	Payee address; City; State; Zip Code <i>1740 Westminster Denton TX 76203</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing Expenses</i>	Description <i>ENVELOPES</i>	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Birdia Johnson</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>6-19-20</i>	5 Payee name <i>Jordan Boone Nation Ten</i>	
6 Amount (\$) <i>200.00</i>	7 Payee address; <i>Fort Worth TX 76101</i>	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>	(b) Description <i>Shirts + Cards</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name	
Amount (\$)	Office sought	Office held
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name	
Amount (\$)	Office sought	Office held
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name	
Amount (\$)	Office sought	Office held
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED