

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.			1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <i>23</i>		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <i>Mrs.</i>	FIRST <i>Jana</i>	MI <i>E</i>	OFFICE USE ONLY		
	NICKNAME	LAST <i>Johnson</i>	SUFFIX	Date Received <i>2026-01-22</i>		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>135 W. Twohig C San Angelo TX 76903</i>			<input type="checkbox"/> Change of Address		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(325) 659-2542</i>			Date Hand-delivered or Date Postmarked		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <i>Mr.</i>	FIRST <i>Conoly</i>	MI	Receipt # <input type="text"/> Amount \$ <input type="text"/>		
	NICKNAME	LAST <i>Brooks</i>	SUFFIX	Date Processed		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>718 W. D, San Angelo, TX 76903</i>					
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(325) 234-5249</i>					
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election		<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)		
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election		<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month <i>1</i>	Day <i>1</i>	Year <i>2026</i>	Month <i>1</i>	Day <i>22</i>	Year <i>2026</i>
11 ELECTION	ELECTION DATE Month Day Year <i>3 / 3 / 2026</i>		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special			
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known) <i>Judge, Tom Green County Court at Law #1</i>		
14 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"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS				
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 2

15 JC/OH NAME	Jana Elizabeth 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)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,851.23
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 304.35
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4,653.12
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 5,000.00
OUTSTANDING LOAN TOTALS		

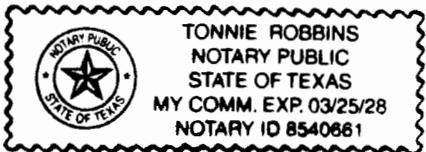
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Jana Johnson

Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Jana Johnson this the 30th day of Jan.

20 20, to certify which, witness my hand and seal of office.

Tonnie Robbins
Signature of officer administering oath

Tonnie Robbins
Printed name of officer administering oath

Notary Public
Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.

(street)

(city)

(state)

(zip code)

(country)

Executed in _____ County, State of _____, on the _____ day of _____, 20 _____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - JC/OH**FORM JC/OH
COVER SHEET PG 3**

19 FILER NAME	20 Filer ID (Ethics Commission Filers)	
Jana Elizabeth Johnson		
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,640.00	
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 211.23	
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00	
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$ 0.00	
5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 304.35	
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 2,150.00	
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00	
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00	
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0.00	
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00	
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00	
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00	

**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

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 A(J)1: <i>4</i>																				
2 FILER NAME <i>Jana Elizabeth Johnson</i>		3 Filer ID (Ethics Commission Filers)																				
4 Date <i>1/12/26</i>	5 Full name of contributor <i>Emma Brown</i>	6 Contributor address; <i>21773 Toenail Trail, Christoval, TX 76935</i>																				
	<input type="checkbox"/> out-of-state PAC ID#:	7 Amount of contribution (\$) <i>\$500.00</i>																				
8 Contributor's principal occupation <i>Retired</i>		9 Contributor's job title <i>Retired</i>																				
10 Contributor's employer/law firm <i>Retired</i>		11 Law firm of contributor's spouse (if any)																				
12 If contributor is a child, law firm of parent(s) (if any)																						
<table border="1"> <tr> <td>Date <i>1/12/26</i></td> <td>Full name of contributor <i>Bobby Wilson</i></td> <td><input type="checkbox"/> out-of-state PAC ID#:</td> <td>Amount of contribution (\$) <i>\$1,000.00</i></td> </tr> <tr> <td></td> <td>Contributor address; <i>4769 Moore Rd. Christoval</i></td> <td>City; <i>TX</i></td> <td>State; Zip Code <i>76935</i></td> </tr> <tr> <td colspan="2">Contributor's principal occupation <i>Driller</i></td> <td colspan="2">Contributor's job title <i>Water well driller</i></td> </tr> <tr> <td colspan="2">Contributor's employer/law firm <i>Aqua Drill Water Wells</i></td> <td colspan="2">Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="4">If contributor is a child, law firm of parent(s) (if any)</td> </tr> </table>			Date <i>1/12/26</i>	Full name of contributor <i>Bobby Wilson</i>	<input type="checkbox"/> out-of-state PAC ID#:	Amount of contribution (\$) <i>\$1,000.00</i>		Contributor address; <i>4769 Moore Rd. Christoval</i>	City; <i>TX</i>	State; Zip Code <i>76935</i>	Contributor's principal occupation <i>Driller</i>		Contributor's job title <i>Water well driller</i>		Contributor's employer/law firm <i>Aqua Drill Water Wells</i>		Law firm of contributor's spouse (if any)		If contributor is a child, law firm of parent(s) (if any)			
Date <i>1/12/26</i>	Full name of contributor <i>Bobby Wilson</i>	<input type="checkbox"/> out-of-state PAC ID#:	Amount of contribution (\$) <i>\$1,000.00</i>																			
	Contributor address; <i>4769 Moore Rd. Christoval</i>	City; <i>TX</i>	State; Zip Code <i>76935</i>																			
Contributor's principal occupation <i>Driller</i>		Contributor's job title <i>Water well driller</i>																				
Contributor's employer/law firm <i>Aqua Drill Water Wells</i>		Law firm of contributor's spouse (if any)																				
If contributor is a child, law firm of parent(s) (if any)																						
<table border="1"> <tr> <td>Date <i>1/12/26</i></td> <td>Full name of contributor <i>Wes Siler</i></td> <td><input type="checkbox"/> out-of-state PAC ID#:</td> <td>Amount of contribution (\$) <i>\$200.00</i></td> </tr> <tr> <td></td> <td>Contributor address; <i>2536 Baylor Ave. San Angelo</i></td> <td>City; <i>TX</i></td> <td>State; Zip Code <i>76904</i></td> </tr> <tr> <td colspan="2">Contributor's principal occupation <i>Rancher</i></td> <td colspan="2">Contributor's job title <i>Owner</i></td> </tr> <tr> <td colspan="2">Contributor's employer/law firm <i>Self</i></td> <td colspan="2">Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="4">If contributor is a child, law firm of parent(s) (if any)</td> </tr> </table>			Date <i>1/12/26</i>	Full name of contributor <i>Wes Siler</i>	<input type="checkbox"/> out-of-state PAC ID#:	Amount of contribution (\$) <i>\$200.00</i>		Contributor address; <i>2536 Baylor Ave. San Angelo</i>	City; <i>TX</i>	State; Zip Code <i>76904</i>	Contributor's principal occupation <i>Rancher</i>		Contributor's job title <i>Owner</i>		Contributor's employer/law firm <i>Self</i>		Law firm of contributor's spouse (if any)		If contributor is a child, law firm of parent(s) (if any)			
Date <i>1/12/26</i>	Full name of contributor <i>Wes Siler</i>	<input type="checkbox"/> out-of-state PAC ID#:	Amount of contribution (\$) <i>\$200.00</i>																			
	Contributor address; <i>2536 Baylor Ave. San Angelo</i>	City; <i>TX</i>	State; Zip Code <i>76904</i>																			
Contributor's principal occupation <i>Rancher</i>		Contributor's job title <i>Owner</i>																				
Contributor's employer/law firm <i>Self</i>		Law firm of contributor's spouse (if any)																				
If contributor is a child, law firm of parent(s) (if any)																						

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 (JUDICIAL)

SCHEDULE A(J)1

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 A(J)1: <u>4</u>
2 FILER NAME <u>Jana Elizabeth Johnson</u>				3 Filer ID (Ethics Commission Filers)
4 Date <u>1/12/26</u>	5 Full name of contributor <u>Decemberly Garcia</u>	<input type="checkbox"/> out-of-state PAC ID#:		7 Amount of contribution (\$) <u>\$40.00</u>
6 Contributor address: <u>606 Acorn Dr. San Angelo TX 76903</u>	City; State; Zip Code			
8 Contributor's principal occupation <u>Unemployed</u>	9 Contributor's job title <u>Unemployed</u>			
10 Contributor's employer/law firm <u>Unemployed / Applied for disability</u>	11 Law firm of contributor's spouse (if any)			
12 If contributor is a child, law firm of parent(s) (if any)				

Date <u>1/14/26</u>	Full name of contributor <u>Clarice Fenton</u>	<input type="checkbox"/> out-of-state PAC ID#:	Amount of contribution (\$) <u>\$300.00</u>
Contributor address: <u>4901 75th St. Lubbock TX 79424</u>	City; State; Zip Code		
Contributor's principal occupation <u>Retired</u>	Contributor's job title <u>Retired</u>		
Contributor's employer/law firm <u>Retired</u>	Law firm of contributor's spouse (if any)		
If contributor is a child, law firm of parent(s) (if any)			

Date <u>1/14/26</u>	Full name of contributor <u>Hannah Frantum</u>	<input type="checkbox"/> out-of-state PAC ID#:	Amount of contribution (\$)
Contributor address: <u>11203 Kirby Ave. Lubbock TX 79424</u>	City; State; Zip Code		
Contributor's principal occupation <u>Physical Therapist</u>	Contributor's job title <u>Physical Therapist</u>		
Contributor's employer/law firm <u>Enhabit Home Health</u>	Law firm of contributor's spouse (if any)		
If contributor is a child, law firm of parent(s) (if any)			

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 (JUDICIAL)

SCHEDULE A(J)1

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 A(J)1: <u>4</u>
2 FILER NAME Jana Elizabeth Johnson			3 Filer ID (Ethics Commission Filers)
4 Date 1/14/24	5 Full name of contributor Renee Yowell	<input type="checkbox"/> out-of-state PAC ID#: _____	7 Amount of contribution (\$) \$50.00
6 Contributor address; 6211 110th St. Lubbock TX 79424	City; State; Zip Code		
8 Contributor's principal occupation Sonographer	9 Contributor's job title Sonographer		
10 Contributor's employer/law firm United Medical Center	11 Law firm of contributor's spouse (if any)		
12 If contributor is a child, law firm of parent(s) (if any)			
Date 1/15/24	Full name of contributor Ken Taylor	<input type="checkbox"/> out-of-state PAC ID#: _____	Amount of contribution (\$) \$200.00
Contributor address; 6990 Fieldstone Dr. San Angelo, TX 76904	City; State; Zip Code		
Contributor's principal occupation Realtor	Contributor's job title Real Estate Agent		
Contributor's employer/law firm Self Broker is RE/MAX	Law firm of contributor's spouse (if any)		
If contributor is a child, law firm of parent(s) (if any)			
Date 1/15/24	Full name of contributor Rick Ellis	<input type="checkbox"/> out-of-state PAC ID#: _____	Amount of contribution (\$) \$100.00
Contributor address; 1818 Shady Pt. Circle San Angelo TX 76904	City; State; Zip Code		
Contributor's principal occupation Retired	Contributor's job title Retired		
Contributor's employer/law firm Retired	Law firm of contributor's spouse (if any)		
If contributor is a child, law firm of parent(s) (if any)			

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 (JUDICIAL)

SCHEDULE A(J)1

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 A(J)1: 4
2 FILER NAME <i>Dana Elizabeth Johnson</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>1/15/26</i>	5 Full name of contributor <i>Diana Everett</i>	6 Contributor address; City; State; Zip Code <i>1820 Shady Pt. Circle San Angelo TX 76904</i>
7 Amount of contribution (\$) <i>\$100.00</i>	8 Contributor's principal occupation <i>Retired</i>	
9 Contributor's job title <i>Retired</i>		10 Contributor's employer/law firm <i>Retired</i>
11 Law firm of contributor's spouse (if any)		
12 If contributor is a child, law firm of parent(s) (if any)		

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)
Contributor's principal occupation		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)
Contributor's principal occupation		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: <u>1</u>
2 FILER NAME <u>Jana Elizabeth Johnson</u>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>211.23</u>
5 Date <u>1/14/14</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Kim Leabo</u>)	8 Amount of Contribution \$ <u>\$211.23</u>
	7 Contributor address; City; State; Zip Code <u>1806 Shady Pt. Circle San Angelo TX 76904</u>	9 In-kind contribution description <u>Hosted Meet & Greet</u>
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. 11 Employer (FOR NON-JUDICIAL) (See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL) <u>Real Estate Agent</u>		13 Contributor's job title (FOR JUDICIAL) (See Instructions) <u>Realtor</u>
14 Contributor's employer/law firm (FOR JUDICIAL) <u>Self / Broker is ERA Newlin</u>		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of Contribution \$ <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		

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

PLEDGED CONTRIBUTIONS (JUDICIAL)

SCHEDULE B(J)

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

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule B(J):</p> <p><u>1</u></p>
<p>2 FILER NAME</p> <p><u>Jana Elizabeth Johnson</u></p>		<p>3 Filer ID (Ethics Commission Filers)</p>
<p>4 TOTAL OF UNITEMIZED PLEDGES</p>		<p>\$ <u>0.00</u></p>
<p>5 Date</p>	<p>6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#:</p> <p>.....</p>	<p>8 Amount of Pledge \$</p> <p>9 In-kind contribution description</p>
	<p>7 Pledgor address; City; State; Zip Code</p>	<p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>
<p>10 Pledgor's principal occupation</p>		<p>11 Pledgor's job title</p>
<p>12 Pledgor's employer/law firm</p>		<p>13 Law firm of pledgor's spouse (if any)</p>
<p>14 If pledgor is a child, law firm of parent(s) (if any)</p>		
<p>Date</p> <p>.....</p> <p>Pledgor address; City; State; Zip Code</p>		<p>Amount of Pledge \$</p> <p>In-kind contribution description</p>
<p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>		
<p>Pledgor's principal occupation</p>		<p>Pledgor's job title</p>
<p>Pledgor's employer/law firm</p>		<p>Law firm of pledgor's spouse (if any)</p>
<p>If pledgor is a child, law firm of parent(s) (if any)</p>		
<p>Date</p> <p>.....</p> <p>Pledgor address; City; State; Zip Code</p>		<p>Amount of Pledge \$</p> <p>In-kind contribution description</p>
<p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>		
<p>Pledgor's principal occupation</p>		<p>Pledgor's job title</p>
<p>Pledgor's employer/law firm</p>		<p>Law firm of pledgor's spouse (if any)</p>
<p>If pledgor is a child, law firm of parent(s) (if any)</p>		
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

LOANS (JUDICIAL)**SCHEDULE E(J)**

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 E(J):

1

2 FILER NAME

Jana Elizabeth Johnson

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan

7 Name of lender out-of-state PAC (ID#:

9 Loan Amount (\$)

6 Is lender a financial institution?
 Y N

8 Lender address; City; State; Zip Code

10 Interest rate

11 Maturity date

12 Lender's Principal Occupation

13 Lender's Job Title

14 Lender's Employer/Law Firm

15 Law Firm of lender's spouse (if any)

16 If lender is a child, law firm of parent(s) (if any)

17 Description of Collateral

none

18

Check if personal funds were deposited into political account (See Instructions)

19 GUARANTOR INFORMATION

20 Name of guarantor

22 Amount Guaranteed (\$)

not applicable

21 Guarantor address; City; State; Zip Code

23 Guarantor's Principal Occupation

24 Guarantor's Job Title

25 Guarantor's Employer/Law Firm

26 Law Firm of guarantor's spouse (if any)

27 If guarantor is a child, law firm of parent(s) (if any)

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

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 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	3 Filer ID (Ethics Commission Filers)	
2	Dana Elizabeth Johnson		
4 Date	5 Payee name		
1/2/26	Lowes Hardware		
6 Amount (\$)	7 Payee address;	City: State: Zip Code	
44.86	5301 Sherwood Way	San Angelo TX 76904	
<input type="checkbox"/> Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	Advertising Expense	Tools for Signs	
	<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	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
1/2/26	McCoys Building Supply		
Amount (\$)	Payee address;	City: State: Zip Code	
5.63	2031 TX-306 Loop, San Angelo, TX 76904		
<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Advertising Expense	Tools for Signs	
	<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	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
1/20/26	Harbor Freight		
Amount (\$)	Payee address;	City: State: Zip Code	
3.88	3590 Knickerbocker Rd. San Angelo	TX 76904	
<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Advertising Expense	Zip Ties	
	<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	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

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	3 Filer ID (Ethics Commission Filers)	
2	Jana Elizabeth Johnson		
4 Date	5 Payee name		
1/20/26	Home Depot		
6 Amount (\$)	7 Payee address;	City: State: Zip Code	
91.49	4363 W. Houston Harte Expy	San Angelo TX 76901	
<input type="checkbox"/> Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	Advertising Expense	Tools for Signs	
	<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	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
1/20/26	Home Depot		
Amount (\$)	Payee address;	City:	State: Zip Code
92.10	4363 W. Houston Harte Expy.	San Angelo	TX 76901
<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Advertising Expense	Tools for Signs	
	<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	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
1/20/26	Outback		
Amount (\$)	Payee address;	City:	State: Zip Code
66.39	4505 Sherwood Way	San Angelo	TX 76901
<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Food / Beverage	Dinner for Campaign Volunteers	
	<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	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & 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
	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 F2:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)																										
1	Jana Elizabeth Johnson																											
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$ 2,150.00																											
5 Date	6 Payee name																											
1/1/2020	Media Advantage																											
7 Amount (\$)	8 Payee address:	City; State; Zip Code																										
2,150.00	4212 S. Jackson St. San Angelo	TX 76903																										
<input type="checkbox"/> Check if individual's residence address.																												
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political																											
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description																										
	Advertising	Social Media + Election Data																										
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense																												
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought Office held																										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Date</td> <td colspan="3">Payee name</td> </tr> <tr> <td>Amount (\$)</td> <td>Payee address;</td> <td>City;</td> <td>State; Zip Code</td> </tr> <tr> <td colspan="4"> <input type="checkbox"/> Check if individual's residence address. </td> </tr> <tr> <td>TYPE OF EXPENDITURE</td> <td colspan="3"> <input type="checkbox"/> Political <input type="checkbox"/> Non-Political </td> </tr> <tr> <td rowspan="2">PURPOSE OF EXPENDITURE</td> <td>Category (See Categories listed at the top of this schedule)</td> <td colspan="2">Description</td> </tr> <tr> <td colspan="3"> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense </td> </tr> <tr> <td colspan="2">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td>Candidate / Officeholder name Office sought Office held</td> </tr> </table>			Date	Payee name			Amount (\$)	Payee address;	City;	State; Zip Code	<input type="checkbox"/> Check if individual's residence address.				TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political			PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		<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		Candidate / Officeholder name Office sought Office held
Date	Payee name																											
Amount (\$)	Payee address;	City;	State; Zip Code																									
<input type="checkbox"/> Check if individual's residence address.																												
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political																											
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description																										
	<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		Candidate / Officeholder name Office sought Office held																										
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED																												

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

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 F3: <u>1</u>	
2 FILER NAME Jana Elizabeth Johnson		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Name of person from whom investment is purchased		
	6 Address of person from whom investment is purchased; City; State; Zip Code		
	<input type="checkbox"/> Check if individual's residence address.		
	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; City; State; Zip Code		
	<input type="checkbox"/> Check if individual's residence address.		
	Description of investment		
Amount of investment (\$)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE 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	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
	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME 1 Jana Elizabeth Johnson		3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD			\$ 0.00
5 CREDIT CARD ISSUER	Name of financial institution		
6 PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name	(b) Payee address; <input type="checkbox"/> Check if individual's residence address.	City, State, Zip Code
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	(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
PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name	(b) Payee address; <input type="checkbox"/> Check if individual's residence address.	City, State, Zip Code
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/>	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office Sought
PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name	(b) Payee address; <input type="checkbox"/> Check if individual's residence address.	City, State, Zip Code
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/>	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office Sought
			Office Held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 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 G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
1	Jana Elizabeth Johnson		
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address;	City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended <input type="checkbox"/> Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Candidate / Officeholder name		Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended <input type="checkbox"/> Check if individual's residence address.			
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		
Candidate / Officeholder name		Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended <input type="checkbox"/> Check if individual's residence address.			
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		
Candidate / Officeholder name		Office sought	Office held
Complete <u>ONLY</u> 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

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 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 H:	2 FILER NAME <i>Jana Elizabeth Johnson</i>		3 Filer ID (Ethics Commission Filers)
4 Date	5 Business name		
6 Amount (\$)	7 Business address;		City; State; Zip Code
<input type="checkbox"/> Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	<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		Candidate / Officeholder name	Office sought Office held
Date	Business name		
Amount (\$)	Business address;		City; State; Zip Code
<input type="checkbox"/> Check if individual's residence address.			
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		Candidate / Officeholder name	Office sought Office held
Date	Business name		
Amount (\$)	Business address;		City; State; Zip Code
<input type="checkbox"/> Check if individual's residence address.			
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		Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

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 I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
1	Jana Elizabeth Johnson	
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 (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address;	City State Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address;	City State Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address;	City State Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**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 Schedule K: <u>1</u>
2 FILER NAME <i>Jana Elizabeth Johnson</i>		3 Filer ID (Ethics 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; State; Zip Code	
	7 Purpose for which amount is received	<input type="checkbox"/> 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; State; Zip Code	
	Purpose for which amount is received	<input type="checkbox"/> 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; State; Zip Code	
	Purpose for which amount is received	<input type="checkbox"/> 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; State; Zip Code	
	Purpose for which amount is received	<input type="checkbox"/> Check if political contribution returned to filer
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

OUTSTANDING LOANS

SCHEDULE L

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 L: <u>1</u>
2 FILER NAME <input checked="" type="checkbox"/> <u>Jana Elizabeth Johnson</u>	3 Filer ID (Ethics Commission Filers)	
LENDER INFORMATION <input type="checkbox"/> <u>Jana Elizabeth Johnson</u>	4 Name of lender 5 Lender address; <u>135 W. Twohig, Ste. C</u> City; <u>San Angelo</u> State; <u>TX</u> Zip Code <u>76903</u>	
GUARANTOR INFORMATION <input checked="" type="checkbox"/> <u>not applicable</u>	6 Name of guarantor 7 Guarantor address; City; State; Zip Code	
LENDER INFORMATION <input type="checkbox"/> <u></u>	Name of lender Lender address; City; State; Zip Code	
GUARANTOR INFORMATION <input type="checkbox"/> <u>not applicable</u>	Name of guarantor Guarantor address; City; State; Zip Code	
LENDER INFORMATION <input type="checkbox"/> <u></u>	Name of lender Lender address; City; State; Zip Code	
GUARANTOR INFORMATION <input type="checkbox"/> <u>not applicable</u>	Name of guarantor Guarantor address; City; State; Zip Code	
LENDER INFORMATION <input type="checkbox"/> <u></u>	Name of lender Lender address; City; State; Zip Code	
GUARANTOR INFORMATION <input type="checkbox"/> <u>not applicable</u>	Name of guarantor Guarantor address; City; State; Zip Code	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

ASSETS PURCHASED WITH CONTRIBUTIONS**SCHEDULE M**

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

The Instruction Guide explains when and how to complete this form.	
1 Total pages Schedule M: <u>1</u>	
2 FILER NAME <u>Jana Elizabeth Johnson</u>	3 Filer ID (Ethics Commission Filers)
4 Description of Asset	
Description of Asset	
Description of Asset	
Description of Asset	
Description of Asset	
Description of Asset	
Description of Asset	
Description of Asset	
Description of Asset	
Description of Asset	
Description of Asset	
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Description of Asset	
Description of Asset	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	

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

SCHEDULE T

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

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule T: <u>1</u></p>
<p>2 FILER NAME <i>Jana Elizabeth Johnson</i></p>		<p>3 Filer ID (Ethics Commission Filers)</p>
<p>4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee</p>		
<p>5 Contribution / Expenditure reported on:</p> <p><input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS</p>		
<p>6 Dates of travel</p>	<p>7 Name of person(s) traveling</p>	
	<p>8 Departure city or name of departure location</p>	
	<p>9 Destination city or name of destination location</p>	
<p>10 Means of transportation</p>	<p>11 Purpose of travel (including name of conference, seminar, or other event)</p>	
<p>Name of Contributor / Corporation or Labor Organization / Pledgor / Payee</p>		
<p>Contribution / Expenditure reported on:</p> <p><input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS</p>		
<p>Dates of travel</p>	<p>Name of person(s) traveling</p>	
	<p>Departure city or name of departure location</p>	
	<p>Destination city or name of destination location</p>	
<p>Means of transportation</p>	<p>Purpose of travel (including name of conference, seminar, or other event)</p>	
<p>Name of Contributor / Corporation or Labor Organization / Pledgor / Payee</p>		
<p>Contribution / Expenditure reported on:</p> <p><input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS</p>		
<p>Dates of travel</p>	<p>Name of person(s) traveling</p>	
	<p>Departure city or name of departure location</p>	
	<p>Destination city or name of destination location</p>	
<p>Means of transportation</p>	<p>Purpose of travel (including name of conference, seminar, or other event)</p>	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p>		



AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2026, a candidate or officeholder who has accepted more than \$34,890 in political contributions or made more than \$34,890 in political expenditures in any calendar year must file all subsequent reports electronically.

Filer name	Filer ID #
Jana Elizabeth Johnson	

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt # Amount \$

Date Processed

Date Imaged

1. I swear or affirm that I have not accepted more than \$34,890 in political contributions or made more than \$34,890 in political expenditures in a calendar year.
2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$34,890 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
5. I am filing this affidavit with the Campaign Finance report due on February 2, 2026. I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

(1) Affidavit

Signature of Filer

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Jana Johnson this the 30th day of January,

2026, 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 _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____, _____, _____.

Executed in _____ County, State of _____, on the _____ day of _____, 20_____.
(month) (year)

Signature of Filer (Declarant)

**FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT
ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER**