

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 13	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged
	Mrs.	Margaret	R.	
NICKNAME	LAST	SUFFIX		
Jones-Johnson				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE			
	PO Box 223 Cedar Hill, TX 75106			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
	(214)	228-0412		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	
	Ms. LaShonda			
NICKNAME	LAST	SUFFIX		
Dennis				
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE # CITY STATE ZIP CODE			
	1320 Prudential Dr, Dallas, TX 75235			
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
	(214)	559-6900		
9 REPORT TYPE	<input checked="" 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 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	Day	Year	
	07	01	2022	
THROUGH		Month	Day	
		12	31	
11 ELECTION	ELECTION DATE		ELECTION TYPE	
	Month	Day	Year	
11 / 8 / 2022		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)	
	Judge Probate Court No. 3		Judge Probate Court No. 3	
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.			
	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				

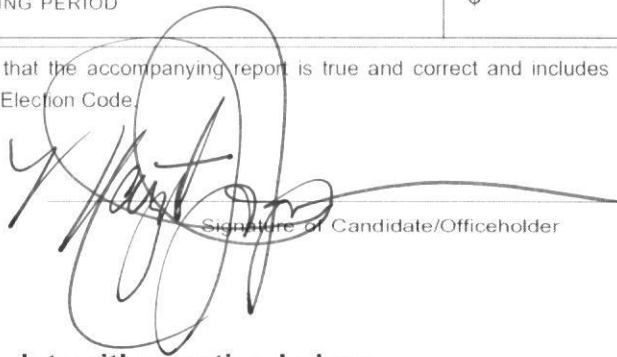
FILED
 2023 JAN 13 PM 2:28
 JOHN F. WARREN
 COUNTY CLERK
 DALLAS COUNTY
 DEPUTY

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 2

15 JC/OH NAME Hon. Margaret Jones-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)	\$ 7,225.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,597.67
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 45,708.98
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

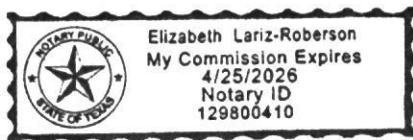
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Margaret Jones-Johnson this the 13 day of January

20 23, to certify which, witness my hand and seal of office.

Elizabeth Lariz-Roberson Elizabeth Lariz-Roberson Notary Public
 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 _____
 (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 Hon. Margaret Jones-Johnson		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 7,225.00
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	\$ 23.78
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 checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 3,573.89
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
(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 3
2 FILER NAME Hon. Margaret Jones-Johnson		3 Filer ID (Ethics Commission Filers)
4 Date 10/19/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID# Robinson & Hoskins	7 Amount of contribution (\$) \$2,500.00
	6 Contributor address; City; State; Zip Code 400 South Zang Blvd, Suite 920, Dallas, TX 75208-	
8 Contributor's principal occupation Law firm		9 Contributor's job title
10 Contributor's employer/law firm Robinson & Hoskins LLP		11 Law firm of contributor's spouse (if any) N/A
12 If contributor is a child, law firm of parent(s) (if any) N/A		
Date 10/19/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# Jeffrey M. Tillotson, P.C.	Amount of contribution (\$)
	Contributor address; City; State; Zip Code 1807 Ross Avenue, Suite 325, Dallas, TX 75201	\$2,500.00
Contributor's principal occupation Attorney		Contributor's job title
Contributor's employer/law firm Jeffrey M. Tillotson, P.C.		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any) N/A		
Date 11/16/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# Silverman Goodwin LLP	Amount of contribution (\$)
	Contributor address; City; State; Zip Code 8117 Preston Rd, Suite 670 Dallas, TX 75225	\$1,000.00
Contributor's principal occupation Law firm		Contributor's job title
Contributor's employer/law firm Silverman Goodwin, LLP		Law firm of contributor's spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any) N/A		

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 3
2 FILER NAME Hon. Margaret Jones-Johnson		3 Filer ID (Ethics Commission Filers)
4 Date 10/19/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID# Gray Reed	7 Amount of contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code 1601 Elm St., Suite 4600, Dallas, TX 75201		
8 Contributor's principal occupation Law firm		9 Contributor's job title
10 Contributor's employer/law firm Gray Reed		11 Law firm of contributor's spouse (if any) N/A
12 If contributor is a child, law firm of parent(s) (if any) N/A		
Date 11/01/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# Erny Simmons	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 14801 Quorum Drive, Suite 500, Dallas, TX 75254		
Contributor's principal occupation Attorney		Contributor's job title
Contributor's employer/law firm Glast, Phillips & Murray, PC		Law firm of contributor's spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any) N/A		
Date 10/11/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# Kevin Queenan	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 731 Station Dr., Arlington, TX 76015		
Contributor's principal occupation Attorney		Contributor's job title Owner
Contributor's employer/law firm Queenan Law Firm, PC		Law firm of contributor's spouse (if any) N/A
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 3
2 FILER NAME Hon. Margaret Jones-Johnson		3 Filer ID (Ethics Commission Filers)
4 Date 10/13/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID# Ronald Foxman	7 Amount of contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code 6901 McKamy Blvd., Dallas, TX 75248		
8 Contributor's principal occupation Law firm		9 Contributor's job title Shareholder
10 Contributor's employer/law firm Higier Allen & Lautin, PC		11 Law firm of contributor's spouse (if any) N/A
12 If contributor is a child, law firm of parent(s) (if any) N/A		
Date 10/20/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# Oscar Rodriguez	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 6146 Northaven Rd., Dallas, TX 75230		
Contributor's principal occupation Attorney		Contributor's job title Unknown
Contributor's employer/law firm Fee, Smith & Sharp LLP		Law firm of contributor's spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any) N/A		
Date 11/08/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# Stephen James Raynor	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code 6440 N. Central Expy Ste. 510, Dallas, TX 75206-4140		
Contributor's principal occupation Attorney		Contributor's job title Owner
Contributor's employer/law firm Stephen James Raynor Law		Law firm of contributor's spouse (if any) N/A
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.

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: 1	2 FILER NAME Hon. Margaret Jones-Johnson	3 Filer ID (Ethics Commission Filers)
4 Date 12/04/2022	5 Payee name Paypal	
6 Amount (\$) \$23.78	7 Payee address; City, State, Zip Code Paypal.com	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Contribution Processing fee
	(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 <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
	<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	
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

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			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 6	2 FILER NAME Hon. Margaret Jones-Johnson	3 Filer ID (Ethics Commission Filers)
4 Date 08/09/2022	5 Payee name Jesus Espinoza	
6 Amount (\$) \$150.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City: State: Zip Code Zelle last 4 digits	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food	(b) Description Birthday luncheon for staff
	(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 08/010/2022	Payee name Stephanie Sadler	
Amount (\$) \$25.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City: State: Zip Code Zelle last 4 digits	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation	Description Contribution for 2-Staff birthday cakes
	<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 08/10/2022	Payee name Lerna Blakely	
Amount (\$) \$25.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City: State: Zip Code Zelle last 4 digits	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution	Description Contribution for 2-Staff birthday cakes
	<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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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			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 6	2 FILER NAME Hon. Margaret Jones-Johnson	3 Filer ID (Ethics Commission Filers)
4 Date 08/28/2022	5 Payee name AFLCIO	
6 Amount (\$) \$350.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address, City, State, Zip Code Paypal.me/dallasaflcio	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contribution Annual Labor Day Breakfast	(b) Description Tickets for HERO Students
	(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 08/010/2022	Payee name L Clifford Davis	
Amount (\$) \$500.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address, City, State, Zip Code PO Box 894 Fort Worth, TX 76102	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation for annual banquet	Description Scholarship for Student
	<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 11/01/2022	Payee name Big Daddy's BBQ	
Amount (\$) \$985.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address, City, State, Zip Code 719 N. Hampton Rd. Desoto, TX 75115	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Gift for Christmas	Description Staff Thanksgiving turkeys
	<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	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 G: 6	2 FILER NAME Hon. Margaret Jones-Johnson	3 Filer ID (Ethics Commission Filers)
4 Date 10/19/2022	5 Payee name USPS	
6 Amount (\$) \$166.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City: State: Zip Code 475 E. FM 1382 Cedar Hill, TX 75104	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Rental expense	(b) Description Renew Campaign PO Box
	(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 11/30/2022	Payee name Broadway Pizza	
Amount (\$) \$73.59 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City: State: Zip Code www.broadwaypizza.com	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/beverage	Description Lunch for staff
	<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 10/15/2022	Payee name Descuento 75	
Amount (\$) \$103.92 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City: State: Zip Code www.descuento75.com	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution	Description Purchase toys for Congresswoman Eddie Bernice Johnson Christmas Toy drive
	<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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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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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. 6	2 FILER NAME Hon. Margaret Jones-Johnson	3 Filer ID (Ethics Commission Filers)
4 Date 09/20 & 10/03/2022	5 Payee name Print Noise	
6 Amount (\$) \$69.28 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City: State: Zip Code www.printnoise.com	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing expense	(b) Description Re-election campaign materials
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 09/24/2022	Payee name State Bar of Texas	
Amount (\$) \$30.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City: State: Zip Code www.statebaroftexas.com	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Dues	Description Judicial Section Dues
	<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 10/12 & 14/2022	Payee name Menger Hotel	
Amount (\$) \$500.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City: State: Zip Code www.mengerhotel.com	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Hotel & meal expense - CLE conference
	<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 PERSONAL FUNDS

SCHEDULE G

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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 G 6	2 FILER NAME Hon. Margaret Jones-Johnson	3 Filer ID (Ethics Commission Filers)
4 Date 10/30/2022	5 Payee name Godaddy	
6 Amount (\$) \$40.34 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code www.Godaddy.com	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Web maintenance
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11/01/2022	Payee name Chef Wang	
Amount (\$) \$119.55 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code www.chefwang.com	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Meal	Description Staff Lunch
	<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 11/02/2022	Payee name Great Wolf Lodge	
Amount (\$) \$311.21 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code www.greatwolf lodge.com	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel	Description Hotel & meal Expense -CLE
	<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 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			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G 6	2 FILER NAME Hon. Margaret Jones-Johnson	3 Filer ID (Ethics Commission Filers) .
4 Date 08/30/2022	5 Payee name Alpha Merit	
6 Amount (\$) \$125.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address, City, State, Zip Code PO Box150303 Dallas, TX 75315	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Donation	(b) Description 2022 CC Russeau Scholarship Gala AD
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$) \$ <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address, City, State, Zip Code	
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 (\$) \$ <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address, City, State, Zip Code	
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