

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

FORM 37011  
**COVER SHEET PG 1**  
RECEIVED  
ELECTIONS DEPARTMENT  
DALLAS COUNTY

The C/OH Instruction Guide explains how to complete this form. **1** Filer ID **2** Total pages filed: 1 of 8  
2024 JAN 12 PM 2:13

<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	<b>OFFICE USE ONLY</b>
	MS.	Faith		
	NICKNAME	LAST	SUFFIX	Date Received
		Johnson		

<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE	Date Hand-delivered or Date Postmarked
	P.O. Box 224623	
	Dallas, TX 75222	Receipt # Amount
		Date Processed
		Date Imaged

<b>5</b> CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	MS.	Maurine	
	NICKNAME	LAST	SUFFIX
		Dickey	

<b>6</b> CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
	18583 Dallas Parkway Suite 120 Dallas, TX 75287

<b>7</b> CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	214/	521-3748	

<b>8</b> 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)

<b>9</b> PERIOD COVERED	Month Day Year	THROUGH	Month Day Year
	07/01/2023		12/31/2023

<b>10</b> ELECTION	ELECTION DATE	ELECTION TYPE		
	Month Day Year 03/05/2024	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<input type="checkbox"/> Runoff <input type="checkbox"/> Special	<input type="checkbox"/> Other None

<b>11</b> OFFICE	OFFICE HELD (if any)x None	<b>12</b> OFFICE SOUGHT (if known) None
------------------	-------------------------------	--

**GO TO PAGE 2**

**CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS**

RECEIVED FOR FILING  
ELECTIONS DEPARTMENT  
DALLAS COUNTY  
FORM 3001  
**COVER SHEET PG 2**

13 C / OH NAME Johnson, Faith

2024 JAN 12 PM 2:13  
14 Filer ID

15 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.

Additional Pages

COMMITTEE TYPE <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS

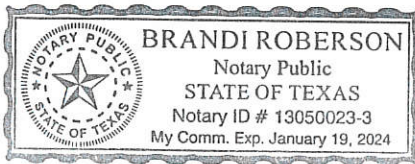
1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
4. TOTAL POLITICAL EXPENDITURES	\$	6,372.15
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	98,296.47
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

EXPENDITURE TOTALS

CONTRIBUTION BALANCE

OUTSTANDING LOAN TOTALS

17 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.

*[Handwritten Signature]*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Faith Johnson, this the 12<sup>th</sup> day of January, 2024, to certify which, witness my hand and seal of office.

*[Handwritten Signature]*  
Signature of officer administering

BRANDI ROBERSON  
Printed name of officer administering

COURT COORDINATOR  
Title of officer administering oath

**SUBTOTALS - C/OH**

RECEIVED FOR FILING  
ELECTIONS DEPARTMENT  
DALLAS COUNTY  
FORM 5011  
**COVER SHEET PG 3**  
3 of 8

18 FILER NAME

Johnson, Faith

19 Filer ID

2024 JAN 12 PM 2:13

20 SCHEDULE SUBTOTALS

NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
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 FROM POLITICAL CONTRIBUTIONS	\$ 6,222.15
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 150.00
10. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

RECEIVED FOR FILING SCHEDULE F1  
ELECTIONS DEPARTMENT  
DALLAS COUNTY

2024 JAN 12 PM 2:12

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

**EXPENDITURE CATEGORIES FOR BOX 8(a)**  
Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services  
Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/3 Rpt: 4/8		2 FILER NAME Johnson, Faith		3 Filer ID
4 Date 07/10/2023		5 Payee name Amazon		
6 Amount (\$) \$1.15		7 Payee address; City; State; Zip Code 1600 Bryan Street  Dallas, TX 75201		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Amazon -Prime Video Fee	
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held			
Date 09/01/2023		Payee name E.B.		
Amount (\$) \$216.50		Payee address; City; State; Zip Code 1600 Bryan Street  Dallas, TX 75201		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contributions - The 20th Annual SP	
	Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held			
Date 09/06/2023		Payee name Mesquite Republican Women		
Amount (\$) \$500.00		Payee address; City; State; Zip Code 10300 North Central Expwy Suite 345 Dallas, TX 75231		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fashion Show Sponsorship	
	Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held			

**POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS**

RECEIVED FOR FILING  
ELECTIONS DEPARTMENT SCHEDULE F1  
DALLAS COUNTY

2023 JAN 12 PM 2:13

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 2/3 Rpt: 5/8		<b>2</b> FILER NAME Johnson, Faith		<b>3</b> Filer ID	
<b>4</b> Date 11/01/2023		<b>5</b> Payee name Mountain Creek Church			
<b>6</b> Amount (\$) \$1,000.00		<b>7</b> Payee address; City; State; Zip Code 5950 Eagle Ford  Dallas, TX 75249			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution - Non Profit	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 09/06/2023		Payee name PNC Bank			
Amount (\$) \$4.50		Payee address; City; State; Zip Code 4925 O'Connor Rd  Irving, TX 75062			
<b>PURPOSE OF EXPENDITURE</b>		<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking		<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Counter Check Fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 11/01/2023		Payee name Restorer Hope			
Amount (\$) \$1,000.00		Payee address; City; State; Zip Code 11500 Beckton  McKinney, TX 75071			
<b>PURPOSE OF EXPENDITURE</b>		<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution - Non Profit	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	

**POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS**

RECEIVED FOR FILING SCHEDULE F1  
ELECTIONS DEPARTMENT  
DALLAS COUNTY

2024 JAN 12 PM 2:16

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 3/3 Rpt: 6/8	<b>2</b> FILER NAME Johnson, Faith		<b>3</b> Filer ID
<b>4</b> Date 09/07/2023	<b>5</b> Payee name Texas Federation of Republican Women		
<b>6</b> Amount (\$) \$2,500.00	<b>7</b> Payee address; City; State; Zip Code 13740 N. Highway 183 Suite J4 Austin, TX 78750		
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Harriett Tubman Sponsorship	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 11/01/2023	Payee name The Kingdom of God		
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 213 Creekwood Lane  Fort Worth, TX 76134		
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution - Non Profit	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

**POLITICAL EXPENDITURES FROM PERSONAL FUNDS**

RECEIVED FOR FILING  
ELECTIONS DEPARTMENT  
DALLAS COUNTY

**SCHEDULE G**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: Sch: 1/2 Rpt: 7/8	<b>2</b> FILER NAME Johnson, Faith	<b>3</b> Filer ID
---	---------------------------------------	-------------------

<b>4</b> Date 07/31/2023	<b>5</b> Payee name Johnson, Faith
-----------------------------	---------------------------------------

<b>6</b> Amount (\$) \$25.00  <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code P.O. Box 224623  Dallas, TX 75222
---	--

<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Cell Phone Service	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Verizon Cell Phone Service paid by Faith Johnson - Cell phone under 3-year contract.
---------------------------------	---	---

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name _____ Office sought _____ Office held _____
---	---

Date 08/31/2023	Payee name Johnson, Faith	
Amount (\$) \$25.00  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code P.O. Box 224623  Dallas, TX 75222	

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Cell Phone Service	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Verizon Cell Phone Service paid by Faith Johnson - Cell phone under 3-year contract.
-------------------------------	--	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name _____ Office sought _____ Office held _____
--	---

Date 09/30/2023	Payee name Johnson, Faith	
Amount (\$) \$25.00  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code P.O. Box 224623  Dallas, TX 75222	

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Cell Phone Service	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Verizon Cell Phone Service paid by Faith Johnson - Cell phone under 3-year contract.
-------------------------------	--	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name _____ Office sought _____ Office held _____
--	---

**POLITICAL EXPENDITURES FROM PERSONAL FUNDS**

RECEIVED FOR FILING  
ELECTIONS DEPARTMENT SCHEDULE G  
DALLAS COUNTY  
2023 JAN 12 PM 2:14

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

**EXPENDITURE CATEGORIES FOR BOX 8(a)**  
Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services  
Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: Sch: 2/2 Rpt: 8/8		<b>2</b> FILER NAME Johnson, Faith		<b>3</b> Filer ID	
<b>4</b> Date 10/31/2023		<b>5</b> Payee name Johnson, Faith			
<b>6</b> Amount (\$) \$25.00  <input type="checkbox"/> Reimbursement from political contributions intended		<b>7</b> Payee address; City; State; Zip Code P.O. Box 224623  Dallas, TX 75222			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Cell Phone Service		<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Verizon Cell Phone Service paid by Faith Johnson - Cell phone under 3-year contract.	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 11/30/2023		Payee name Johnson, Faith			
Amount (\$) \$25.00  <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code P.O. Box 224623  Dallas, TX 75222			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Cell Phone Service		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Verizon Cell Phone Service paid by Faith Johnson - Cell phone under 3-year contract.	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 12/31/2023		Payee name Johnson, Faith			
Amount (\$) \$25.00  <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code P.O. Box 224623  Dallas, TX 75222			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Cell Phone Service		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Verizon Cell Phone Service paid by Faith Johnson - Cell phone under 3-year contract.	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	