# CAMPAIGN FINANCE REPORT

RECEIVE COVER SHEET PG 1
ELECTIONS DEPARTMENT
DALLAS CHINTY

The C/OH Instruction	Guido avalaine how to some	lata this form	1 Filer ID	())+1-	2 Total pages fi	led:
The O/OH man uction (	Guide explains how to comp	nete this form.		2024 JAN	112 PH 2!	9f 8
3 CANDIDATE /	MS/MRS/MR	FIRST		MI	OFFICE	USE ONLY
OFFICEHOLDER NAME		Faith				
	MS.				Date Received	
	NOCALANT					
	NICKNAME	LAST		SUFFIX		
		Johnson				
4 CANDIDATE /	ADDRESS / PO BOX; AP	T / SUITE #; CIT	ΓY;	ZIP CODE	Date Hand-delivered	or Date Postmarked
OFFICEHOLDER MAILING	P.O. Box 224623					
ADDRESS					Receipt #	Amount
Change of Address	Dallas, TX 75222					
	Danas, 17. 70222				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS/MRS/MR	FIRST	***************************************	MI		
TREASURER	IVIO / IVIICO / IVIIC	TIKST		IVII		
NAME	MS.	Maurine				
	NIOZALANA					
	NICKNAME	LAST		SUFFIX		
		Dickey				
C CAMPAIGN	OTDEET ADDRESS (NO DA					
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO	J BOX PLEASE);	AP	T / SUITE #; CITY;	ST	ATE; ZIP CODE
ADDRESS	18583 Dallas Parkway	Suite 120				
(Residence or Business)						
7.0 Art	Dallas, TX 75287					
-						
7 CAMPAIGN	AREA CODE PHO	NE NUMBER	EXTENSION			
TREASURER	THE	NE NOMBER	LATENSION			
PHONE	214/ 521-3748					
8 REPORT			TE DESCRIPTION CO.			
TYPE	January 15	30th day before	e election	Runoff	1 15th day after ca	ampaign treasurer
		**************************************		<u></u>	appointment (off	
	July 15	8th day before	election	Exceeded modified reporting limit	Final Report (Att	tach C/OH-FR)
				reporting limit		
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	07/01/2023	TI	HROUGH	12/31/2023		
10 ELECTION	ELECTION DATE			<b>ELECTION TYPE</b>		
	Month Day Year		Primary	Runoff	Other None	е
	03/05/2024		General	Special		
11 OFFICE	OFFICE HELD (if any)x			12 OFFICE SOUGHT	(if known)	
	None			None	(II KIIOWII)	
				1,0110		
	L					· · · · · · · · · · · · · · · · · · ·
		المراجع والمراجع				
I		GO '	TO PAGE 2			

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

13 C/OH NAME	Johnson, Faith	DW: UP VEHILLA	2 of 8
	oomison, radii	2024 J #4 Filer IPH 2: 1	3
This box is for notice of political contributions accepted or political expenditures made by political committees to candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's kn consent. Candidates and officeholders are required to report this information only if they receive notice of such			committees to support the reholder's knowledge or otice of such expenditures
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
		COMMITTEE ADDRESS	
	SPECIFIC		
		COMMITTEE CAMPAIGN TREASURER NAME	BANKS OF THE PARTY
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
16 CONTRIBUTION	1. TOTAL UNITEM	ZED POLITICAL CONTRIBUTIONS (ST. 177	21.00
TOTALS	OR GUARANTE	ZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, ES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	
		AL CONTRIBUTIONS	\$ 0.00
	The state of the s	LEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES	
	4. TOTAL POLITIC	AL EXPENDITURES	\$ 0.00
		SE EXPENDITORES	\$ 6,372.15
CONTRIBUTION BALANCE	5. TOTAL POLITICA REPORTING PER	AL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE	
OUTSTANDING		NOD	\$ 98,296.47
LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00		
17 AFFIDAVIT			
STA Notary My Comm	DI ROBERSON lotary Public TE OF TEXAS ID # 13050023-3 . Exp. January 19, 2024	I swear, or affirm, under penalty of perjury, that the according true and correct and includes all information required to under little 15, Election Code.  Signature of Candidate or Officeholds	be reported by me
AFFIX NOTARY STAMP / SEAL ABOVE			
Sworn to and subscool	ribed before me, by the sai	ify which, witness my hand and seal of office.	day
Signature of officer administering Printed name of officer administering Printed name of officer administering			

Printed name of officer administering

### 20RIGIAL2 - CION

RECEIVED FOR ELLECTIONS DE COVER SHEET PG 3

18 FILER NAME					
Johnson, Faith  2024 J N 12 PH 2: 13					
20 SCHEDULE SUBTOTALS					
NAI	ME OF	SCHEDULE	SUBTOTAL AMOUNT		
1.		SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$		
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$		
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS	\$		
4.		SCHEDULE E: LOANS	\$		
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 6,222.15		
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$		
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$		
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$		
9.	Х	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	<b>\$</b> 150.00		
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$		
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$		
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$		

### PULLITICAL EXPENDITURES PROM PULLITICAL CONTRIBUTIONS

RECEIVED FOR FILSCHEDULE F1 ELECTION DEPA TO DALLAS COUNT

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

EXPENDITURE CATEGORIES FOR BOX 8(a) 2011 JAN Loan Repayment/Reimbursement Event Expense Fees Food/Beverage Expense

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

Solicitation/Fundralsing Expense Transportation Equipment & Related Expense

Travel Out of District
OTHER (enter a category not listed above) Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME Filer ID Sch: 1/3 Rpt: 4/8 Johnson, Faith

-		Johnson, Fain
4	Date	5 Payee name
	07/10/2023	Amazon
6		
O	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1.15	1600 Bryan Street
		Dallas, TX 75201
8	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Pees Check if travel outside of Texas. Complete Schedule T
		Check if Austin, TX, officeholder living expense
		Amazon -Prime Video Fee
9	Complete ONLY if direct	Condition to the
•	expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/01/2023	E,B.
-	Amount (\$)	Payee address; City: State: Zin Code
	\$216.50	, ciate, zip code
	Ψ210.50	1600 Bryan Street
		Dallas, TX 75201
	PURPOSE	(a) Category (see Setamin France)
	OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  (b) Description  Check if travel outside of Texas, Complete Schedule Tex
	EXPENDITURE	Candidate IOE: 1 11 / 2 11 .
		La tring expense
		Contributions - The 20th Annual SP
	Complete ONLY if direct	Candidate/Officeholder name Office sought
6	expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	Date	Payee name
(	09/06/2023	Mesquite Republican Women
7	Amount (\$)	
	\$500.00	Payee address; City; State; Zip Code  10300 North Central Expwy
	. = = 3100	
		Suite 345
		Dallas, TX 75231

PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Contributions/Donations Made By **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Fashion Show Sponsorship Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH Office held

# PULITICAL EXPENDITURES PROM PULITICAL CONTRIBUTIONS

RECEIVED FOR FILING ELECTIONS DEPARTMENT SCHEDULE F1 DALI AS COUNTY

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

EXPENDITURE CATEGORIES FOR BOX 8(a) A 2 2
ent Expense es od/Beverage Expense t/Awards/Memorials Expense gal Services

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District Travel Out of District

	Candidate/Officeholder/Politi Credit Card Payment	tical Committee Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.  Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1	2 FILED NAME	
-	Sch: 2/3 Rpt: 5/8	Johnson, Faith	
4	Date	5 Payee name	
_	11/01/2023	Mountain Creek Church	
6	Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code 5950 Eagle Ford  Dallas, TX 75249	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Contribution - Non Profit	
9	Complete ONLY if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held OH	
	Date	Payee name	
	09/06/2023	PNC Bank	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$4.50		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Counter Check Fee	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	==
	11/01/2023	Restorer Hope	
	Amount (\$) . \$1,000.00	Payee address; City; State; Zip Code 11500 Beckton	-
		McKinney, TX 75071	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	-
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if Lavel outside of Texas. Complete Schedule T.  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	

# PULITICAL EXPENDITURES FROM PULITICAL CONTRIBUTIONS

RECEIVED FOR FILING ELECTIONS DEPARTMENT SCHEDULE F1 DALLAS COUNTY

	OALL 95 LUCINITY
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made E Candidate/Officeholder/Politic Credit Card Payment	al Committee Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (or the printing Expense Salaries)
1 Total pages Cabada S	module explains how to complete this form
1 Total pages Schedule F1: Sch: 3/3 Rpt: 6/8	Johnson, Faith  3 Filer ID
4 Date 09/07/2023	5 Payee name Texas Federation of Republican Women
6 Amount (\$) \$2,500.00	7 Payee address; City; State; Zip Code 13740 N. Highway 183 Suite J4 Austin, TX 78750
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Harriett Tubman Sponsorship
9 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
EXPENDITURE	Fort Worth, TX 76134  (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contribution - Non Profit
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held

		EXPENDITURE CATECORIES	UMILIAN IL INCLY
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made E Candidate/Officeholder/Politic Credit Card Payment	By - Food/Beverage Expense Pollin Gift/Awards/Memorials Expense Printi cal Committee Legal Services Salar	Repayment/Reimbursement District Overhead/Rental Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (CONTINUE OF TRANSPORTED OF TRANSPORTE
_	T	The Instruction Guide explains how to	o complete this form.  OTHER (enter a category not listed above)
1	Total pages Schedule G:	2 FILER NAME	3 Filer ID
-	Sch: 1/2 Rpt: 7/8	Johnson, Faith	3 File ID
4	Date	5 Payee name	
	07/31/2023	Johnson, Faith	
6	Amount (\$)	7 Payee address; City; State; Zip	Code
	\$25.00	J. Otate, Zip	Code
	Reimbursement from		
	political contributions intended	Dallas, TX 75222	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	
	OF EXPENDITURE	Cell Phone Service	(b) Description Check if travel outside of Texas. Complete Schedule T.
	- I LINDII ONL	2577150	Check if Austin, TX, officeholder living expense
			Verizon Cell Phone Service paid by Faith Johnson - Cell phone under 3-year contract.
9	Complete ONLY if direct	Candidate/Officeholder name	
	expenditure to benefit C/OH		Office sought Office held
_			
	Date	Payee name	
-	08/31/2023	Johnson, Faith	
	Amount (\$)	Payee address; City; State; Zip C	Code
	\$25.00	P.O. Box 224623	
	Reimbursement from political contributions		
	intended	Dallas, TX 75222	
	PURPOSE	Category (See Categories listed at the top of this schedule)	Description Check if travel gutside of Taxas Complete Calabata
	OF EXPENDITURE	Cell Phone Service	Description Check if travel outside of Texas. Complete Schedule T. 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 C expenditure to benefit	andidate/Officeholder name	Office sought Office held
	C/OH		Office field
_	Date		
	09/30/2023	Payee name	
	Amount (\$)	Johnson, Faith	
,	\$25,00	Payee address; City; State; Zip Ci	ode
		P.O. Box 224623	
	Reimbursement from political contributions intended	Delles TV Trace	
		Dallas, TX 75222	
	PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Cell Phone Service	Check if Austin, TX, officeholder living expense
			Verizon Cell Phone Service paid by Faith Johnson, Call
	Complete ONLY if direct		phone under 3-year contract.
е	Complete ONLY if direct Conspired Conspired Constitution	andidate/Officeholder name	Office sought Office held
C	C/OH		
		The state of the s	

PULITICAL E	ZAPENDILINA	
	EXPENDITORES FROM PERS	UNAL FUNDS FOR FILING
		DALLAS OCHATY SCHEDULE G
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made Candidate/Officeholder/Poli Credit Card Payment	e By - FOOd/Beverage Expense Political Committee Legal Services Sal	FOR BOX 8(a) JAN 2 PA 2: 14  In Repayment/Reimbursement ce Overhead/Rental Expense ling Expense ting Expense ting Expense ting Expense  Transportation Equipment & Related Expense Travel in District Travel Out of District
1 Total pages Schedule G:	The Instruction Guide comte:	to complete this form.  OTHER (enter a category not listed above)
Sch: 2/2 Rpt: 8/8	Johnson, Faith	3 Filer ID
4 Date		
10/31/2023	5 Payee name Johnson, Faith	
6 Amount (\$)	7.0	
\$25.00	7 Payee address; City; State; Zip	Code
Reimbursement from	P.O. Box 224623	
political contributions intended		
	Dallas, TX 75222	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(h) Donoint
EXPENDITURE	Cell Phone Service	(b) Description Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
0.0		Verizon Cell Phone Service paid by Faith Johnson - Cell phone under 3-year contract.
9 Complete <u>ONLY</u> if direct expenditure to benefit	Candidate/Officeholder name	O#:
C/OH		Office sought Office held
Date		
11/30/2023	Payee name	
	Johnson, Faith	
Amount (\$)	Payee address; City; State; Zip	Code
\$25.00	P.O. Box 224623	
Reimbursement from political contributions intended	Dallas, TX 75222	
PURPOSE	Category (See Categories listed at the top of this schedule)	
OF EXPENDITURE	Cell Phone Service	Description Check if travel outside of Texas. Complete Schedule T.
		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 Complete ONLY if direct Complete COH	Candidate/Officeholder name	Office sought Office held
Date	Dover	
12/31/2023	Payee name Johnson, Faith	
Amount (\$)		
\$25.00	Payee address; City; State; ZIP C	code
Reimbursement from	P.O. Box 224623	
political contributions intended	Dallas, TX 75222	
PURPOSE	Category (See Categories listed at the top of this schedule)	Description Total :
OF EXPENDITURE	Cell Phone Service	Description Check if travel outside of Texas. Complete Schedule T.
	-	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 Control of the control of t	andidate/Officeholder name	Office sought Office held