FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) The C/OH instruction Guide explains how to complete this form. 2 Total pages filed 7 3 CANDIDATE/ MS / MRS / MR FIRST MI OFFICEHOLDER OFFICE USE ONLY Mrs. Margaret NAME Date Received NICKNAME LAST SUFFIX FILED Jones-Johnson 4 CANDIDATE / ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE JUL 1 2 2024 **OFFICEHOLDER** MAILING PO Box 223 Cedar Hill, TX 75106 JOHN F. WARREN **ADDRESS** DALLAS COUNTY CLERK Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (214)228-0412 PHONE Receipt # Amount \$ CAMPAIGN MS / MRS / MR FIRST MI TREASURER LaShonda NAME Date Processed NICKNAME LAST SUFFIX Dennis Date Imaged CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE) CITY STATE ZIP CODE TREASURER **ADDRESS** 1320 Prudential Dr. Dallas, TX 75235 (Residence or Business) CAMPAIGN AREA CODE PHONE NUMBER EXTENSION TREASURER PHONE 559-6900 (214 9 REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) X July 15 Exceeded Modified 8th day before election Final Report (Altach C/OH - FR) Reporting Limit 10 PERIOD Month Day Year Day Year COVERED 2024 THROUGH 06 30 2024 11 ELECTION ELECTION DATE ELECTION TYPE Primary Runoff Month Year Other Description N/A General Special 12 OFFICE OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) Judge Probate Court No. 3 N/A THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. 14 NOTICE FROM POLITICAL COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME			16 Filer ID (Ethics Commission Filers)
Hon. M	argaret Jones-Johnson		(Editos Commission Filets)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL COPLEDGES, LOANS, OR GUARANTE CONTRIBUTIONS MADE ELECTRO	ES OF LOANS OR	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUT (OTHER THAN PLEDGES, LOANS, CONTRIBUT)		\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EX	PENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITUR	RES	\$ 1,882.55
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS OF REPORTING PERIOD	MAINTAINED AS OF THE LAST	TDAY \$
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL LAST DAY OF THE REPORTING PE	OUTSTANDING LOANS AS OF	### \$ 0.00
(1) Affidavit	Elizabeth Lariz-Roberson My Commission Expires 4/25/2026	either option below:	
	Notary ID 129800410 Margaret Jones-Johnson	this the	12 th day of July
20 <u>24</u> , to certify w Elizabeth Signature of officer administeri	thich, witness my hand and seal of office. Signature Flizabeth Printed name of officer add OR	Lariz-Roberson ministering oath	Notary Public Title of officer administering oath
(2) Unsworn Declaratio	THE RESIDENCE OF THE PROPERTY		
My name is		and my date of birth is	
	(street)		te) (zip code) (country)
Executed in	County, State of, on	the day of(month)	, 20 (year)
		Signature of Candidate	e/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME Hon. Margaret Jones-Johnson	20 Filer ID (Ethics Co	ommission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTION	NS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$
5.	X SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL	CONTRIBUTIONS	\$ 1,342.78
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITIC	CAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	X SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL	FUNDS	\$ 539.77
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS T	O A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL	CONTRIBUTIONS	\$
12.	X SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRI	BUTIONS RETURNED	\$ 30.00

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

		EXPENDITURE CATE	GORIES FOR B	OX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made t Candidate/Officeholder/Politic Credit Card Payment	By al Committee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Loan Repayment/Re Office Overhead/Re Polling Expense Printing Expense Salaries/Wages/Cor	ental Expense ntract Labor	Travel In District Travel Out Of Dist	upment & Related Expense
*	T	The Instruction Guide explain	ns how to complete	this form.		
1 Total pages Schedule F1	1227			*****	3 Filer ID (Ethi	cs Commission Filers)
1	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	Margaret Jones-Johnson				50000 00000 00000000000000000000000000
4 Date	5 Payee n			<u> </u>	1	
05/20/2024	GoDa	addy				
6 Amount (\$)	7 Payee a			City;	State;	Zip Code
1,342.78	GoDa	addy.com				
8 PURPOSE OF EXPENDITURE		ry (See Calegories listed at the top of this		escription	haita	
	CONTROL COMMENTAL	act Laborer		mpaign we	bsite maintenar	ice
	(c)	Check if travel outside of Texas Complete S	chedule T	Check if Aust	lın, TX. officeholder livir	g expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candid I	ate / Officeholder name	Offi	ice sought		Office held
Date	Payee na	me				
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this so	:hedule) Des	scription		
		Check if Iravel oulside of Texas Complete Sci	hedule T	Check to		
Complete ONLY if direct	8,770	te / Officeholder name			n, TX, officeholder living	expense
expenditure to benefit C/OH	Garrange	ne / Oncendider name	Offic	ce sought		Office held
Date	Payee na	me		31		*
Amount (\$)	Payee add	dress:				
				City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch	Deserting Deserting	cription		
	c	heck if travel outside of Texas Complete Scho	edule T.	Check if Austin.	TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH		te / Officeholder name		e sought	The state of the s	Office held
	ATTA	ACH ADDITIONAL COPIES O	F THIS SCHEDU	LE AS NEED	DED	

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

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

- manual	The Instruction Guide explains how	to complete this form.		
1 Total pages Schedule G: 2	2 FILER NAME Hon. Margaret Jones-Johnson		3 Filer ID (Ethics	Commission Filers
4 Date	5 Payee name			
05/16/2024	kroger			
6 Amount (\$) 44.15	7 Payee address; Kroger.com	City;	State;	Zip Code
x political contributions intended				
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Food/beverage	Purchase cupcak	es for Farewell E	vent
	(c) Check if travel outside of Texas Complete Schedule T	Check if Austir	n. TX, officeholder living ex	pense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
04/26/2024	Campisi's Restaurant			
Amount (\$) 140.60	Payee address;	City;	State;	Zip Code
Reimbursement from political contributions intended	1520 Elm St Dallas, TX 75201	, , , ,	State,	Zip Code
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description		
EXPENDITURE	Food/beverage	Lunch court staff		
	Check if travel outside of Texas. Complete Schedule T	Check if Austin	TX, officeholder living exp	ense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	C	Office held
Date 05/06/2024	Payee name			
Amount (\$) 128.60	Elizabeth Roberson Payee address;		Water Internal	
Reimbursement from political contributions intended	1201 Elm Suite 2200B Dallas TX 75270	City;	State;	Zip Code
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description		
EXPENDITURE	Event expense	Reimburse purchas	se of staff birthday	& farewell giff
	Check if travel outside of Texas Complete Schedule T.	Entra to the second sec	TX, officeholder living exp	
omplete <u>ONLY</u> if direct spenditure to benefit C/OH	Candidate / Officeholder name	Office sought	0	ffice held

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) Loan Repayment/Reimbursement Office Overhead/Rental Expense

Accounting/Banking Consulting Expense

Advertising Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Contributions/Donations Mad Candidate/Officeholder/Pol Credit Card Payment	Gift/Awards/Memorials Expense Prin	ing Expense ting Expense aries/Wages/ContractLabor v to complete this form.	Travel In District Travel Out Of District Other (enter a category not listed above)
Total pages Schedule G 2	2 FILER NAME Hon. Margaret Jones-Johnson		3 Filer ID (Ethics Commission Filers)
4 Date 01/05/2024	5 Payee name WWW.condolences.com		
6 Amount (\$) 109.5 X Reimbursement from political contributions intended	0 7 Payee address; www.condolences.com	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule Memorial Expense	(b) Description	
	(c) Check if travel outside of Texas. Complete Schedule T	Check if Austin	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	. Office held
Date	Payee name		V
05/17/2024	Charming Florals & Finds		
Amount (\$) 45.47	Payee address;	City;	State; Zip Code
X political contributions intended	IG: charmingfloralsevents		
PURPOSE OF	Category (See Categories listed at the top of this schedule)		
EXPENDITURE	Event expense Check if travel outside of Texas. Complete Schedule T	F-3-4	nt employee farewell
000 20 St. Control (10 St. 10	Candidate / Officeholder name		t, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/0		Office sought	Office held
Date 05/14/2024	Payee name		
Amount (\$) 71.45	Elle Vie Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended	www.ellevie.com		
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description	
EXPENDITURE	Event expense	1	
	Check if travel outside of Texas Complete Schedule T.		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 NEED!	ED

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:
2 FILER NAME	Hon. Margaret Jones-Johnson	3 Filer ID (Ethics Commission Filers)
1 Date	5 Name of person from whom amount is received Bank of America 6 Address of person from whom amount is received; City; Bankofamerica.com	8 Amount (\$) State: Zip Code
04/04/2024	7 Purpose for which amount is received Che Stop Payment refund	eck 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 Che	eck 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 Chec	ck 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 Chec	sk if political contribution returned to filer
	ATTACH ADDITIONAL COPIES OF THIS SCHEDU	II FAS NEEDED

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Com	imission Filers)	2 Total pages filed. 1	OFFICE USE ONLY
CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST Mrs. Margaret NICKNAME LAST Jones-Johnson	MI	Date Received FILED JUL 1 2 2024
ORIGINAL REPORT TYPE	January 15 R July 15 E iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	Runoff Final report Exceeded modified reporting mit Other (specify)	Date Har DALLAS COUNTY CLES Receipt # Amount \$
ORIGINAL PERIOD COVERED	Month Day Year 07 01 2023	5th day after treasurer population (officeholder only) Month Day Ye THROUGH 12 31 202	Date Imaged
EXPLANATION OF CO		e 5 corrected to \$45,908.98 and in	
SIGNATURE I swe	ort and adjusted to \$45,133.03 ear, or affirm, under penalty o ck ONLY if applicable:	s of perjury, that this corrected rep	port is true and correct.
Semiannual mislead or t	ronorto I aura de de de		
Other report date I learne omission in	ts: I swear, or affirm, that I am feed that the report as originally file the report as originally filed was beth Lariz-Roberson Commission Expires 4/25/2026 Notary ID	illing this corrected report not later	id/date/Officebolder
Other report date I learne omission in Eliza My C	ts: I swear, or affirm, that I am feed that the report as originally file the report as originally filed was beth Lariz-Roberson Commission Expires 4/25/2026 Notary ID 129800410 Please C	illing this corrected report not later ed is inaccurate or incomplete. Is made in good faith. Signature of Can complete either option below.	than the 14th business day after twear or affilm, that any error or addate/Officeholder
Other repordate I learne omission in Eliza My Community	ts: I swear, or affirm, that I am fed that the report as originally file the report as originally filed was beth Lariz-Roberson Commission Expires 4/25/2026 Notary ID 129800410 Please C	illing this corrected report not later ed is inaccurate or incomplete. Is made in good faith. Signature of Can somplete either option below.	than the 14th business day after twear or affirm, that any error or addate. Officebolder
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CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

	mission Filers)	2 Total pages filed.	OFFICE USE ONLY
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST Mrs. Margaret NICKNAME LAST Jones-Johnson	MI	JUL 1 2 2024 FIX JOHN F. WARREN DALLAS COUNTY CLE
ORIGINAL REPORT TYPE	X July 15 E lir 30th day before election	tunoff xceeded modified reporting mit Other (specify ppointment (officeholder only)	port Date Hand-delivered or Date Postman
ORIGINAL PERIOD COVERED EXPLANATION OF CO	01 / 01 / 2023	Month Day THROUGH 06 30 2	Year Date Imaged
SIGNATURE I swe Che- X Semiannua mislead or t	- merapio soni ulo miornation	of perjury, that this corrected the original report was made in contained in the report.	eport is true and correct.
omission in	the report as originally filed was zabeth Lariz-Roberson Commission Expires	iling this corrected report not la ed is inaccurate or incomplete. made in good faith bigratule of omplete either option be	er than the 14th business day after Iswear, or affirm, that any error or and the control of the
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