#### CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE / FIRST MI OFFICE USE ONLY OFFICEHOLDER Mrs. Margaret NAME Date Received NICKNAME LAST SUFFIX Jones-Johnson 4 CANDIDATE / ADDRESS / PO BOX APT / SUITE # STATE ZIP CODE **OFFICEHOLDER** JAN 1 6 2024 PO Box 223 Cedar Hill TX 75106 MAILING **ADDRESS** JOHN F. WARREN DALLAS COUNTY CLERK Change of Address AREA CODE CANDIDATE/ PHONE NUMBER **EXTENSION** Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (214) PHONE 228-0412 Receipt # Amount \$ MS / MRS / MR 6 CAMPAIGN FIRST TREASURER LaShonda Date Processed NAME NICKNAME LAST SUFFIX Dennis Date Imaged STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE # CAMPAIGN CITY STATE. ZIP CODE **TREASURER ADDRESS** 1320 Prudential Dr., Dallas, TX 75235 (Residence or Business) CAMPAIGN AREA CODE PHONE NUMBER EXTENSION **TREASURER** PHONE (214) 559-6900 9 REPORT TYPE X January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) July 15 Exceeded Modified 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Day Month Day Year COVERED THROUGH 2023 12 31 2023 11 ELECTION ELECTION DATE **ELECTION TYPE** Primary Runoff Other Month N/A Description General Special OFFICE HELD (if any) 12 OFFICE 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 / 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. 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 CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

15 C/OH NAME Hon. Marg	aret Jones-Johnson		16 Filer ID (Ethics Commission Fil	lers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITIC     PLEDGES, LOANS, OR GUAR     CONTRIBUTIONS MADE ELE	CAL CONTRIBUTIONS (OTHER THA RANTEES OF LOANS, OR CTRONICALLY)	\$ \$	0.0
	2. TOTAL POLITICAL CONTR (OTHER THAN PLEDGES, LOA	IBUTIONS ANS, OR GUARANTEES OF LOANS	\$	0.0
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICA	AL EXPENDITURE	\$	
	4. TOTAL POLITICAL EXPEND	DITURES	\$	0.0
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBU OF REPORTING PERIOD	TIONS MAINTAINED AS OF THE LA	ST DAY \$	663.8
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT O LAST DAY OF THE REPORTIN	F ALL OUTSTANDING LOANS AS O		0.0
18 SIGNATURE I SW	rear, or affirm, under penalty of perjury, tired to be reported by me under Title 15, E	that the accompanying report is tru	ue and correct and includes all infor	mation
(1) Affidavit	Please comp  Elizabeth Lariz-Roberson My Commission Expires 4/25/2026 Notary ID 129800410	lete either o <del>ptio</del> n belov	<b>N</b> :	
NOTARY STAMP/SEAL				
Sworn to and subscribed b	Margaret Jones-Joh	nnson this the	16th day of January	
0 10 1	hich, witness my hand and seal of office.	Lariz-Poherson	Notary Public	
Signature of officer administerin	A STATE OF THE PROPERTY OF THE	cer administering oath	Title of officer administering	oath
		OR		
(2) Unsworn Declaration				
My namo is		5 2 8 8 2 1 W		
				*
2) - 1.70 7.77 170	(street)	***************************************	state) (zip code) (country)	
Executed in		_ , on the day of (month		
		Signature of Candid	late/Officeholder (Declarant)	*

## SUBTOTALS - C/OH

### FORM C/OH COVER SHEET PG 3

FILER NAME Hon. Margaret Jones-Johnson  20 Filer ID (Ethics Co		mmission	Filers)	
			1 1000	UBTOTAL AMOUNT
	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	
	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
	SCHEDULE E: LOANS		\$	
X	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	775.95
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$		
	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$	
	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
X	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	1DS	\$	5,274.87
0. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$		
	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER			\$	
	Hon. M	Hon. Margaret Jones-Johnson  SCHEDULE SUBTOTALS NAME OF SCHEDULE  SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS  SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS  SCHEDULE B: PLEDGED CONTRIBUTIONS  SCHEDULE E: LOANS  X SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL COI  SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL COI  SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD  X SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN  SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A  SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL COI  SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT	Hon. Margaret Jones-Johnson  SCHEDULE SUBTOTALS NAME OF SCHEDULE  SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS  SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS  SCHEDULE B: PLEDGED CONTRIBUTIONS  SCHEDULE E: LOANS  X SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS  SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS  SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD  X SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS  SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH  SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS  SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED	Hon. Margaret Jones-Johnson  SCHEDULE SUBTOTALS NAME OF SCHEDULE  SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS  SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS  SCHEDULE B: PLEDGED CONTRIBUTIONS  SCHEDULE E: LOANS  X SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS  SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS  SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD  X SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS  SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH  SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS  SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED

# 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 Food/Beverage Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Candidate/Officeholder/Political Committee Travel Out Of District 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) Hon. Margaret Jones-Johnson 4 Date 5 Payee name 11/08/2023 **USPS** 6 Amount (\$) 7 Payee address; City; State; Zip Code Cedar Hill, TX \$176.00 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description **PURPOSE** Annual PO Box rental fee Fees OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/26/2023 Godaddy Amount (\$) Payee address; City; State: Zip Code \$599.95 www.Godaddy.com Category (See Categories listed at the lop of this schedule) Description PURPOSE OF Campaign Website Maintenance Contract Labor EXPENDITURE Check if Iravel outside of Texas Complete Schedule T Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address: City; State: Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE G

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

		EXPENDITURE CATEGOR	IES FOR BOX 8(a)		
Acco Con Con Ca	ertising Expense ounting/Banking sulfing Expense stributions/Donations Made andidate/Officeholder/Politi it Card Payment	Fees Offfic Food/Beverage Expense Poll By Gift/Awards/Memorials Expense Prin	n Repayment/Reimbursement the Overhead/Rental Expense ting Expense ting Expense tries/Wages/Contract Labor v to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
<b>1</b> To	otal pages Schedule G:	<sup>2</sup> FILER NAME Hon. Margaret Jones-Johnson		3 Filer ID (Ethics Commission Filers)	
	eate 3/29/2023	5 Payee name Campsi	-		
	mount (\$) 15.10 Reimbursement from political contributions intended	7 Payee address; Lovefield Airport	City;	State; Zip Code	
В		(a) Category (See Categories listed at the top of this schedule	(b) Description		
E	PURPOSE OF XPENDITURE	Food/Beverage Expense	Purchase mea	l while traveling	
		(c) Check if travel outside of Texas. Complete Schedule T	Check if Austi	n. TX, officeholder living expense	
100	olete <u>ONLY</u> if direct additure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
D	ate	Payee name			
08	8/29/2023	Menger Hotel			
	3.83 Reimbursement from political contributions intended	Payee address; 204 Alamo Plaza, San Antonio, TX	City;	State; Zip Code	
		Category (See Categories listed at the top of this schedule	) Description		
E	PURPOSE OF XPENDITURE	Food/Beverage Expense	Purchase mea	al at TCPJ conference	
(CASA)		Check if travel outside of Texas Complete Schedule T	T. Check if Austin, TX, officeholder living expense		
	omplete <u>ONLY</u> if direct penditure to benefit C/0	Candidate / Officeholder name	Office sought	Office held	
	ate //30/2023	Payee name Menger Hotel		э	
	mount (\$) 31.63 Reimbursement from political contributions intended	Payee address: 204 Alamo Plaza, San Antonio, TX	City;	State; Zip Code	
E)	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule Food/Beverage Expense		eal at TCPJ Conference	
		Check if travel outside of Texas Complete Schedule T	Check if Austin	n. TX, officeholder living expense	
2	lete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### 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
Credit Card Payment

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Printing Expense Travel In District
Printing Expense Travel Out Of E
Salaries/Wages/Contract Labor Other (enter a contract Labor)

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

Credit Card Payment	The Instruction Guide explains how to complete this form.				
1 Total pages Schedule G:	2 FILER NAME Hon. Margaret Jones-Johnson	Johnson 3 Filer ID (Ethics Commission Filers)			
4 Date	5 Payee name		1		
08/29/2023	Crockett Tavern				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
\$34.49  Reimbursement from political contributions intended	320 Bonham San Antonio, TX 7800000		orano,	Zip Gode	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	J		
OF EXPENDITURE	Food/Beverage Expense	Purchase meal while traveling			
	(c) Check if travel outside of Texas. Complete Schedule T	T 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	Payee name				
10/25/2023	Costco				
Amount (\$) \$57.57  Reimbursement from political contributions intended	Payee address; Costco.com	City;	State;	Zip Code	
77 (40.40.40.45)	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Food/Beverage Expense Staff Snacks & bottled water				
	Check if travel outside of Texas. Complete Schedule T	T Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	C	Office held	
Date 08/31/2023	Payee name American Inns of Court		A	- Control of the Cont	
Amount (\$)	Payee address;	City;	State;	Zip Code	
\$700.00  Reimbursement from political contributions intended	American Inns of Court.org	Sig,	State,	Zip Code	
PURPOSE	Category (See Categories listed at the top of this schedule)	Description			
OF EXPENDITURE	Membership expense	Annual dues	for probate memb	ership	
	Check if travel outside of Toxas Complete Schedule T.	Check if Austin.	TX, officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	C	office held	
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEED	ED		

#### 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
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (notice persons)

Candidate/Officeholder/Polit Credit Card Payment	7.11140.0	p Expense Travel Out Of District Other (enter a category not listed above) or complete this form.			
1 Total pages Schedule G: 8	2 FILER NAME Hon. Margaret Jones-Johnson	3 Filer ID (Ethics Commission Filers)			
4 Date 08/29/2023	5 Payee name Cornor Bakery				
6 Amount (\$) \$149.00 Reimbursement from political contributions intended	7 Payee address; Cornorbakery.com	City: State; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description  Purchase meals for staff during jury trial			
	(c) Check if travel outside of Texas Complete Schedule T.	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 09/21/2023	Payee name Cornor Bakery				
Amount (\$) \$128.94 Reimbursement from political contributions intended	Payee address; Cornorbakery.com	City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Purchase meals for staff during jury trial			
	Check if travel outside of Texas. Complete Schedule T	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held			
Date 08/31/2023	Payee name Baby back shack				
Amount (\$) \$215.36 Reimbursement from political contributions intended	Payee address; Babybackshack.com	City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Purchase Meal for staff			
	Check if travel outside of Toxas Complete Schedule T.	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 S	SCHEDULE AS NEEDED			

#### 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 **Event Expense** Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundralsing 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. 2 FILER NAME Hon. Margaret Jones-Johnson 1 Total pages Schedule G 3 Filer ID (Ethics Commission Filers) 8 4 Date 5 Payee name 12/08/2023 Design by LR 6 Amount (\$) 7 Payee address; City; State: Zip Code \$519.06 DesignbyLR.com Reimbursement from X political contributions intended 8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Food/Beverage Expense OF Retirement party expense **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name Design by LR 10/20/2023 Amount (\$) Payee address; City; State: Zip Code \$650.00 DesignbyLR.com Reimbursement from X political contributions intended Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF Retirement party expense Contract labor **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name 12/26/2023 Dallas Bar Association Amount (\$) Payee address; City; State: Zip Code \$185.00 Reimbursement from DallasBarAssociation.com political contributions intended Category (See Categories listed at the top of this schedule) Description **PURPOSE** Annual Membership Dues OF Fees EXPENDITURE Check if travel outside of Texas Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE G

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

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Candidate/Officeholder/Polit Credit Card Payment	1 Indian	a Expense Travel Out Of District Other (enter a category not listed above) o complete this form.
1 Total pages Schedule G:	2 FILER NAME Hon. Margaret Jones-Johnson	3 Filer ID (Ethics Commission Filers)
4 Date 09/21/2023	5 Payee name Larry's Plumbing Service	<u> </u>
6 Amount (\$) \$198.00 Reimbursement from political contributions intended	7 Payee address; FM Rockwall, TX	City; State; Zip Code
B PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Contract Labor	(b) Description  Repair group home lavatory
	(c) Check if travel outside of Texas. Complete Schedule T.	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 07/05/2023	Payee name Marshalls	
Amount (\$) \$50.28 Reimbursement from political contributions intended	Payee address; Marshalls.com	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Event Expense	Description Staff B-day gifts
	Check if travel outside of Texas. Complete Schedule T	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held
Date 08/22/2023	Payee name DCDP	
Amount (\$) \$500.00  Reimbursement from political contributions intended	Payee address; DCDP.com	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description 1 - Ticket Annual JJ Luncheon
-A LINDITORE	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
complete ONLY if direct xpenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDED

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Mages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

ide explains how to c	omplete this form.	Oner terner a categor	y not listed above)	
2 FILER NAME Hon. Margaret Jones-Johnson 3 Filer ID (Ethics Co				
	City;	State;	Zip Code	
	,	2.p 000e		
e top of this schedule)	(b) Description		***************************************	
	Staff snacks & bottled water			
Complete Schedule T.	ale T. Check if Austin, TX, officeholder living expense			
me (	Office sought		Office held	
	City;	State;	Zip Code	
e top of this schedule)	Description			
	Staff Snacks & b	ottle water	w	
Complete Schedule T	neduleT. Check if Austin, TX, officeholder living expense			
me C	ffice sought		Office held	
	***************************************			
	City;	State;	Zip Code	
top of this schedule)	Description			
	Staff Birthday p	resents	sents	
Complete Schedule T.	Check if Austin, 1	TX, afficeholder living exp	ense	
ne O	ffice sought	C	Office held	
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	PIES OF THIS SCH	PPIES OF THIS SCHEDULE AS NEEDE	PPIES OF THIS SCHEDULE AS NEEDED	

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 Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Credit Card Payment	The Instruction Guide explains how to	s/Wages/Contract Labor  complete this form.	Other (enter a category not listed above)
1 Total pages Schedule G: 8	2 FILER NAME Hon. Margaret Jones-Johnson		3 Filer ID (Ethics Commission Filers)
4 Date 07/05/2023	5 Payee name Ulta Beauty	1	1996
\$23.81 Reimbursement from political contributions intended	7 Payee address; Ultabeauty.com	City;	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Food/Beverage Expense  (c) Check if travel outside of Texas Complete Schedule T.	(b) Description Staff birthday git	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	TX, officeholder living expense Office held
Date 09/03/2023	Payee name Fiesta De Fruites		
Amount (\$) \$99.00 Reimbursement from political contributions intended	Payee address; 1201 Elm Dallas, TX	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Food/Beverage Expense	Description Staff Lunch	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	TX, afficeholder living expense Office held
expenditure to benefit C/O	DH		4
Date 10/25/2023	Payee name Kohls		
Amount (\$) \$48.71 Reimbursement from political contributions intended	Payee address; Kohls.com	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Contribution	Description Staff Birthday p	resents
	Check if travel outside of Texas. Complete Schedule T.		X, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

#### 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
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (order a cohorary not listed phone)

Credit Card Payment	The Instruction Guide explains how to	complete th	nis form.	Omer (enter a categor	y not iisted above)
1 Total pages Schedule G. 8	2 FILER NAME Hon. Margaret Jones-Johnson		***************************************	3 Filer ID (Ethics	Commission Filers)
4 Date 11/03/2023	5 Payee name Baby Back Shack				
6 Amount (\$) \$215.36 Reimbursement from political contributions intended	7 Payee address; Babybackshack.com		City:	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Food/Beverage Expense  (c) Check if travel outside of Texas. Complete Schedule T.	1	birthday ı	meal	pense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sou	ught		Office held
Date 11/28/2023	Payee name Everyone Loves Charcuterie				
Amount (\$) \$145.00 Reimbursement from political contributions intended	Payee address;  WWW.facebook.com everyone loves char	cuterie	City:	State:	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Food/Beverage Expense  Check if travel outside of Texas: Complete Schedule T	Purch		cuterie board retire	- X
Complete ONLY if direct expenditure to benefit C/6	Candidate / Officeholder name	Office sou	ught		Office held
Date 10/25/2023	Payee name Big Daddy's BBQ				
Amount (\$) \$1,000.00 Reinbursement from political contributions intended	Payee address; Big Daddy's BBQ -zelle		City;	State:	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage		ription f Christma	as gifts of Turkeys	for Thanksgivin
	Check if travel outside of Texas. Complete Schedule T.			n. TX, officeholder living ex	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sou	ught		Office held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULI	E AS NEEL	DED	