


# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <b>7</b>		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI		
	Mr.	Samuel	H.		
		NICKNAME	LAST		
		Sam	Johnson		
		SUFFIX			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS (PO BOX)	APT / SUITE #	CITY		
	[REDACTED]		Plano TX 75093		
		STATE	ZIP CODE		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
	[REDACTED]	[REDACTED]			
		Date Received			
					
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI		
	Mr.	David			
		NICKNAME	LAST		
			AZAD		
		SUFFIX			
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE)		CITY		
	101 W. Renner Road, Suite 190, Richardson, Texas 75082				
		STATE	ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
	( 459 )	443-6824			
9 REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff		
	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> 5th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit		
		<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)			
		<input type="checkbox"/> Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month	Day	Year		
	4	24	25		
		THROUGH	Month Day Year		
			6 30 25		
11 ELECTION	ELECTION DATE			ELECTION TYPE	
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff
		5	3	25	<input checked="" type="checkbox"/> General
				<input type="checkbox"/> Special	Other Description
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)		
	Plano ISD Trustee - Place 2				
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					

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME Samuel "Sam" H. 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)	\$ 615.05
EXPENDITURE TOTALS	3	TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 0.00
	4	TOTAL POLITICAL EXPENDITURES	\$ 689.92
CONTRIBUTION BALANCE	5	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4,782.80
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.

*[Handwritten Signature]*  
Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Samuel H. Johnson this the 15<sup>th</sup> day of July

20 25 certify which, witness my hand and seal of office

*[Handwritten Signature]*  
Signature of officer administering oath

Elizabeth J. Rogatski  
Printed name of officer administering oath

Notary Public  
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 - C/OH**

<b>18 FILER NAME</b> Johnson, Samuel		<b>19 Filer ID</b>
<b>20 SCHEDULE SUBTOTALS</b>		<b>SUBTOTAL AMOUNT</b>
NAME OF SCHEDULE		
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 615.05
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	\$ 689.92
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 type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
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 checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 10.50

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/1 Rpt: 4/7
<b>2</b> FILER NAME Johnson, Samuel		<b>3</b> Filer ID
<b>4</b> Date 05/14/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beck, Karen <hr/> <b>6</b> Contributor address; City; State; Zip Code 1305 Heidi Drive  Plano, TX 75025	<b>7</b> Amount of Contribution (\$)  \$52.37
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 04/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chaput, Brian <hr/> Contributor address; City; State; Zip Code 2704 Knollwood Court  Plano, TX 75075	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Engineering Manager		Employer (See Instructions) Sanmina
Date 04/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hollenshead, Todd <hr/> Contributor address; City; State; Zip Code 18904 Fortson Ave  Dallas, TX 75252	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Video Games		Employer (See Instructions) Saber
Date 04/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Metcalfe, Tom <hr/> Contributor address; City; State; Zip Code 4625 Penbrook Court  Plano, TX 75024	Amount of Contribution (\$)  \$261.27
Principal occupation / Job title (See Instructions) CRE Broker		Employer (See Instructions) TJKJ INC
Date 04/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thorndike, Hayley <hr/> Contributor address; City; State; Zip Code 2316 Cross Bend Road  Plano, TX 75023	Amount of Contribution (\$)  \$26.41
Principal occupation / Job title (See Instructions) Marketing		Employer (See Instructions) Gannett

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

### 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: 1/2 Rpt: 5/7	<b>2</b> FILER NAME Johnson, Samuel	<b>3</b> Filer ID
<b>4</b> Date 05/12/2025	<b>5</b> Payee name Executive Press	
<b>6</b> Amount (\$) \$622.44	<b>7</b> Payee address; City; State; Zip Code 1400 Presidential Drive  Richardson, TX 75081	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<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. Yard Signs
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		
Candidate/Officeholder name	Office sought	Office held
Date 05/05/2025	Payee name Google	
Amount (\$) \$17.91	Payee address; City; State; Zip Code 1600 Amphitheatre Parkway #110 Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<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. Email Accounts
Complete ONLY if direct expenditure to benefit C/OH		
Candidate/Officeholder name	Office sought	Office held
Date 06/05/2025	Payee name Google	
Amount (\$) \$17.91	Payee address; City; State; Zip Code 1600 Amphitheatre Parkway #110 Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<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. Email Accounts
Complete ONLY if direct expenditure to benefit C/OH		
Candidate/Officeholder name	Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

### 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.

<b>1</b> Total pages Schedule F1: Sch: 2/2 Rpt: 6/7	<b>2</b> FILER NAME Johnson, Samuel	<b>3</b> Filer ID
<b>4</b> Date 06/30/2025	<b>5</b> Payee name Stripe	
<b>6</b> Amount (\$) \$31.66	<b>7</b> Payee address; City; State; Zip Code 354 Oyster Point  South San Francisco, CA 94080	
<b>8</b> PURPOSE OF EXPENDITURE	<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 Merchant Fees
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
	Candidate/Officeholder name	Office sought
		Office held

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule K: Sch: 1/1 Rpt: 7/7
<b>2</b> FILER NAME Johnson, Samuel		<b>3</b> Filer ID
<b>4</b> Date 04/30/2025	<b>5</b> Name of person from whom amount is received North Dallas Bank & Trust Co.	<b>8</b> Amount (\$) \$4.37
	<b>6</b> Address of person from whom amount is received; City; State; Zip Code 12900 Preston Road  Dallas, TX 75230	
	<b>7</b> Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer Interest Deposit	
Date 06/01/2025	Name of person from whom amount is received North Dallas Bank & Trust Co.	Amount (\$) \$3.28
	Address of person from whom amount is received; City; State; Zip Code 12900 Preston Road  Dallas, TX 75230	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer Interest Deposit	
Date 06/30/2025	Name of person from whom amount is received North Dallas Bank & Trust Co.	Amount (\$) \$2.85
	Address of person from whom amount is received; City; State; Zip Code 12900 Preston Road  Dallas, TX 75230	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer Interest Deposit	