

# 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
	NICKNAME	LAST	SUFFIX
Mr. Samuel Johnson		Sam	H
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	APT / SUITE #	CITY, STATE ZIP CODE
	[REDACTED] Plano TX 75025		
✓ Change of Address			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	[REDACTED]		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
Mr. David Azad			
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE # CITY, STATE ZIP CODE		
(Residence or Business)	101 W. Renner Road, Suite 190, Richardson, Texas 75082		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	( 469 )	443-6824	
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th 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
	7	1	25
		THROUGH	12 31 25
11 ELECTION	ELECTION DATE		
	Month	Day	Year
		5	3 / 25
		ELECTION TYPE	
		<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff
		<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special
12 OFFICE		13 OFFICE SOUGHT (if known)	
OFFICE HELD (if any)		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	
Additional Pages			

**OFFICE USE ONLY**

Date Received

**RECEIVED**

1/15/26  
8

Date Hand-delivered or Date Postmarked

Receipt #      Amount \$

Date Processed

Date Imaged

2:02 pm

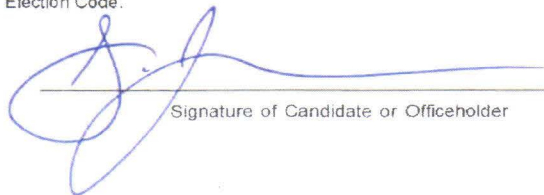
**GO TO PAGE 2**

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**FORM C/OH  
COVER SHEET PG 2**

<b>15 C/OH NAME</b> Samuel "Sam" H. Johnson		<b>16 Filer ID (Ethics Commission Filers)</b>	
<b>17 CONTRIBUTION TOTALS</b>	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
<b>EXPENDITURE TOTALS</b>	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 0.00
	4.	TOTAL POLITICAL EXPENDITURES	\$ 107.46
<b>CONTRIBUTION BALANCE</b>	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4,693.09
<b>OUTSTANDING LOAN TOTALS</b>	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.

  
\_\_\_\_\_  
Signature of Candidate or Officeholder

**Please complete either option below:**

**(1) Affidavit**

NOTARY STAMP/SEAL

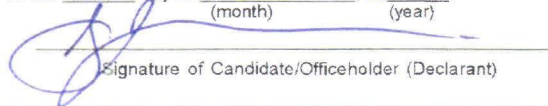
Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath \_\_\_\_\_ Printed name of officer administering oath \_\_\_\_\_ Title of officer administering oath \_\_\_\_\_

OR

**(2) Unsworn Declaration**

My name is Samuel H. Johnson, and my date of birth is 08 August 1982  
 My address is 3809 Lakedale Drive, Plano, TX, 75025, USA  
(street) (city) (state) (zip code) (country)  
 Executed in Collin County, State of Texas, on the 15th day of January, 2026.  
(month) (year)

  
\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)

**SUBTOTALS - C/OH**

**FORM C/OH  
COVER SHEET PG 3**

19 FILER NAME <b>Samuel "Sam" H. Johnson</b>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME 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.	■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 107.46
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	■ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 17.75

**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	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/Officer/holder/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: 2		<b>2</b> FILER NAME Samuel "Sam" H. Johnson		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 07/07/2025		<b>5</b> Payee name Google			
<b>6</b> Amount (\$) 17.91		<b>7</b> Payee address; City; State; Zip Code 1600 Amphitheatre Parkway #110 Mountain View, CA 94043			
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees		<b>(b)</b> Description Email Accounts		
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T		Check if Austin, TX, officer/holder living expense		
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH					
Date 08/05/2025		Payee name Google			
Amount (\$) 17.91		Payee address; City; State; Zip Code 1600 Amphitheatre Parkway #110 Mountain View, CA 94043			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Email Accounts		
	Check if travel outside of Texas. Complete Schedule T		Check if Austin, TX, officer/holder living expense		
Complete ONLY if direct expenditure to benefit C/OH					
Date 09/05/2025		Payee name Google			
Amount (\$) 17.91		Payee address; City; State; Zip Code 1600 Amphitheatre Parkway #110 Mountain View, CA 94043			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Email Accounts		
	Check if travel outside of Texas. Complete Schedule T		Check if Austin, TX, officer/holder living expense		
Complete ONLY if direct expenditure to benefit C/OH					

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

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**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			

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<b>1</b> Total pages Schedule F1 2		<b>2</b> FILER NAME Samuel "Sam" H. Johnson		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 10/06/2025		<b>5</b> Payee name Google			
<b>6</b> Amount (\$) 17.91		<b>7</b> Payee address; City, State, Zip Code 1600 Amphitheatre Parkway #110 Mountain View, CA 94043			
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees		<b>(b)</b> Description Email Accounts		
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/05/2025		Payee name Google			
Amount (\$) 17.91		Payee address; City, State, Zip Code 1600 Amphitheatre Parkway #110 Mountain View, CA 94043			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees		Description Email Accounts		
	Check if travel outside of Texas. 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	
Date 12/05/2025		Payee name Google			
Amount (\$) 17.91		Payee address; City, State, Zip Code 1600 Amphitheatre Parkway #110 Mountain View, CA 94043			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees		Description Email Accounts		
	Check if travel outside of Texas. 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	

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**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. <b>2</b>
2 FILER NAME <b>Samuel "Sam" H. Johnson</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>07/31/2025</b>	5 Name of person from whom amount is received <b>North Dallas Bank &amp; Trust Co.</b> 6 Address of person from whom amount is received: City: State: Zip Code <b>12900 Preston Road Dallas, Texas 75230</b>	8 Amount (\$) <b>3.04</b>
7 Purpose for which amount is received <b>Interest Deposit</b>		Check if political contribution returned to filer
Date <b>09/01/2025</b>	Name of person from whom amount is received <b>North Dallas Bank &amp; Trust Co.</b> Address of person from whom amount is received; City: State: Zip Code <b>12900 Preston Road Dallas, Texas 75230</b>	Amount (\$) <b>3.12</b>
Purpose for which amount is received <b>Interest Deposit</b>		Check if political contribution returned to filer
Date <b>09/30/2025</b>	Name of person from whom amount is received <b>North Dallas Bank &amp; Trust Co.</b> Address of person from whom amount is received; City: State: Zip Code <b>12900 Preston Road Dallas, Texas 75230</b>	Amount (\$) <b>2.83</b>
Purpose for which amount is received <b>Interest Deposit</b>		Check if political contribution returned to filer
Date <b>11/02/2025</b>	Name of person from whom amount is received <b>North Dallas Bank &amp; Trust Co.</b> Address of person from whom amount is received; City: State: Zip Code <b>12900 Preston Road Dallas, Texas 75230</b>	Amount (\$) <b>3.20</b>
Purpose for which amount is received <b>Interest Deposit</b>		Check if political contribution returned to filer

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**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.	<b>1</b> Total pages Schedule K <b>2</b>
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<b>2</b> FILER NAME Samuel "Sam" H. Johnson	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date  11/30/2025	<b>5</b> Name of person from whom amount is received <b>North Dallas Bank &amp; Trust Co.</b>	<b>8</b> Amount (\$)  <b>2.71</b>
	<b>6</b> Address of person from whom amount is received; City: State; Zip Code 12900 Preston Road Dallas, Texas 75230	
	<b>7</b> Purpose for which amount is received <span style="float: right;">Check if political contribution returned to filer</span> Interest Deposit	

Date  12/31/2025	Name of person from whom amount is received <b>North Dallas Bank &amp; Trust Co.</b>	Amount (\$)  <b>2.85</b>
	Address of person from whom amount is received; City: State; Zip Code 12900 Preston Road Dallas, Texas 75230	
	Purpose for which amount is received <span style="float: right;">Check if political contribution returned to filer</span> Interest Deposit	

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 <span style="float: right;">Check if political contribution returned to filer</span>	

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 <span style="float: right;">Check if political contribution returned to filer</span>	

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