

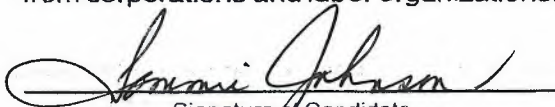
**APPLICATION FOR A PLACE ON THE BALLOT FOR A SPECIAL ELECTION
FOR A CITY, SCHOOL DISTRICT OR OTHER POLITICAL SUBDIVISION**

ALL INFORMATION IS REQUIRED TO BE PROVIDED UNLESS INDICATED AS OPTIONAL¹ Failure to provide required information may result in rejection of application.

APPLICATION FOR A PLACE ON THE <u>Keller ISD Board of Trustees, Place 6</u> SPECIAL ELECTION BALLOT					
TO: City Secretary/Secretary of Board (name of election) I request that my name be placed on the above-named official ballot as a candidate for the office indicated below.					
OFFICE SOUGHT (Include any place number or other distinguishing number, if any.) Keller ISD Board of Trustees, Place 6			INDICATE TERM ☐ FULL ☒ UNEXPIRED		
FULL NAME (First, Middle, Last) Tommie Gay Johnson			PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT* Tommie Johnson		
PERMANENT RESIDENCE ADDRESS (Do not include a P.O. Box or Rural Route. If you do not have a residence address, describe location of residence.) 410 Mount Gilead Road			PUBLIC MAILING ADDRESS (Address for which you receive campaign related correspondence, if available.)		
CITY Keller	STATE TX	ZIP 76248	CITY	STATE	ZIP
PUBLIC EMAIL ADDRESS (Address for which you receive campaign related emails, if available.)		OCCUPATION (Do not leave blank) Retired Educator/Admn.		DATE OF BIRTH [REDACTED]	
				VOTER REGISTRATION VOID NUMBER² (Optional)	
TELEPHONE CONTACT INFORMATION (Optional) Home: Office: Cell: (817) 601-7104					
FELONY CONVICTION STATUS (You MUST check one) ☒ I have not been finally convicted of a felony. ☐ I have been finally convicted of a felony, but I have been pardoned or otherwise released from the resulting disabilities of that felony conviction and I have provided proof of this fact with the submission of this application. ³			LENGTH OF CONTINUOUS RESIDENCE AS OF DATE THIS APPLICATION WAS SWORN IN THE STATE OF TEXAS 62 year(s) month(s)		
			IN TERRITORY/DISTRICT/PRECINCT FROM WHICH THE OFFICE SOUGHT IS ELECTED 29 year(s) month(s)		
This Box Must ONLY be Completed by Candidates for School District Board of Trustees Check the Box Below: ☒ I am aware that I am not eligible to serve as a trustee of an independent school district if I am required to register as a sex offender under Chapter 62, Code of Criminal Procedure.					
*If using a nickname as part of your name to appear on the ballot, you are also signing and swearing to the following statements: I further swear that my nickname does not constitute a slogan or contain a title, nor does it indicate a political, economic, social, or religious view or affiliation. I have been commonly known by this nickname for at least three years prior to this election. Please review sections 52.031, 52.032 and 52.033 of the Texas Election Code regarding the rules for how names may be listed on the official ballot.					
Before me, the undersigned authority, on this day personally appeared (name of candidate) <u>Tommie Johnson</u> , who being by me here and now duly sworn, upon oath says: "I, (name of candidate) <u>Tommie Johnson</u> , of <u>Tarrant</u> County, Texas, being a candidate for the office of <u>KISD Board of Trustees Place 6</u> , swear that I will support and defend the Constitution and laws of the United States and of the State of Texas. I am a citizen of the United States eligible to hold such office under the constitution and laws of this state. I have not been determined by a final judgment of a court exercising probate jurisdiction to be totally mentally incapacitated or partially mentally incapacitated without the right to vote. I am aware of the nepotism law, Chapter 573, Government Code. I am aware that I must disclose any prior felony conviction, and if so convicted, must provide proof that I have been pardoned or otherwise released from the resulting disabilities of any such final felony conviction. I am aware that knowingly providing false information on the application regarding my possible felony conviction status constitutes a Class B misdemeanor. I further swear that the foregoing statements included in my application are in all things true and correct."					
X <u>[Signature]</u> SIGNATURE OF CANDIDATE					
Sworn to and subscribed before me this the <u>11th</u> day of <u>August</u> , <u>2026</u> , by <u>Tommie Johnson</u> (day) (month) (year) (name of candidate)					
<u>[Signature]</u> Signature of Officer Authorized to Administer Oath ⁴ <u>notary</u>			<u>[Signature]</u> Printed Name of Officer Authorized to Administer Oath CATHERINE WHITE My Notary ID # 6447598 Expires June 17, 2030		
TO BE COMPLETED BY FILING OFFICER: THIS APPLICATION IS ACCOMPANIED BY THE REQUIRED FILING FEE (If Applicable) PAID BY: ☐ CASH ☐ CHECK ☐ MONEY ORDER ☐ CASHIERS CHECK OR ☐ PETITION IN LIEU OF A FILING FEE. This document and \$ <u>N/A</u> filing fee or a nominating petition of <u>1</u> pages received. ☒ Voter Registration Status Verified					
<u>8 / 11 / 2026</u> Date Received		<u>8 / 11 / 2026</u> Date Accepted		<u>[Signature]</u> Signature of Filing Officer or Designee	

APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA
PG 1

See CTA Instruction Guide for detailed instructions.						1 Total pages filed:	
2 CANDIDATE NAME	MS / MRS / MR		FIRST	MI	OFFICE USE ONLY		
	Mrs.		Tommie		Filer ID #		
3 CANDIDATE MAILING ADDRESS	NICKNAME		LAST	SUFFIX	Date Received		
			Johnson		8-7-26		
4 CANDIDATE PHONE	ADDRESS / PO BOX;		APT / SUITE #;	CITY;	STATE;	ZIP CODE	Date Hand-delivered or Postmarked
	410 Mount Gilead Road			Keller	Texas	76248	
5 OFFICE HELD (If any)	AREA CODE	PHONE NUMBER		EXTENSION		Receipt #	Amount \$
	(817)	601-7104					
6 OFFICE SOUGHT (If known)	Keller Independent School District Board of Trustees, Place 6						
7 CAMPAIGN TREASURER NAME	MS/MRS/MR		FIRST	MI	NICKNAME	LAST	SUFFIX
	Mrs.		Janet		Jan	Smith	
8 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	STREET ADDRESS;		APT / SUITE #;	CITY;	STATE;	ZIP CODE	
	1002 Mesquite Dr.			Keller	Texas	76248	
9 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER		EXTENSION			
10 CANDIDATE SIGNATURE	I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.						
	I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.						
I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.							
 Signature of Candidate				8/7/26 Date Signed			

GO TO PAGE 2

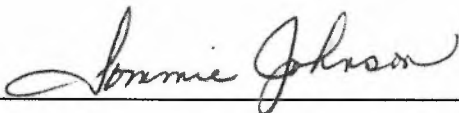
CODE OF FAIR CAMPAIGN PRACTICES

There are basic principles of decency, honesty, and fair play that every candidate and political committee in this state has a moral obligation to observe and uphold, in order that, after vigorously contested but fairly conducted campaigns, our citizens may exercise their constitutional rights to a free and untrammelled choice and the will of the people may be fully and clearly expressed on the issues.

THEREFORE:

- (1) I will conduct the campaign openly and publicly and limit attacks on my opponent to legitimate challenges to my opponent's record and stated positions on issues.
- (2) I will not use or permit the use of character defamation, whispering campaigns, libel, slander, or scurrilous attacks on any candidate or the candidate's personal or family life.
- (3) I will not use or permit any appeal to negative prejudice based on race, sex, religion, or national origin.
- (4) I will not use campaign material of any sort that misrepresents, distorts, or otherwise falsifies the facts, nor will I use malicious or unfounded accusations that aim at creating or exploiting doubts, without justification, as to the personal integrity or patriotism of my opponent.
- (5) I will not undertake or condone any dishonest or unethical practice that tends to corrupt or undermine our system of free elections or that hampers or prevents the full and free expression of the will of the voters, including any activity aimed at intimidating voters or discouraging them from voting.
- (6) I will defend and uphold the right of every qualified voter to full and equal participation in the electoral process, and will not engage in any activity aimed at intimidating voters or discouraging them from voting.
- (7) I will immediately and publicly repudiate methods and tactics that may come from others that I have pledged not to use or condone. I shall take firm action against any subordinate who violates any provision of this code or the laws governing elections.

I, the undersigned, candidate for election to public office in the State of Texas or campaign treasurer of a political committee, hereby voluntarily endorse, subscribe to, and solemnly pledge myself to conduct the campaign in accordance with the above principles and practices.



Signature

08/05/2026

Date

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:

14

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

Tommie

NICKNAME

LAST

SUFFIX

Johnson

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

410 Mount Gilead Rd. Keller TX
76248

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817)

601-7104

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Janet

NICKNAME

LAST

SUFFIX

Jan

Smith

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

1002 Mesquite Drive Keller TX 76248

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

()

9 REPORT TYPE

☐ January 15

☒ 30th day before election

☐ Runoff

☐ 15th day after campaign
treasurer appointment
(Officeholder Only)

☐ July 15

☐ 8th day before election

☐ Exceeded Modified
Reporting Limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month Day Year

08 / 07 / 2026

THROUGH

Month Day Year

10 / 04 / 2026

11 ELECTION

ELECTION DATE

Month Day Year

11 / 03 / 2026

ELECTION TYPE

☐ Primary

☐ Runoff

☐ Other
Description

☐ General

☒ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Keller ISD Board of Trustees, PL.6

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

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

Tommie 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)

\$ -

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 1,505.00

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ -

4. TOTAL POLITICAL EXPENDITURES

\$ 6,986.93

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

\$ 2,246.19

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ 9,351.20

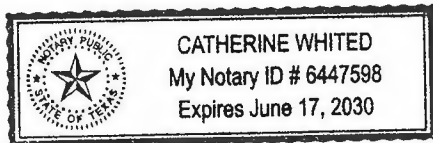
18 SIGNATURE

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.

Tommie Johnson
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Tommie Johnson this the 5th day of October,

2020, to certify which, witness my hand and seal of office.

Catherine Whited

Catherine Whited

notary

Signature of officer administering oath

Printed name of officer administering oath

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

FORM C/OH COVER SHEET PG 3

19 FILER NAME Tommie Johnson		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	☒ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,505.00
2.	☒ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1,195.00
3.	☐ SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	☒ SCHEDULE E: LOANS	\$ 9,351.20
5.	☒ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 6,986.93
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	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 A1: 1 of 3
2 FILER NAME Tommie Johnson		3 Filer ID (Ethics Commission Filers)
4 Date 8-24-26	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Ashley Hernandez	7 Amount of contribution (\$) \$ 5.00
6 Contributor address; City; State; Zip Code 2209 Graystone Ct. Keller TX 76248		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 8-25-26	Full name of contributor ☐ out-of-state PAC (ID#: _____) Lydia Martin	Amount of contribution (\$) \$ 50.00
Contributor address; City; State; Zip Code 2716 Woodson Circle Bedford, TX 76021		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8-31-26	Full name of contributor ☐ out-of-state PAC (ID#: _____) Phil Lee	Amount of contribution (\$) \$ 50.00
Contributor address; City; State; Zip Code 7920 Chaddington NRH, TX 76182		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9-8-26	Full name of contributor ☐ out-of-state PAC (ID#: _____) Kathleen Grubby	Amount of contribution (\$) \$ 100.00
Contributor address; City; State; Zip Code 799 Tall Oak Lane Keller TX 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 A1: 2 of 3
2 FILER NAME Tommie Johnson		3 Filer ID (Ethics Commission Filers)
4 Date 9-11-26	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Dawn Lydick 6 Contributor address; City; State; Zip Code 8005 Sitka Street FW TX 76137	7 Amount of contribution (\$) \$ 50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9-12-26	Full name of contributor ☐ out-of-state PAC (ID#: _____) Michael Russo Contributor address; City; State; Zip Code 2308 Watercrest Drive Keller TX 76248	Amount of contribution (\$) \$ 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9-12-26	Full name of contributor ☐ out-of-state PAC (ID#: _____) Darlene Waters Contributor address; City; State; Zip Code 552 Bancroft Rd. Keller TX 76248	Amount of contribution (\$) \$ 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9-14-26	Full name of contributor ☐ out-of-state PAC (ID#: _____) Maritza Moldrem Contributor address; City; State; Zip Code 1221 Shadow Woods Ct. Keller TX 76248	Amount of contribution (\$) \$ 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 A1: 3 of 3
2 FILER NAME Tommie Johnson		3 Filer ID (Ethics Commission Filers)
4 Date 9-18-26	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Melinda Tripp	7 Amount of contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code 4024 W. Sommerset St. Rogers AR 72758		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 9-20-26	Full name of contributor ☐ out-of-state PAC (ID#: _____) Ron Jencopale	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 993 Post Oak Rd. Keller TX 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 10-3-26	Full name of contributor ☐ out-of-state PAC (ID#: _____) Newt Johnson	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 807 Santa Barbara Ct. Keller TX 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 9-12-26	Full name of contributor ☐ out-of-state PAC (ID#: _____) Linda S. Metcalf	Amount of contribution (\$) \$200.00
Contributor address; City; State; Zip Code 1601 Brentwood Trail Keller TX 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: 1 of 1	
2 FILER NAME Tommie Johnson		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 8-8-26	6 Full name of contributor ☐ out-of-state PAC (ID#: _____) Blackall Photography	8 Amount of Contribution \$ \$ 395.00	9 In-kind contribution description Portrait Session
7 Contributor address; City; State; Zip Code 344 W. Walters Street Louisville TX 75057		☐ Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date 9-4-26	Full name of contributor ☐ out-of-state PAC (ID#: _____) Melissa Muenzler	Amount of Contribution \$ \$ 800.00	In-kind contribution description Printed Campaign Material Design - Digital Design
Contributor address; City; State; Zip Code 7701 Marble Canyon Ct. Ft Worth 76137		☐ Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
 If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

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 E: 1 of 1
2 FILER NAME Tommie Johnson		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ - 0 -
5 Date of loan 8-21-26	7 Name of lender ☐ out-of-state PAC (ID#: _____) Mike Johnson	9 Loan Amount (\$) \$4,351.20
6 Is lender a financial institution? Y ☒ N	8 Lender address; City; State; Zip Code 410 Mount Gilead Rd. Keller, TX 76248	10 Interest rate - 0 -
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral ☒ none		15 ☐ Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION ☒ not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)

Date of loan 8-21-26	Name of lender ☐ out-of-state PAC (ID#: _____) Tommie Johnson	Loan Amount (\$) \$ 5000.00
Is lender a financial institution? Y ☒ N	Lender address; City; State; Zip Code 410 Mount Gilead Rd. Keller TX 76248	Interest rate - 0 -
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral ☒ none		☒ Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION ☒ not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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
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.

1 Total pages Schedule F1: 1 of 6		2 FILER NAME Tommie Johnson		3 Filer ID (Ethics Commission Filers)	
4 Date 8-24-26		5 Payee name Anedot, Inc.			
6 Amount (\$) \$ 56.59		7 Payee address; City; State; Zip Code 3723 Greenville Ave. Suite 4100Z Dallas, TX 75206-5311 ☐ Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Transaction Fees for Donations Made 8-24-26-10-3-26		
	(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					
Date 8-31-26		Payee name Home Goods			
Amount (\$) \$ 115.69		Payee address; City; State; Zip Code 200 N. Kimball Suite 228 Southlake TX 76092 ☐ Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expenses		Description Kick-off Event Supplies		
	☐ 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					
Date 8-28-26		Payee name Kickin' It Media Group			
Amount (\$) \$ 750.00		Payee address; City; State; Zip Code 139 Olive Street Keller TX 76248 ☐ Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description Social Media Services Website Build-out		
	☐ 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					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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/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.

1 Total pages Schedule F1: 2 of 6	2 FILER NAME Tommie Johnson	3 Filer ID (Ethics Commission Filers)
4 Date 8-19-26	5 Payee name Squarespace - Inc.	
6 Amount (\$) \$ 14.00	7 Payee address; City; State; Zip Code 225 Varick Street 12th Floor New York NY 10014 ☐ Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Domain Name
	(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 9-1-2026	Payee name Edwards and Patterson Signs		
Amount (\$) \$ 110.20	Payee address; City; State; Zip Code 203 S. Belt Line Road Irving TX 75060 ☐ Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Yard and Road sign stickers	
	☐ 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 9-8-26	Payee name VistaPrint		
Amount (\$) \$ 294.42	Payee address; City; State; Zip Code 275 Wyman street Waltham MA 02451 ☐ Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Door Hangers	
	☐ 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			

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
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.

1 Total pages Schedule F1: 3 of 6		2 FILER NAME Tommie Johnson		3 Filer ID (Ethics Commission Filers)	
4 Date 9-8-26		5 Payee name Edwards and Patterson Signs			
6 Amount (\$) \$988.05		7 Payee address; 203 S. Beltline Road ☐ Check if individual's residence address. Irving TX 75060			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description Stickers, Push Cards, Bus Cards		
	(c) ☐ Check if travel outside of Texas. Complete Schedule 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 9-9-26		Payee name Good Party.org			
Amount (\$) \$10.00		Payee address; 916 Silver Spur Rd. ☐ Check if individual's residence address. 310 Rolling Hills Estate CA 90274			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising		Description Demographic Data - Canvassing Mailers		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9-11-26		Payee name Kroger			
Amount (\$) \$68.49		Payee address; 976 Keller Parkway ☐ Check if individual's residence address. Keller TX 76248			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description Water Soft Drinks for Kickoff/Volunteer		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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.

1 Total pages Schedule F1: 4 of 6		2 FILER NAME Tommie Johnson		3 Filer ID (Ethics Commission Filers)	
4 Date 9-14-26		5 Payee name First Service Residential - Hidden Lakes Keller TX-76248			
6 Amount (\$) \$100.00		7 Payee address; 2700 Bear Creek Parkway City: Master ASG State: Zip Code Keller TX 76248 ☐ Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description Facility Rental - Kick off		
	(c) ☐ Check if travel outside of Texas. Complete Schedule 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 9-21-26		Payee name Walmart			
Amount (\$) \$29.29		Payee address; 9101 N. Tarrant Pkwy City: N. Richland Hills TX 76182 State: Zip Code ☐ Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food / Beverage Expense		Description Cookies - Meet and Greet		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 9-26-26		Payee name Ecanvasser			
Amount (\$) \$99.00		Payee address; 26127 Upper Pembroke St. City: Dublin Ireland DOZ X361 State: Zip Code ☐ Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Polling Expense		Description Canvassing-Mobile Access Software		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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.

1 Total pages Schedule F1: 5 of 6		2 FILER NAME Tommie Johnson		3 Filer ID (Ethics Commission Filers)	
4 Date 8-24-26		5 Payee name Edwards and Patterson Signs			
6 Amount (\$) \$2565.53		7 Payee address; 203 S. Beltline Road		City; Irving TX	State; Zip Code 75060
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description Yard Signs: Road Signs		
	(c) ☐ Check if individual's residence address.		☐ Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 8-24-26		Payee name Kickin' It Media			
Amount (\$) \$1,500.00		Payee address; 139 Olive Street		City; Keller	State; Zip Code TX 76248
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense		Description Social Media Campaign Strategy Planning		
	☐ 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					
Date 9-3-26		Payee name Amazon.com			
Amount (\$) 138.08		Payee address; P.O. Box 81226		City; Seattle WA	State; Zip Code 98108
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description Campaign Kick-off Items		
	☐ 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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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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.

1 Total pages Schedule F1: 6 of 6		2 FILER NAME Tommie Johnson		3 Filer ID (Ethics Commission Filers)	
4 Date 9-10-26		5 Payee name The Poppin shop			
6 Amount (\$) 41.68		7 Payee address; City; State; Zip Code 900 S. Main Street Suite # 335 Keller TX. 76248 ☐ Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Popcorn for Kick-Off Event		
	(c) ☐ Check if travel outside of Texas. Complete Schedule 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 9-19-26		Payee name Home Depot			
Amount (\$) \$ 24.72		Payee address; City; State; Zip Code 7100 N. Freeway Fort Worth TX 76137 ☐ Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Cable Ties for Road Signs		
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 9-16-26		Payee name Axiom			
Amount (\$) 81.19		Payee address; City; State; Zip Code 405 Golden Triangle Blvd. Fort Worth TX 76244 ☐ Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description Deposit for Meet and Greet		
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
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