

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <div style="font-size: 24pt; text-align: center;">28</div>
3 CANDIDATE / OFFICEHOLDER NAME	<div style="display: flex; justify-content: space-between;"> <span>MS / MRS / MR</span> <span>FIRST</span> <span>MI</span> </div> <div style="display: flex; justify-content: space-between;"> <span>Mrs.</span> <span>Jana</span> <span>E</span> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span>NICKNAME</span> <span>LAST</span> <span>SUFFIX</span> </div> <div style="display: flex; justify-content: space-between;"> <span></span> <span>Johnson</span> <span></span> </div>		<b>OFFICE USE ONLY</b>  Date Received  <div style="font-size: 24pt;">JAN 14 2026</div>
	ADDRESS / PO BOX;      APT / SUITE #;      CITY;      STATE;      ZIP CODE  135 W. Twohig C San Angelo, TX 76903		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	<input type="checkbox"/> Change of Address		Date Hand-delivered or Date Postmarked  <div style="display: flex; justify-content: space-between;"> <span>Receipt #</span> <span>Amount \$</span> </div> Date Processed  Date Imaged
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE      PHONE NUMBER      EXTENSION  (325) 659-2542		
6 CAMPAIGN TREASURER NAME	<div style="display: flex; justify-content: space-between;"> <span>MS / MRS / MR</span> <span>FIRST</span> <span>MI</span> </div> <div style="display: flex; justify-content: space-between;"> <span>Mr.</span> <span>Conoly</span> <span></span> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span>NICKNAME</span> <span>LAST</span> <span>SUFFIX</span> </div> <div style="display: flex; justify-content: space-between;"> <span></span> <span>Brooks</span> <span></span> </div>		Date Hand-delivered or Date Postmarked  <div style="display: flex; justify-content: space-between;"> <span>Receipt #</span> <span>Amount \$</span> </div> Date Processed  Date Imaged
	STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;      CITY;      STATE;      ZIP CODE  718 W. Ave. D, San Angelo, TX 76903		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	AREA CODE      PHONE NUMBER      EXTENSION  (325) 234-5249		
8 CAMPAIGN TREASURER PHONE	9 REPORT TYPE  <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input checked="" type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>		
9 REPORT TYPE	10 PERIOD COVERED  <div style="display: flex; justify-content: space-between;"> <div>                     Month      Day      Year                      7 / 1 / 2025                 </div> <div>THROUGH</div> <div>                     Month      Day      Year                      12 / 31 / 2025                 </div> </div>		
11 ELECTION	ELECTION DATE  Month      Day      Year 3 / 3 / 2026		
	ELECTION TYPE  <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General                 </div> <div> <input type="checkbox"/> Runoff <input type="checkbox"/> Special                 </div> <div> <input type="checkbox"/> Other Description                 </div> </div>		
12 OFFICE	OFFICE HELD (if any)      13 OFFICE SOUGHT (if known)  <div style="display: flex; justify-content: space-between;"> <div></div> <div>Judge, Tom Green County Court at Law #1</div> </div>		
14 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> Additional Pages	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

**JUDICIAL CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

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

**15 JC/OH NAME**

Jana Elizabeth 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)

\$ 16,703.22

**EXPENDITURE  
TOTALS**

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 23,542.16

**CONTRIBUTION  
BALANCE**

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

\$ 2,317.47

**OUTSTANDING  
LOAN TOTALS**

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

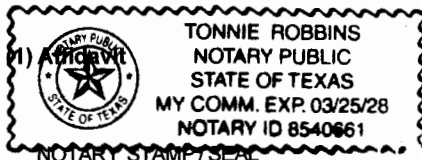
\$ 5,000.00

**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.

Jana Johnson  
Signature of Candidate/Officeholder

**Please complete either option below:**



Sworn to and subscribed before me by Jana Johnson this the 14<sup>th</sup> day of January

2026, to certify which, witness my hand and seal of office.

Tonnie Robbins  
Signature of officer administering oath

Tonnie Robbins  
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 - JC/OH

FORM JC/OH  
COVER SHEET PG 3

19 FILER NAME <b>Jana Elizabeth Johnson</b>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 15,850.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 853.22
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 5,000.00
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 18,532.53
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 4,904.63
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 105.00
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

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 A(J)1: 9
2 FILER NAME Jana Elizabeth Johnson		3 Filer ID (Ethics Commission Filers)
4 Date 10/21/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Victor H. Schoenewolf	7 Amount of contribution (\$) \$1,000.00
6 Contributor address; City; State; Zip Code 750 Espy Rd. Menard TX 76859		
8 Contributor's principal occupation Rancher		9 Contributor's job title Owner
10 Contributor's employer/law firm Self		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 10/31/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Dusty Thompson	Amount of contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 889 FM 584 San Angelo TX 76904		
Contributor's principal occupation Mechanic		Contributor's job title Owner
Contributor's employer/law firm Self		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/31/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Terry Thompson	Amount of contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 889 FM 584 San Angelo TX 76904		
Contributor's principal occupation Restaurateur		Contributor's job title Owner
Contributor's employer/law firm Self		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

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 A(J)1: <b>9</b>
2 FILER NAME <b>Jana Elizabeth Johnson</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>10/31/25</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <b>Jonathan Dodson</b>	7 Amount of contribution (\$) <b>\$100.00</b>
6 Contributor address; City; State; Zip Code <b>716 S. Koenigheim San Angelo TX 76903</b>		
8 Contributor's principal occupation <b>Attorney</b>		9 Contributor's job title <b>Owner</b>
10 Contributor's employer/law firm <b>Concho Valley Law, PC</b>		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

Date <b>11/12/25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <b>Tommy Jackson</b>	Amount of contribution (\$) <b>\$1,000.00</b>
Contributor address; City; State; Zip Code <b>133 W. Concho Ave. Ste. 102 San Angelo, TX 76903</b>		
Contributor's principal occupation <b>Attorney</b>		Contributor's job title <b>Owner</b>
Contributor's employer/law firm <b>Law Office of Tommy Jackson</b>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

Date <b>11/12/25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <b>Tera Johnson</b>	Amount of contribution (\$) <b>\$100.00</b>
Contributor address; City; State; Zip Code <b>3810 Old Post Rd San Angelo TX 76904</b>		
Contributor's principal occupation <b>Realtor</b>		Contributor's job title <b>Real Estate Agent</b>
Contributor's employer/law firm <b>Self / Broker is Keller Williams</b>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

**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 (JUDICIAL)

## SCHEDULE A(J)1

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 A(J)1: 9
2 FILER NAME Jana Elizabeth Johnson		3 Filer ID (Ethics Commission Filers)
4 Date 11/13/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Gail Stillwell	7 Amount of contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code 1515 Floyd Dr. San Angelo TX 76904		
8 Contributor's principal occupation Retired		9 Contributor's job title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 11/13/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Corina Lozano	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 737 High Oaks Dr. Bellville TX 77418		
Contributor's principal occupation Court Reporter		Contributor's job title Stenographer
Contributor's employer/law firm 472 <sup>nd</sup> District Court Brazos County		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 11/17/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Myndie Willis	Amount of contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 1526 S. Concho Dr. San Angelo TX 76904		
Contributor's principal occupation Chiropractor		Contributor's job title Owner
Contributor's employer/law firm San Angelo Chiropractic Association		Law firm of contributor's spouse (if any) Law Offices of J.W. Johnson ; Jana Johnson
If contributor is a child, law firm of parent(s) (if any)		

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 (JUDICIAL)

## SCHEDULE A(J)1

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 A(J)1: 9
2 FILER NAME Jana Elizabeth Johnson		3 Filer ID (Ethics Commission Filers)
4 Date 11/17/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Kelly Wojtek	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 3418 Silver Spur San Angelo TX 76904		
8 Contributor's principal occupation Retired		9 Contributor's job title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 11/17/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Sherri Trubenstein	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 1906 Cove Rd. San Angelo TX 76904		
Contributor's principal occupation Retired		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 11/17/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: William R. Paschal	Amount of contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 510 S. Chadbourne San Angelo TX 76903		
Contributor's principal occupation Custom Furniture Maker		Contributor's job title Owner
Contributor's employer/law firm Self		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

**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 (JUDICIAL)

## SCHEDULE A(J)1

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 A(J)1: 9
2 FILER NAME Jana Elizabeth Johnson		3 Filer ID (Ethics Commission Filers)
4 Date 11/18/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: William E. Allen, II	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 1818 Cove Rd. San Angelo TX 76904		
8 Contributor's principal occupation Rancher		9 Contributor's job title Owner
10 Contributor's employer/law firm Self		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 11/24/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Conoly Brooks	Amount of contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 718 W. Ave. D San Angelo TX 76903		
Contributor's principal occupation Commercial Real Estate Developer		Contributor's job title Real Estate Developer
Contributor's employer/law firm Self		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 11/26/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Tera Johnson	Amount of contribution (\$) \$700.00
Contributor address; City; State; Zip Code 3810 Old Post San Angelo TX 76904		
Contributor's principal occupation Realtor		Contributor's job title Real Estate Agent
Contributor's employer/law firm Self / Broker is Keller Williams		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		



**MONETARY POLITICAL CONTRIBUTIONS  
(JUDICIAL)****SCHEDULE A(J)1**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 A(J)1: <b>9</b>
2 FILER NAME <b>Jana Elizabeth Johnson</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>11/17/25</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <b>Tonnie Robbins</b>	7 Amount of contribution (\$) <b>\$1,000.00</b>
6 Contributor address; City; State; Zip Code <b>10434 Mt. Nebo Rd. San Angelo, TX 76901</b>		
8 Contributor's principal occupation <b>Legal Assistant</b>		9 Contributor's job title <b>Secretary</b>
10 Contributor's employer/law firm <b>Law Offices of J.W. Johnson : Jana Johnson</b>		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date <b>11/17/25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <b>James Robbins</b>	Amount of contribution (\$) <b>\$1,000.00</b>
Contributor address; City; State; Zip Code <b>10434 Mt. Nebo Rd. San Angelo TX 76901</b>		
Contributor's principal occupation <b>Technician</b>		Contributor's job title <b>Service Technician</b>
Contributor's employer/law firm <b>DeCoty Coffee</b>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date <b>11/18/25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <b>Rebecca Powers</b>	Amount of contribution (\$) <b>\$1,000.00</b>
Contributor address; City; State; Zip Code <b>415 Ranch Rd. 1691 Sonora TX 76950</b>		
Contributor's principal occupation <b>Rancher</b>		Contributor's job title <b>Owner</b>
Contributor's employer/law firm <b>Self</b>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

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 A(J)1:
2 FILER NAME <b>Jana Elizabeth Johnson</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>11/26/25</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Kara Johnson</b>	7 Amount of contribution (\$) <b>\$900.00</b>
6 Contributor address; City; State; Zip Code <b>1822 Cove Rd. San Angelo TX 76904</b>		
8 Contributor's principal occupation <b>Food Safety Audit</b>		9 Contributor's job title <b>Certification Specialist</b>
10 Contributor's employer/law firm <b>Food Safety Net Services</b>		11 Law firm of contributor's spouse (if any) <b>Law Offices of J.W. Johnson ; Jana Johnson</b>
12 If contributor is a child, law firm of parent(s) (if any)		
Date <b>11/26/25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Jesse Caloway</b>	Amount of contribution (\$) <b>\$250.00</b>
Contributor address; City; State; Zip Code <b>133 W. Concho Ave. #101 San Angelo, TX 76903</b>		
Contributor's principal occupation <b>Private Investigator</b>		Contributor's job title <b>Owner</b>
Contributor's employer/law firm <b>Vital Forensics</b>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date <b>12/4/25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Tabatha Castillo</b>	Amount of contribution (\$) <b>\$1,000.00</b>
Contributor address; City; State; Zip Code <b>666 Acorn Dr. San Angelo TX 76903</b>		
Contributor's principal occupation <b>Legal Assistant</b>		Contributor's job title <b>Paralegal</b>
Contributor's employer/law firm <b>Law Offices of J.W. Johnson + Jana Johnson</b>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

**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 (JUDICIAL)

## SCHEDULE A(J)1

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 A(J)1:
2 FILER NAME Jana Elizabeth Johnson		3 Filer ID (Ethics Commission Filers)
4 Date 12/14/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Olin Smith	7 Amount of contribution (\$) \$1,000.00
6 Contributor address; City; State; Zip Code 2100 W. Ave. J San Angelo TX 76903		
8 Contributor's principal occupation Rancher		9 Contributor's job title Owner
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 12/18/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Mary N. Golder	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 1527 Ray St. San Angelo TX 76904		
Contributor's principal occupation Attorney		Contributor's job title Partner
Contributor's employer/law firm Webb Stokes & Sparks		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)
Contributor's principal occupation		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

## SCHEDULE A2

**The Instruction Guide explains how to complete this form.**

**1** Total pages Schedule A2:

1

Jana Elizabeth Johnson

**3 Filer ID (Ethics Commission Filers)**

\$ 853.22

**6** Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)

Tony Villareal

**8** Amount of Contribution \$

\$853.22

**9 In-kind contribution description**

## Campaign Banner

**7** Contributor address; City; State; Zip Code

1820 College Hills Blvd San Angelo TX 76904

☐ Check if travel outside of Texas. Complete Schedule T.

**11 Employer (FOR NON-JUDICIAL)(See Instructions)**

Insurance Agent

Insurance Agent

Tony Villarreal - State Farm Insurance Agent

**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)

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of  
Contribution \$

**In-kind contribution description**

Contributor address;	City;	State;	Zip Code

☐ Check if travel outside of Texas. Complete Schedule T.

Employer (FOR NON-JUDICIAL) (See Instructions)

Contributor's job title (FOR JUDICIAL) (See Instructions)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

**If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)**

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

**PLEDGED CONTRIBUTIONS (JUDICIAL)****SCHEDULE B(J)**If the requested information is not applicable, **DO NOT** include this page in the report.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule B(J): <div style="text-align: center; font-size: 1.5em;">1</div>	
<b>2</b> FILER NAME <div style="font-size: 1.2em; margin-top: 10px;">Jana Elizabeth Johnson</div>		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> TOTAL OF UNITEMIZED PLEDGES		\$ <div style="font-size: 1.5em;">0.00</div>	
<b>5</b> Date	<b>6</b> Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)  ..... <b>7</b> Pledgor address;                      City;                      State;                      Zip Code	<b>8</b> Amount of Pledge \$	<b>9</b> In-kind contribution description
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
<b>10</b> Pledgor's principal occupation		<b>11</b> Pledgor's job title	
<b>12</b> Pledgor's employer/law firm		<b>13</b> Law firm of pledgor's spouse (if any)	
<b>14</b> If pledgor is a child, law firm of parent(s) (if any)			
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)  ..... Pledgor address;                      City;                      State;                      Zip Code	Amount of Pledge \$	In-kind contribution description
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
Pledgor's principal occupation		Pledgor's job title	
Pledgor's employer/law firm		Law firm of pledgor's spouse (if any)	
If pledgor is a child, law firm of parent(s) (if any)			
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)  ..... Pledgor address;                      City;                      State;                      Zip Code	Amount of Pledge \$	In-kind contribution description
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
Pledgor's principal occupation		Pledgor's job title	
Pledgor's employer/law firm		Law firm of pledgor's spouse (if any)	
If pledgor is a child, law firm of parent(s) (if any)			
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

**SCHEDULE E(J)**

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

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# 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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)	
	3 Jana Elizabeth Johnson			
<b>4</b> Date	<b>5</b> Payee name			
10/17/25	Media Advantage			
<b>6</b> Amount (\$)	<b>7</b> Payee address;	City;	State;	Zip Code
2,500.00	4272 S. Jackson St.	San Angelo	TX	76903
	<input type="checkbox"/> Check if individual's residence address.			
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule)		<b>(b)</b> Description	
	Consulting Expense		Agency Retainer	
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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	Payee name			
11/4/25	First National Bank of Ballinger			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$22.78	2635 Valleyview, San Angelo, TX			76904
	<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description	
	Banking		Checks	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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	Payee name			
11/26/25	Tom Green County Republican Party			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$1,500.00	2525 Johnson St.	San Angelo, TX		76904
	<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description	
	Fees		Campaign Application Fee	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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**

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: <b>3</b>	2 FILER NAME <b>Jana Elizabeth Johnson</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>11/12/25</b>	5 Payee name <b>Walgreens</b>	
6 Amount (\$) <b>\$10.81</b>	7 Payee address; City; State; Zip Code <b>12 N. Abe St., San Angelo, TX 76903</b> <input type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Gift</b>	(b) Description <b>Thank You Cards</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 <b>11/17/25</b>	Payee name <b>Media Advantage</b>	
Amount (\$) <b>\$5,890.70</b>	Payee address; City; State; Zip Code <b>4272 S. Jackson St., San Angelo, TX 76903</b> <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Billboards ; Cards</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 <b>12/2/25</b>	Payee name <b>Media Advantage</b>	
Amount (\$) <b>\$3,301.82</b>	Payee address; City; State; Zip Code <b>4272 S. Jackson St., San Angelo, TX 76903</b> <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	Description <b>Social Media, + Signs</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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**

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: <b>3</b>	2 FILER NAME <b>Jana Elizabeth Johnson</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>12/12/25</b>	5 Payee name <b>Media Advantage</b>	
6 Amount (\$) <b>\$2,593.79</b>	7 Payee address; City; State; Zip Code <b>4272 S. Jackson St. San Angelo, TX 76903</b> <input type="checkbox"/> Check if individual's residence address.	
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Event Expense</b>	(b) Description <b>Kick off Celebration</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 <b>12/17/25</b>	Payee name <b>Walgreens</b>	
Amount (\$) <b>\$10.81</b>	Payee address; City; State; Zip Code <b>12. N. Abe St. San Angelo, TX 76903</b> <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Gift</b>	Description <b>Thank You Cards</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 <b>12/29/25</b>	Payee name <b>Media Advantage</b>	
Amount (\$) <b>\$2,701.82</b>	Payee address; City; State; Zip Code <b>4272 S. Jackson St. San Angelo, TX 76903</b> <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising + Consulting</b>	Description <b>Social Media + Election Data</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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**

# UNPAID INCURRED OBLIGATIONS

SCHL

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

## EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: <b>1</b>	2 FILER NAME <b>Jana Elizabeth Johnson</b>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		<b>\$ 4,904.63</b>
5 Date <b>12/31/25</b>	6 Payee name <b>Media Advantage</b>	
7 Amount (\$) <b>\$4,904.63</b>	8 Payee address; City; State; Zip Code <b>4272 S. Jackson St. San Angelo TX 76903</b> <input type="checkbox"/> Check if individual's residence address.	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising</b>	(b) Description <b>Signs + Cards</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code <input type="checkbox"/> Check if individual's residence address.	
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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		

**PURCHASE OF INVESTMENTS MADE  
FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F3**

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule F3: <div style="text-align: center; font-size: 1.5em; margin-top: 5px;">1</div>
<b>2</b> FILER NAME <div style="font-size: 1.2em; margin-top: 5px;">Jana Elizabeth Johnson</div>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Name of person from whom investment is purchased	
	<div style="border-top: 1px dotted black; margin-top: 10px;"><b>6</b> Address of person from whom investment is purchased;      City;      State;      Zip Code</div> <div style="margin-top: 10px;"><input type="checkbox"/> Check if individual's residence address.</div>	
	<b>7</b> Description of investment	
	<b>8</b> Amount of investment (\$)	
Date	Name of person from whom investment is purchased	
	<div style="border-top: 1px dotted black; margin-top: 10px;">Address of person from whom investment is purchased;      City;      State;      Zip Code</div> <div style="margin-top: 10px;"><input type="checkbox"/> Check if individual's residence address.</div>	
	Description of investment	
	Amount of investment (\$)	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

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

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

<b>1 TOTAL PAGES</b> SCHEDULE F4: <b>1</b>	<b>2 FILER NAME</b> <b>Jana Elizabeth Johnson</b>		<b>3 FILER ID (Ethics Commission Filers)</b>
<b>4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD</b>			<b>\$ 0.00</b>
<b>5 CREDIT CARD ISSUER</b>	Name of financial institution		
<b>6 PAYMENT</b>	(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
<b>7 PAYEE</b>	(a) Payee name	(b) Payee address; City, State, Zip Code <input type="checkbox"/> Check if individual's residence address.	
<b>8 PURPOSE OF EXPENDITURE</b> <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)		(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office Sought Office Held
<b>PAYMENT</b>	(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
<b>PAYEE</b>	(a) Payee name	(b) Payee address; City, State, Zip Code <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b> <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)		(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office Sought Office Held
<b>PAYMENT</b>	(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
<b>PAYEE</b>	(a) Payee name	(b) Payee address; City, State, Zip Code <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b> <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)		(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office Sought Office Held

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
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 G: <div style="text-align: center; font-size: 1.5em;">1</div>	<b>2</b> FILER NAME <div style="font-size: 1.2em;">Jana Elizabeth Johnson</div>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date: <div style="font-size: 1.2em;">10/15/25</div>	<b>5</b> Payee name <div style="font-size: 1.2em;">Complexions by Erica</div>	
<b>6</b> Amount (\$) <div style="font-size: 1.2em;">\$65.00</div> <div> <input checked="" type="checkbox"/> Reimbursement from political contributions intended         </div>	<b>7</b> Payee address; City; State; Zip Code <div style="font-size: 1.2em;">28 W. Concho Ave. San Angelo TX 76903</div> <div> <input type="checkbox"/> Check if individual's residence address.         </div>	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <div style="font-size: 1.2em;">Advertising</div>	
	<b>(b)</b> Description <div style="font-size: 1.2em;">Photos</div>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> <div>Candidate / Officeholder name</div> <div>Office sought</div> <div>Office held</div> </div>		

Date <div style="font-size: 1.2em;">10/15/25</div>	Payee name <div style="font-size: 1.2em;">Raeanne Drew</div>
Amount (\$) <div style="font-size: 1.2em;">\$40.00</div> <div> <input checked="" type="checkbox"/> Reimbursement from political contributions intended         </div>	Payee address; City; State; Zip Code <div style="font-size: 1.2em;">28 W. Concho Ave. San Angelo TX 76903</div> <div> <input type="checkbox"/> Check if individual's residence address.         </div>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <div style="font-size: 1.2em;">Advertising</div>
	Description <div style="font-size: 1.2em;">Photos</div>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> <div>Candidate / Officeholder name</div> <div>Office sought</div> <div>Office held</div> </div>	

Date	Payee name
Amount (\$)  <div> <input type="checkbox"/> Reimbursement from political contributions intended         </div>	Payee address; City; State; Zip Code  <div> <input type="checkbox"/> Check if individual's residence address.         </div>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)
	Description
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> <div>Candidate / Officeholder name</div> <div>Office sought</div> <div>Office held</div> </div>	

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# PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

## SCHEDULE H

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.

<b>1</b> Total pages Schedule H: <div style="font-size: 1.5em; margin-left: 40px;">1</div>	<b>2</b> FILER NAME <div style="font-size: 1.2em; margin-left: 40px;">Jana Elizabeth Johnson</div>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Business name	
<b>6</b> Amount (\$)	<b>7</b> Business address; City; State; Zip Code  <input type="checkbox"/> Check if individual's residence address.	
<b>8</b> <div style="text-align: center;">PURPOSE OF EXPENDITURE</div>	<b>(a) Category</b> (See Categories listed at the top of this schedule)	
	<b>(b) Description</b>	
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name Office sought Office held	
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code  <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	
	Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name Office sought Office held	
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code  <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	
	Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name Office sought Office held	
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code  <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	
	Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name Office sought Office held	

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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

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 I: <b>1</b>	<b>2</b> FILER NAME <b>Jana Elizabeth Johnson</b>		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date	<b>5</b> Payee name			
<b>6</b> Amount (\$)	<b>7</b> Payee address;	City	State	Zip Code
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories.)		<b>(b)</b> Description (See instructions regarding type of information required.)	
Date	Payee name			
Amount (\$)	Payee address;	City	State	Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.)		Description (See instructions regarding type of information required.)	
Date	Payee name			
Amount (\$)	Payee address;	City	State	Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.)		Description (See instructions regarding type of information required.)	
Date	Payee name			
Amount (\$)	Payee address;	City	State	Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.)		Description (See instructions regarding type of information required.)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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: <u>1</u>
2 FILER NAME <u>Jana Elizabeth Johnson</u>		3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom amount is received	8 Amount (\$)
	6 Address of person from whom amount is received; City; State; Zip Code	
	7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	

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



# OUTSTANDING LOANS

**SCHEDULE L**

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 L:

1

2 FILER NAME

Jana Elizabeth Johnson

3 Filer ID (Ethics Commission Filers)

LENDER  
INFORMATION

4 Name of lender

Jana Elizabeth Johnson

5 Lender address;

City;

State;

Zip Code

135 W. Twohig, Ste. C

San Angelo

TX

76903

GUARANTOR  
INFORMATION

6 Name of guarantor

☒ not applicable

7 Guarantor address;

City;

State;

Zip Code

LENDER  
INFORMATION

Name of lender

Lender address;

City;

State;

Zip Code

GUARANTOR  
INFORMATION

Name of guarantor

☐ not applicable

Guarantor address;

City;

State;

Zip Code

LENDER  
INFORMATION

Name of lender

Lender address;

City;

State;

Zip Code

GUARANTOR  
INFORMATION

Name of guarantor

☐ not applicable

Guarantor address;

City;

State;

Zip Code

LENDER  
INFORMATION

Name of lender

Lender address;

City;

State;

Zip Code

GUARANTOR  
INFORMATION

Name of guarantor

☐ not applicable

Guarantor address;

City;

State;

Zip Code

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

**ASSETS PURCHASED WITH CONTRIBUTIONS****SCHEDULE M**

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

The Instruction Guide explains when and how to complete this form.

**1** Total pages Schedule M:

1

**2** FILER NAME

Jana Elizabeth Johnson

**3** Filer ID (Ethics Commission Filers)

**4** Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

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

# IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

## SCHEDULE T

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 T:

1

2 FILER NAME

Jana Elizabeth Johnson

3 Filer ID (Ethics Commission Filers)

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

5 Contribution / Expenditure reported on:

- ☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☐ Schedule F1  
☐ Schedule F2 ☐ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC ☐ Schedule B-SS

6 Dates of travel

7 Name of person(s) traveling

8 Departure city or name of departure location

9 Destination city or name of destination location

10 Means of transportation

11 Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

- ☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☐ Schedule F1  
☐ Schedule F2 ☐ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC ☐ Schedule B-SS

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

- ☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☐ Schedule F1  
☐ Schedule F2 ☐ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC ☐ Schedule B-SS

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



## AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

*An exemption affidavit must be submitted with each paper report.*

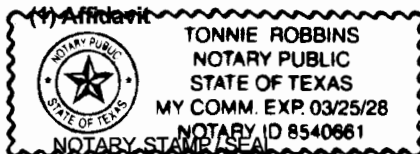
Beginning on January 1, 2026, a candidate or officeholder who has accepted more than \$34,890 in political contributions or made more than \$34,890 in political expenditures in any calendar year must file all subsequent reports electronically.

Filer name <u>Jana Elizabeth Johnson</u>	Filer ID # 
---	----------------

OFFICE USE ONLY	
Date Received	
Date Hand-delivered or Date Postmarked	
Receipt #	Amount \$
Date Processed	
Date Imaged	

1. I swear or affirm that I have not accepted more than \$34,890 in political contributions or made more than \$34,890 in political expenditures in a calendar year.
2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$34,890 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
5. I am filing this affidavit with the Campaign Finance report due on January 15, 2026.  
I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:



Jana Johnson  
Signature of Filer

Sworn to and subscribed before me by Jana Johnson this the 14<sup>th</sup> day of January

2026, to certify which, witness my hand and seal of office.

Tonnie Robbins  
Signature of officer administering oath

Tonnie Robbins  
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 Filer (Declarant)

**FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT  
ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER**