

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: <i>28</i>			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <i>Mrs.</i>	FIRST <i>Jana</i>	MI <i>E</i>	OFFICE USE ONLY			
	NICKNAME	LAST <i>Johnson</i>	SUFFIX	Date Received <i>JAN 14 2026</i>			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>135 W. Twohig C San Angelo, TX 76903</i>			<input type="checkbox"/> Change of Address			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(325) 659-2542</i>			Date Hand-delivered or Date Postmarked			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <i>Mr.</i>	FIRST <i>Conoly</i>	MI	Receipt # <input type="text"/> Amount \$ <input type="text"/>			
	NICKNAME	LAST <i>Brooks</i>	SUFFIX	Date Processed			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>718 W. Ave. D, San Angelo, TX 76903</i>						
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(325) 234-5249</i>						
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15		<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)		
	<input type="checkbox"/> July 15		<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month <i>7</i>	Day <i>1</i>	Year <i>2025</i>	Month <i>12</i>	Day <i>31</i>	Year <i>2025</i>	
11 ELECTION	ELECTION DATE Month <i>3</i> Day <i>3</i> Year <i>2026</i>		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special				
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known) <i>Judge, Tom Green County Court at Law #1</i>			
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.						
<input type="checkbox"/> Additional Pages	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

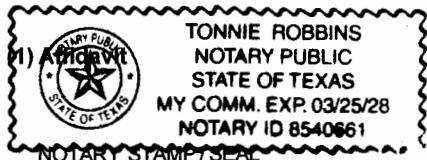
15 JC/OH NAME	Jana Elizabeth Johnson	
16 Filer ID (Ethics Commission Filers)		
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 16,703.22
CONTRIBUTION BALANCE	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
OUTSTANDING LOAN TOTALS	4. TOTAL POLITICAL EXPENDITURES	\$ 23,542.16
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,317.47
	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 14th day of January

2028, to certify which, witness my hand and seal of office.

Jana Johnson

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	20 Filer ID (Ethics Commission Filers)
Jana Elizabeth Johnson	
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.

<p>The Instruction Guide explains how to complete this form.</p>				<p>1 Total pages Schedule A(J)1: <i>4</i></p>																									
<p>2 FILER NAME <i>Jana Elizabeth Johnson</i></p>				<p>3 Filer ID (Ethics Commission Filers)</p>																									
<p>4 Date <i>10/21/25</i></p>	<p>5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Victor H. Schoenewolf</i></p>			<p>7 Amount of contribution (\$) <i>\$1,000.00</i></p>																									
<p>6 Contributor address; <i>750 Espy Rd.</i></p>		<p>City; <i>Menard</i></p>	<p>State; <i>TX</i></p>	<p>Zip Code <i>76859</i></p>																									
<p>8 Contributor's principal occupation <i>Rancher</i></p>		<p>9 Contributor's job title <i>Owner</i></p>																											
<p>10 Contributor's employer/law firm <i>Self</i></p>		<p>11 Law firm of contributor's spouse (if any)</p>																											
<p>12 If contributor is a child, law firm of parent(s) (if any)</p>																													
<table border="1"> <tr> <td> <p>Date <i>10/31/25</i></p> </td> <td colspan="3"> <p>Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Dusty Thompson</i></p> </td> <td> <p>Amount of contribution (\$) <i>\$1,000.00</i></p> </td> </tr> <tr> <td colspan="2"> <p>Contributor address; <i>889 FM 584</i></p> </td> <td> <p>City; <i>San Angelo</i></p> </td> <td> <p>State; <i>TX</i></p> </td> <td> <p>Zip Code <i>76904</i></p> </td> </tr> <tr> <td colspan="2"> <p>Contributor's principal occupation <i>Mechanic</i></p> </td> <td colspan="3"> <p>Contributor's job title <i>Owner</i></p> </td> </tr> <tr> <td colspan="2"> <p>Contributor's employer/law firm <i>Self</i></p> </td> <td colspan="3"> <p>Law firm of contributor's spouse (if any)</p> </td> </tr> <tr> <td colspan="5"> <p>If contributor is a child, law firm of parent(s) (if any)</p> </td> </tr> </table>					<p>Date <i>10/31/25</i></p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Dusty Thompson</i></p>			<p>Amount of contribution (\$) <i>\$1,000.00</i></p>	<p>Contributor address; <i>889 FM 584</i></p>		<p>City; <i>San Angelo</i></p>	<p>State; <i>TX</i></p>	<p>Zip Code <i>76904</i></p>	<p>Contributor's principal occupation <i>Mechanic</i></p>		<p>Contributor's job title <i>Owner</i></p>			<p>Contributor's employer/law firm <i>Self</i></p>		<p>Law firm of contributor's spouse (if any)</p>			<p>If contributor is a child, law firm of parent(s) (if any)</p>				
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

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<p>The Instruction Guide explains how to complete this form.</p>				<p>1 Total pages Schedule A(J)1: 9</p>																				
<p>2 FILER NAME Jana Elizabeth Johnson</p>				<p>3 Filer ID (Ethics Commission Filers)</p>																				
<p>4 Date 10/31/25</p>	<p>5 Full name of contributor Jonathan Dodson</p> <p>6 Contributor address; City; State; Zip Code 716 S. Koenigheim San Angelo TX 76903</p>			<p>7 Amount of contribution (\$) \$100.00</p>																				
<p>8 Contributor's principal occupation Attorney</p>		<p>9 Contributor's job title Owner</p>																						
<p>10 Contributor's employer/law firm Concho Valley Law, PC</p>		<p>11 Law firm of contributor's spouse (if any)</p>																						
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<table border="1"> <tr> <td> <p>Date 11/12/25</p> </td> <td colspan="3"> <p>Full name of contributor Tommy Jackson</p> <p>Contributor address; City; State; Zip Code 133 W. Concho Ave. Ste. 102 San Angelo, TX 76903</p> </td> <td> <p>Amount of contribution (\$) \$1,000.00</p> </td> </tr> <tr> <td colspan="2"> <p>Contributor's principal occupation Attorney</p> </td> <td colspan="3"> <p>Contributor's job title Owner</p> </td> </tr> <tr> <td colspan="2"> <p>Contributor's employer/law firm Law Office of Tommy Jackson</p> </td> <td colspan="3"> <p>Law firm of contributor's spouse (if any)</p> </td> </tr> <tr> <td colspan="5"> <p>If contributor is a child, law firm of parent(s) (if any)</p> </td> </tr> </table>					<p>Date 11/12/25</p>	<p>Full name of contributor Tommy Jackson</p> <p>Contributor address; City; State; Zip Code 133 W. Concho Ave. Ste. 102 San Angelo, TX 76903</p>			<p>Amount of contribution (\$) \$1,000.00</p>	<p>Contributor's principal occupation Attorney</p>		<p>Contributor's job title Owner</p>			<p>Contributor's employer/law firm Law Office of Tommy Jackson</p>		<p>Law firm of contributor's spouse (if any)</p>			<p>If contributor is a child, law firm of parent(s) (if any)</p>				
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<table border="1"> <tr> <td> <p>Date 11/12/25</p> </td> <td colspan="3"> <p>Full name of contributor Tera Johnson</p> <p>Contributor address; City; State; Zip Code 3810 Old Post Rd San Angelo TX 76904</p> </td> <td> <p>Amount of contribution (\$) \$100.00</p> </td> </tr> <tr> <td colspan="2"> <p>Contributor's principal occupation Realtor</p> </td> <td colspan="3"> <p>Contributor's job title Real Estate Agent</p> </td> </tr> <tr> <td colspan="2"> <p>Contributor's employer/law firm Self / Broker is Keller Williams</p> </td> <td colspan="3"> <p>Law firm of contributor's spouse (if any)</p> </td> </tr> <tr> <td colspan="5"> <p>If contributor is a child, law firm of parent(s) (if any)</p> </td> </tr> </table>					<p>Date 11/12/25</p>	<p>Full name of contributor Tera Johnson</p> <p>Contributor address; City; State; Zip Code 3810 Old Post Rd San Angelo TX 76904</p>			<p>Amount of contribution (\$) \$100.00</p>	<p>Contributor's principal occupation Realtor</p>		<p>Contributor's job title Real Estate Agent</p>			<p>Contributor's employer/law firm Self / Broker is Keller Williams</p>		<p>Law firm of contributor's spouse (if any)</p>			<p>If contributor is a child, law firm of parent(s) (if any)</p>				
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**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

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<p>4 Date <i>11/13/25</i></p>	<p>5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Gail Stillwell</i></p>			<p>7 Amount of contribution (\$) <i>\$500.00</i></p>																									
<p>8 Contributor's principal occupation <i>Retired</i></p>		<p>9 Contributor's job title</p>																											
<p>10 Contributor's employer/law firm <i>472nd District Court Brazos County</i></p>		<p>11 Law firm of contributor's spouse (if any)</p>																											
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<p>Contributor address; <i>737 High Oaks Dr. Bellville</i></p>		<p>City; <i>TX</i></p>	<p>State; Zip Code <i>77418</i></p>																										
<p>Contributor's principal occupation <i>Court Reporter</i></p>		<p>Contributor's job title <i>Stenographer</i></p>																											
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<table border="1"> <tr> <td> <p>Date <i>11/17/25</i></p> </td> <td colspan="3"> <p>Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Myndie Willis</i></p> </td> <td> <p>Amount of contribution (\$) <i>\$1,000.00</i></p> </td> </tr> <tr> <td colspan="2"> <p>Contributor address; <i>1526 S. Concho Dr. San Angelo</i></p> </td> <td> <p>City; <i>TX</i></p> </td> <td> <p>State; Zip Code <i>76904</i></p> </td> <td></td> </tr> <tr> <td colspan="2"> <p>Contributor's principal occupation <i>Chiropractor</i></p> </td> <td colspan="3"> <p>Contributor's job title <i>Owner</i></p> </td> </tr> <tr> <td colspan="2"> <p>Contributor's employer/law firm <i>San Angelo Chiropractic Association</i></p> </td> <td colspan="3"> <p>Law firm of contributor's spouse (if any) <i>Law Offices of J.W. Johnson & Jana Johnson</i></p> </td> </tr> <tr> <td colspan="5"> <p>If contributor is a child, law firm of parent(s) (if any)</p> </td> </tr> </table>					<p>Date <i>11/17/25</i></p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Myndie Willis</i></p>			<p>Amount of contribution (\$) <i>\$1,000.00</i></p>	<p>Contributor address; <i>1526 S. Concho Dr. San Angelo</i></p>		<p>City; <i>TX</i></p>	<p>State; Zip Code <i>76904</i></p>		<p>Contributor's principal occupation <i>Chiropractor</i></p>		<p>Contributor's job title <i>Owner</i></p>			<p>Contributor's employer/law firm <i>San Angelo Chiropractic Association</i></p>		<p>Law firm of contributor's spouse (if any) <i>Law Offices of J.W. Johnson & Jana Johnson</i></p>			<p>If contributor is a child, law firm of parent(s) (if any)</p>				
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(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: <i>9</i>																				
2 FILER NAME <i>Jana Elizabeth Johnson</i>			3 Filer ID (Ethics Commission Filers)																				
4 Date <i>11/17/25</i>	5 Full name of contributor <i>Kelly Wojtek</i>	<input type="checkbox"/> out-of-state PAC ID#: _____	7 Amount of contribution (\$) <i>\$100.00</i>																				
6 Contributor address; <i>3418 Silver Spur San Angelo TX 76904</i>		City; State; Zip Code																					
8 Contributor's principal occupation <i>Retired</i>		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)																							
<table border="1"> <tr> <td>Date <i>11/17/25</i></td> <td>Full name of contributor <i>Sherri Trubenstein</i></td> <td><input type="checkbox"/> out-of-state PAC ID#: _____</td> <td>Amount of contribution (\$) <i>\$100.00</i></td> </tr> <tr> <td colspan="2">Contributor address; <i>1906 Cove Rd. San Angelo</i></td> <td>City; State; Zip Code <i>TX 76904</i></td> <td></td> </tr> <tr> <td colspan="2">Contributor's principal occupation <i>Retired</i></td> <td colspan="2">Contributor's job title</td> </tr> <tr> <td colspan="2">Contributor's employer/law firm</td> <td colspan="2">Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="4">If contributor is a child, law firm of parent(s) (if any)</td> </tr> </table>				Date <i>11/17/25</i>	Full name of contributor <i>Sherri Trubenstein</i>	<input type="checkbox"/> out-of-state PAC ID#: _____	Amount of contribution (\$) <i>\$100.00</i>	Contributor address; <i>1906 Cove Rd. San Angelo</i>		City; State; Zip Code <i>TX 76904</i>		Contributor's principal occupation <i>Retired</i>		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 <i>11/17/25</i>	Full name of contributor <i>Sherri Trubenstein</i>	<input type="checkbox"/> out-of-state PAC ID#: _____	Amount of contribution (\$) <i>\$100.00</i>																				
Contributor address; <i>1906 Cove Rd. San Angelo</i>		City; State; Zip Code <i>TX 76904</i>																					
Contributor's principal occupation <i>Retired</i>		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)																							
<table border="1"> <tr> <td>Date <i>11/17/25</i></td> <td>Full name of contributor <i>William R. Paschal</i></td> <td><input type="checkbox"/> out-of-state PAC ID#: _____</td> <td>Amount of contribution (\$) <i>\$1,000.00</i></td> </tr> <tr> <td colspan="2">Contributor address; <i>510 S. Chadbourne San Angelo</i></td> <td>City; State; Zip Code <i>TX 76903</i></td> <td></td> </tr> <tr> <td colspan="2">Contributor's principal occupation <i>Custom Furniture Maker</i></td> <td colspan="2">Contributor's job title <i>Owner</i></td> </tr> <tr> <td colspan="2">Contributor's employer/law firm <i>Self</i></td> <td colspan="2">Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="4">If contributor is a child, law firm of parent(s) (if any)</td> </tr> </table>				Date <i>11/17/25</i>	Full name of contributor <i>William R. Paschal</i>	<input type="checkbox"/> out-of-state PAC ID#: _____	Amount of contribution (\$) <i>\$1,000.00</i>	Contributor address; <i>510 S. Chadbourne San Angelo</i>		City; State; Zip Code <i>TX 76903</i>		Contributor's principal occupation <i>Custom Furniture Maker</i>		Contributor's job title <i>Owner</i>		Contributor's employer/law firm <i>Self</i>		Law firm of contributor's spouse (if any)		If contributor is a child, law firm of parent(s) (if any)			
Date <i>11/17/25</i>	Full name of contributor <i>William R. Paschal</i>	<input type="checkbox"/> out-of-state PAC ID#: _____	Amount of contribution (\$) <i>\$1,000.00</i>																				
Contributor address; <i>510 S. Chadbourne San Angelo</i>		City; State; Zip Code <i>TX 76903</i>																					
Contributor's principal occupation <i>Custom Furniture Maker</i>		Contributor's job title <i>Owner</i>																					
Contributor's employer/law firm <i>Self</i>		Law firm of contributor's spouse (if any)																					
If contributor is a child, law firm of parent(s) (if any)																							
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>																							

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

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

<p>The Instruction Guide explains how to complete this form.</p>				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; 1818 Cove Rd.		City; San Angelo	State; Zip Code 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'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'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)				

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.

<p>The Instruction Guide explains how to complete this form.</p>				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#: _____ Tommy Robbins			7 Amount of contribution (\$) \$1,000.00
6 Contributor address; City; State; Zip Code 10434 Mt. Nebo Rd. San Angelo, TX 76901				
8 Contributor's principal occupation Legal Assistant		9 Contributor's job title Secretary		
10 Contributor's employer/law firm Law Offices of J.W. Johnson : Jana Johnson		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#: _____ James Robbins Contributor address; City; State; Zip Code 10434 Mt. Nebo Rd. San Angelo TX 76901			Amount of contribution (\$) \$1,000.00
Contributor's principal occupation Technician		Contributor's job title Service Technician		
Contributor's employer/law firm DeLocty Coffee		Law firm of contributor's spouse (if any)		
If contributor is a child, law firm of parent(s) (if any)				
Date 11/18/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Rebecca Powers Contributor address; City; State; Zip Code 415 Ranch Rd. 1691 Sonora TX 76950			Amount of contribution (\$) \$1,000.00
Contributor's principal occupation Rancher		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:
2 FILER NAME <i>Jana Elizabeth Johnson</i>				3 Filer ID (Ethics Commission Filers)
4 Date <i>11/26/25</i>	5 Full name of contributor <i>Kara Johnson</i>	<input type="checkbox"/> out-of-state PAC ID#:		7 Amount of contribution (\$) <i>\$900.00</i>
6 Contributor address; <i>1822 Cove Rd.</i>	City; <i>San Angelo</i>	State;	Zip Code <i>TX 76904</i>	
8 Contributor's principal occupation <i>Food Safety Audit</i>		9 Contributor's job title <i>Certification Specialist</i>		
10 Contributor's employer/law firm <i>Food Safety Net Services</i>		11 Law firm of contributor's spouse (if any) <i>Law Offices of J.W. Johnson ; Jana Johnson</i>		
12 If contributor is a child, law firm of parent(s) (if any)				
Date <i>11/26/25</i>	Full name of contributor <i>Jesse Caloway</i>	<input type="checkbox"/> out-of-state PAC ID#:		Amount of contribution (\$) <i>\$250.00</i>
Contributor address; <i>133 W. Concho Ave. #101</i>	City; <i>San Angelo</i>	State;	Zip Code <i>TX 76903</i>	
Contributor's principal occupation <i>Private Investigator</i>	Contributor's job title <i>Owner</i>			
Contributor's employer/law firm <i>Vital Forensics</i>	Law firm of contributor's spouse (if any)			
If contributor is a child, law firm of parent(s) (if any)				
Date <i>12/4/25</i>	Full name of contributor <i>Tabatha Castillo</i>	<input type="checkbox"/> out-of-state PAC ID#:		Amount of contribution (\$) <i>\$1,000.00</i>
Contributor address; <i>66 Acorn Dr.</i>	City; <i>San Angelo</i>	State;	Zip Code <i>TX 76903</i>	
Contributor's principal occupation <i>Legal Assistant</i>	Contributor's job title <i>Paralegal</i>			
Contributor's employer/law firm <i>Law Offices of J.W. Johnson + Jana Johnson</i>	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

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<p>2 FILER NAME <i>Jana Elizabeth Johnson</i></p>			<p>3 Filer ID (Ethics Commission Filers)</p>																				
<p>4 Date <i>12/01/25</i></p>	<p>5 Full name of contributor <i>Olin Smith</i></p>	<p><input type="checkbox"/> out-of-state PAC ID#:</p>	<p>7 Amount of contribution (\$) <i>\$1,000.00</i></p>																				
<p>6 Contributor address; <i>2100 W. Ave. J</i></p>		<p>City; <i>San Angelo</i></p>	<p>State; Zip Code <i>TX 76903</i></p>																				
<p>8 Contributor's principal occupation <i>Rancher</i></p>		<p>9 Contributor's job title <i>Owner</i></p>																					
<p>10 Contributor's employer/law firm</p>		<p>11 Law firm of contributor's spouse (if any)</p>																					
<p>12 If contributor is a child, law firm of parent(s) (if any)</p>																							
<table border="1"> <tr> <td> <p>Date <i>12/18/25</i></p> </td> <td> <p>Full name of contributor <i>Mary N. Golder</i></p> </td> <td> <p><input type="checkbox"/> out-of-state PAC ID#:</p> </td> <td> <p>Amount of contribution (\$) <i>\$500.00</i></p> </td> </tr> <tr> <td colspan="2"> <p>Contributor address; <i>1527 Ray St.</i></p> </td> <td> <p>City; <i>San Angelo</i></p> </td> <td> <p>State; Zip Code <i>TX 76904</i></p> </td> </tr> <tr> <td colspan="2"> <p>Contributor's principal occupation <i>Attorney</i></p> </td> <td colspan="2"> <p>Contributor's job title <i>Partner</i></p> </td> </tr> <tr> <td colspan="2"> <p>Contributor's employer/law firm <i>Webb Stokes & Sparks</i></p> </td> <td colspan="2"> <p>Law firm of contributor's spouse (if any)</p> </td> </tr> <tr> <td colspan="4"> <p>If contributor is a child, law firm of parent(s) (if any)</p> </td> </tr> </table>				<p>Date <i>12/18/25</i></p>	<p>Full name of contributor <i>Mary N. Golder</i></p>	<p><input type="checkbox"/> out-of-state PAC ID#:</p>	<p>Amount of contribution (\$) <i>\$500.00</i></p>	<p>Contributor address; <i>1527 Ray St.</i></p>		<p>City; <i>San Angelo</i></p>	<p>State; Zip Code <i>TX 76904</i></p>	<p>Contributor's principal occupation <i>Attorney</i></p>		<p>Contributor's job title <i>Partner</i></p>		<p>Contributor's employer/law firm <i>Webb Stokes & Sparks</i></p>		<p>Law firm of contributor's spouse (if any)</p>		<p>If contributor is a child, law firm of parent(s) (if any)</p>			
<p>Date <i>12/18/25</i></p>	<p>Full name of contributor <i>Mary N. Golder</i></p>	<p><input type="checkbox"/> out-of-state PAC ID#:</p>	<p>Amount of contribution (\$) <i>\$500.00</i></p>																				
<p>Contributor address; <i>1527 Ray St.</i></p>		<p>City; <i>San Angelo</i></p>	<p>State; Zip Code <i>TX 76904</i></p>																				
<p>Contributor's principal occupation <i>Attorney</i></p>		<p>Contributor's job title <i>Partner</i></p>																					
<p>Contributor's employer/law firm <i>Webb Stokes & Sparks</i></p>		<p>Law firm of contributor's spouse (if any)</p>																					
<p>If contributor is a child, law firm of parent(s) (if any)</p>																							
<table border="1"> <tr> <td> <p>Date</p> </td> <td> <p>Full name of contributor</p> </td> <td> <p><input type="checkbox"/> out-of-state PAC ID#:</p> </td> <td> <p>Amount of contribution (\$)</p> </td> </tr> <tr> <td colspan="2"> <p>Contributor address;</p> </td> <td> <p>City;</p> </td> <td> <p>State; Zip Code</p> </td> </tr> <tr> <td colspan="2"> <p>Contributor's principal occupation</p> </td> <td colspan="2"> <p>Contributor's job title</p> </td> </tr> <tr> <td colspan="2"> <p>Contributor's employer/law firm</p> </td> <td colspan="2"> <p>Law firm of contributor's spouse (if any)</p> </td> </tr> <tr> <td colspan="4"> <p>If contributor is a child, law firm of parent(s) (if any)</p> </td> </tr> </table>				<p>Date</p>	<p>Full name of contributor</p>	<p><input type="checkbox"/> out-of-state PAC ID#:</p>	<p>Amount of contribution (\$)</p>	<p>Contributor address;</p>		<p>City;</p>	<p>State; Zip Code</p>	<p>Contributor's principal occupation</p>		<p>Contributor's job title</p>		<p>Contributor's employer/law firm</p>		<p>Law firm of contributor's spouse (if any)</p>		<p>If contributor is a child, law firm of parent(s) (if any)</p>			
<p>Date</p>	<p>Full name of contributor</p>	<p><input type="checkbox"/> out-of-state PAC ID#:</p>	<p>Amount of contribution (\$)</p>																				
<p>Contributor address;</p>		<p>City;</p>	<p>State; Zip Code</p>																				
<p>Contributor's principal occupation</p>		<p>Contributor's job title</p>																					
<p>Contributor's employer/law firm</p>		<p>Law firm of contributor's spouse (if any)</p>																					
<p>If contributor is a child, law firm of parent(s) (if any)</p>																							
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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

<p>The Instruction Guide explains how to complete this form.</p>			<p>1 Total pages Schedule A2: <u>1</u></p>
<p>2 FILER NAME <u>Jana Elizabeth Johnson</u></p>			<p>3 Filer ID (Ethics Commission Filers)</p>
<p>4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS <u>\$ 853.22</u></p>			
<p>5 Date</p>	<p>6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<u></u>) <u>Tony Villareal</u></p>		<p>8 Amount of Contribution \$ <u>\$853.22</u> 9 In-kind contribution description <u>Campaign Banner</u></p>
	<p>7 Contributor address; <u>1820 College Hills Blvd San Angelo TX</u></p>	<p>City; <u></u> State; <u></u> Zip Code <u>76904</u></p>	<p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>
<p>10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)</p>			<p>11 Employer (FOR NON-JUDICIAL) (See Instructions)</p>
<p>12 Contributor's principal occupation (FOR JUDICIAL) <u>Insurance Agent</u></p>			<p>13 Contributor's job title (FOR JUDICIAL) (See Instructions) <u>Insurance Agent</u></p>
<p>14 Contributor's employer/law firm (FOR JUDICIAL) <u>Tony Villarreal - State Farm Insurance Agent</u></p>			<p>15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>
<p>16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>			
<p>Date</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<u></u>)</p>		<p>Amount of Contribution \$ <u></u> In-kind contribution description <u></u></p>
	<p>Contributor address; <u></u> City; <u></u> State; <u></u> Zip Code <u></u></p>		<p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>
<p>Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)</p>			<p>Employer (FOR NON-JUDICIAL) (See Instructions)</p>
<p>Contributor's principal occupation (FOR JUDICIAL)</p>			<p>Contributor's job title (FOR JUDICIAL) (See Instructions)</p>
<p>Contributor's employer/law firm (FOR JUDICIAL)</p>			<p>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>
<p>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>			
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>			

PLEDGED CONTRIBUTIONS (JUDICIAL)

SCHEDULE B(J)

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 B(J): <u>1</u>
2 FILER NAME <u>Jana Elizabeth Johnson</u>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED PLEDGES		\$ <u>0.00</u>
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#:)	8 Amount of Pledge \$ 9 In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
7 Pledgor address; City; State; Zip Code		
10 Pledgor's principal occupation		11 Pledgor's job title
12 Pledgor's employer/law firm		13 Law firm of pledgor's spouse (if any)
14 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)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS (JUDICIAL)

SCHEDULE E(J)

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(J): <u>1</u>
2 FILER NAME <u>Jana Elizabeth Johnson</u>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ <u>0.00</u>
5 Date of loan <u>10/6/25</u>	7 Name of lender <u>Jana Elizabeth Johnson</u>	8 out-of-state PAC (ID#: _____)
6 Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; <u>135 W. Twohig St. C, San Angelo, TX 76903</u>	9 Loan Amount (\$) <u>\$5,000.00</u>
		10 Interest rate <u>0%</u>
		11 Maturity date <u>None</u>
12 Lender's Principal Occupation <u>Attorney</u>		13 Lender's Job Title <u>Officer of the Court</u>
14 Lender's Employer/Law Firm <u>Law Offices of J.W. Johnson; Jana Johnson</u>		15 Law Firm of lender's spouse (if any)
16 If lender is a child, law firm of parent(s) (if any)		
17 Description of Collateral <input checked="" type="checkbox"/> none		18 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
19 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	20 Name of guarantor	
	21 Guarantor address; <u>City; State; Zip Code</u>	
22 Amount Guaranteed (\$)		
23 Guarantor's Principal Occupation		24 Guarantor's Job Title
25 Guarantor's Employer/Law Firm		26 Law Firm of guarantor's spouse (if any)
27 If guarantor is a child, law firm of parent(s) (if any)		

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	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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
3	Jana Elizabeth Johnson			
4 Date	5 Payee name			
10/17/25	Media Advantage			
6 Amount (\$)	7 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.				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	Consulting Expense	Agency Retainer		
(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	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 Candidate/Officeholder/Political Committee

Gift/Awards/Memorials Expense

Printing Expense

Travel Out Of District

Credit Card Payment

Legal Services

Salaries/Wages/Contract Labor

Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
3	Jana Elizabeth Johnson			
4 Date	5 Payee name			
11/12/25	Walgreens			
6 Amount (\$)	7 Payee address:	City: State: Zip Code		
\$10.81	12 N. Abe St., San Angelo, TX 76903			
<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) Description		
	Gift	Thank You Cards		
	(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	Payee name			
11/17/25	Media Advantage			
Amount (\$)	Payee address:	City:	State:	Zip Code
\$5,890.10	4272 S. Jackson St., San Angelo, TX 76903			
<input type="checkbox"/> Check if individual's residence address.				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Advertising Expense	Billboards ; Cards		
	<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			
12/2/25	Media Advantage			
Amount (\$)	Payee address:	City:	State:	Zip Code
\$3,301.82	4272 S. Jackson St., San Angelo, TX 76903			
<input type="checkbox"/> Check if individual's residence address.				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Advertising	Social Media, + Signs		
	<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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
3	Jana Elizabeth Johnson		
4 Date	5 Payee name		
12/12/25	Media Advantage		
6 Amount (\$)	7 Payee address:	City: State: Zip Code	
\$2,593.79	4272 S. Jackson St.	San Angelo, TX 76903	
<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) Description	
	Event Expense	Kickoff Celebration	
(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	Payee name		
12/17/25	Walgreens		
Amount (\$)	Payee address:	City: State: Zip Code	
\$10.81	12. N. Abe St. San Angelo, TX 76903		
<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Gift	Thank You Cards	
<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		
12/29/25	Media Advantage		
Amount (\$)	Payee address:	City: State: Zip Code	
\$2,701.82	4272 S. Jackson St.	San Angelo, TX 76903	
<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Advertising + Consulting	Social Media + Election Data	
<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

SCH-E

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

EXPENDITURE CATEGORIES FOR BOX 10(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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: **1** 2 FILER NAME **Jana Elizabeth Johnson** 3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS **\$ 4,904.63**

5 Date 12/31/25	6 Payee name Media Advantage			
7 Amount (\$) \$4,904.63	8 Payee address: 4272 S. Jackson St. San Angelo	City: TX	State: 76903	Zip Code
<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) Advertising		(b) Description Signs + Cards	
	<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.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F3: <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 investment is purchased 	
	6 Address of person from whom investment is purchased; City; State; Zip Code	
	<input type="checkbox"/> Check if individual's residence address.	
	7 Description of investment	
8 Amount of investment (\$)		
Date	Name of person from whom investment is purchased 	
	Address of person from whom investment is purchased; City; State; Zip Code	
	<input type="checkbox"/> Check if individual's residence address.	
	Description of investment	
Amount of investment (\$)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

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	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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	Legal Services	Salaries/Wages/Contract Labor	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

1 TOTAL PAGES SCHEDULE F4:	1	2 FILER NAME	3 FILER ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 0.00
-------------------------------------------------------------	---------

5 CREDIT CARD ISSUER	Name of financial institution		
6 PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name	(b) Payee address;	City, State, Zip Code
	<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) Description	
<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(c) <input type="checkbox"/> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> <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
PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name	(b) Payee address;	City, State, Zip Code
	<input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(c) <input type="checkbox"/> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> <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
PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name	(b) Payee address;	City, State, Zip Code
	<input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(c) <input type="checkbox"/> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> <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 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	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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
1	Jana Elizabeth Johnson			
4 Date	5 Payee name			
10/15/25	Complexions by Erica			
6 Amount (\$)	7 Payee address:	City: State: Zip Code		
\$65.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	28 W. Concho Ave. San Angelo	TX 76903		
<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) Description		
	Advertising	Photos		
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9	Candidate / Officeholder name	Office sought	Office held	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Date	Payee name			
10/15/25	Raeanne Drew			
Amount (\$)	Payee address:	City:	State: Zip Code	
\$40.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	28 W. Concho Ave. San Angelo		TX 76903	
<input type="checkbox"/> Check if individual's residence address.				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Advertising	Photos		
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Candidate / Officeholder name			Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Date	Payee name			
Amount (\$)	Payee address:	City:	State:	Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended	<input type="checkbox"/> Check if individual's residence address.			
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		
Candidate / Officeholder name			Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Poling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H: 1	2 FILER NAME Jana Elizabeth Johnson	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Business name		
6 Amount (\$)	7 Business address; <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(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	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Business name		
Amount (\$)	Business address; <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code	
 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
Date	Business name		
Amount (\$)	Business address; <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code	
 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

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.

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

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

SCHEDULE L

The Instruction Guide explains how to complete this form.		1 Total pages Schedule L: <u>1</u>	
2 FILER NAME <i>Jana Elizabeth Johnson</i>		3 Filer ID (Ethics Commission Filers)	
LENDER INFORMATION	4 Name of lender <i>Jana Elizabeth Johnson</i>		
	5 Lender address; <i>135 W. Twohig, Ste. C</i>	City: <i>San Angelo</i>	State: <i>TX</i>
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	6 Name of guarantor		
	7 Guarantor address;	City:	State:
LENDER INFORMATION	Name of lender		
	Lender address;	City;	State;
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor		
	Guarantor address;	City;	State;
LENDER INFORMATION	Name of lender		
	Lender address;	City;	State;
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor		
	Guarantor address;	City;	State;
LENDER INFORMATION	Name of lender		
	Lender address;	City;	State;
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor		
	Guarantor address;	City;	State;
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.	
2 FILER NAME <i>Jana Elizabeth Johnson</i>	1 Total pages Schedule M: <i>1</i>
4 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: <u>1</u>
2 FILER NAME <i>Jana Elizabeth Johnson</i>		3 Filer ID (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on:		
<input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> 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:		
<input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> 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:		
<input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> 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	Filer ID #
Jana Elizabeth Johnson	

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

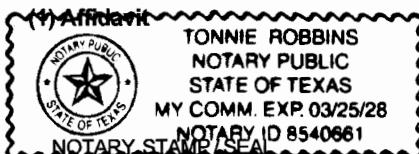
Receipt #	Amount \$
-----------	-----------

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 14th day of January

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

Terrie 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 _____, _____, _____, _____, _____, _____, _____.

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**