

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

|   |  |  |  |           |
|---|--|--|--|-----------|
| <b>The C/OH Instruction Guide explains how to complete this form.</b>                 |  | <b>1</b> Filer ID (Ethics Commission Filers)               | <b>2</b> Total pages filed: <b>6</b>   |           |
| <b>3</b> CANDIDATE / OFFICEHOLDER NAME  | MS / MRS / MR  | FIRST  | MI   |           |
|   | NICKNAME   | LAST   | SUFFIX   |           |
| Ms Tracey Johnson   |  | L  |  |           |
| <b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><small>Change of Address</small> | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE   |  | <b>OFFICE USE ONLY</b><br>Date Received<br><div style="font-size:2em; font-weight:bold; letter-spacing:0.5em;">RECEIVED</div><br>FEB 26 2024<br>BY: <i>ADH</i> |           |
|   | PO Box 851<br>Seadrift, Texas<br>77983   |  |  |           |
| <b>5</b> CANDIDATE / OFFICEHOLDER PHONE   | AREA CODE  | PHONE NUMBER   |  | EXTENSION |
|   | (361 )   | 746-8488   |  |           |
| <b>6</b> CAMPAIGN TREASURER NAME  | MS / MRS / MR  | FIRST  | MI   |           |
|   | NICKNAME   | LAST   | SUFFIX   |           |
| Mrs Stephanie Park  |  | H  |  |           |
| <b>7</b> CAMPAIGN TREASURER ADDRESS<br><small>(Residence or Business)</small>         | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  |  |  |           |
|   | 305 W. Washington Avenue 717<br>Seadrift, Texas 77983  |  |  |           |
| <b>8</b> CAMPAIGN TREASURER PHONE   | AREA CODE  | PHONE NUMBER   | EXTENSION  |           |
| (361 )  | 920-9063   |  |  |           |
| <b>9</b> REPORT TYPE  | <input type="checkbox"/> January 15  |  | <input type="checkbox"/> 30th day before election  |           |
|   | <input type="checkbox"/> July 15   |  | <input checked="" type="checkbox"/> 8th day before election  |           |
|   |  | <input type="checkbox"/> Runoff                            | <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)   |           |
|   |  | <input type="checkbox"/> Exceeded Modified Reporting Limit | <input type="checkbox"/> Final Report (Attach C/OH - FR)   |           |
| <b>10</b> PERIOD COVERED  | Month  | Day  | Year   |           |
|   | 1  | 26   | 24   |           |
| THROUGH   |  | Month  | Day  |           |
|   |  | 2  | 24   |           |
| <b>11</b> ELECTION  | ELECTION DATE  |  | ELECTION TYPE  |           |
|   | Month  | Day  | Year   |           |
| 3 / 5 / 24  |  | <input checked="" type="checkbox"/> Primary                | <input type="checkbox"/> Runoff  |           |
|   |  | <input type="checkbox"/> General                           | <input type="checkbox"/> Special   |           |
| <b>12</b> OFFICE  | OFFICE HELD (if any)   |  | <b>13</b> OFFICE SOUGHT (if known)   |           |
|   | Alderson, Seadrift, TX, Precinct 4   |  |  |           |
|   |  |  | Calhoun County Tax Assessor-Collector  |           |
| <b>14</b> NOTICE FROM POLITICAL COMMITTEE(S)<br><br><small>Additional Pages</small>   | <small>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.</small> |  |  |           |
|   | COMMITTEE TYPE   | COMMITTEE NAME   |  |           |
|   | <input type="checkbox"/> GENERAL   | COMMITTEE ADDRESS  |  |           |
|   | <input type="checkbox"/> SPECIFIC  | COMMITTEE CAMPAIGN TREASURER NAME                          |  |           |
|   |  | COMMITTEE CAMPAIGN TREASURER ADDRESS                       |  |           |


**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

|                                  |   |  |
|----------------------------------|---|--|
| 15 C/OH NAME<br>Tracey L 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)  | \$ 400.00                              |
| EXPENDITURE TOTALS               | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$ 291.30                              |
|                                  | 4. TOTAL POLITICAL EXPENDITURES   | \$ 1,127.65                            |
| CONTRIBUTION BALANCE             | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ 269.36                              |
| OUTSTANDING LOAN TOTALS          | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ 0.00                                |

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

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

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

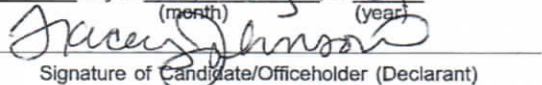
OR

(2) Unsworn Declaration

My name is Tracey Johnson, and my date of birth is 12/23/75.

My address is PO Box 851 706 Cleveland Seadrift TX 77983 USA  
(street) (city) (state) (zip code) (country)

Executed in Calhoun County, State of Texas, on the 27 day of February, 2024.  
(month) (year)

  
Signature of Candidate/Officeholder (Declarant)

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

|  |  |   |
|--|--|---|
| <b>19 FILER NAME</b><br>Tracey L Johnson         |  | <b>20 Filer ID (Ethics Commission Filers)</b> |
| <b>21 SCHEDULE SUBTOTALS</b><br>NAME OF SCHEDULE |  | <b>SUBTOTAL<br/>AMOUNT</b>                    |
| 1.   | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$ 400.00                                     |
| 2.   | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS  | \$  |
| 3.   | SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$  |
| 4.   | SCHEDULE E: LOANS  | \$  |
| 5.   | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS              | \$ 1,127.65                                   |
| 6.   | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$  |
| 7.   | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS   | \$  |
| 8.   | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD  | \$  |
| 9.   | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS  | \$  |
| 10.  | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH  | \$  |
| 11.  | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS   | \$  |
| 12.  | <input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ 0.03                                       |

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

|   |   |  |
|---|---|--|
| The Instruction Guide explains how to complete this form.   |   | 1 Total pages Schedule A1: <b>1</b>                |
| 2 FILER NAME<br><b>Tracey L Johnson</b>   |   | 3 Filer ID (Ethics Commission Filers)              |
| 4 Date<br><b>01/30/2024</b>   | 5 Full name of contributor out-of-state PAC (ID#: _____)<br><b>Texas Saltwater Fishing Magazine, Inc.</b> | 7 Amount of contribution (\$)<br><br><b>400.00</b> |
| 6 Contributor address; City; State; Zip Code<br><b>PO Box 429 Seadrift, Texas 77983</b>   |   |  |
| 8 Principal occupation / Job title (See Instructions)   |   | 9 Employer (See Instructions)                      |
| Date  | Full name of contributor out-of-state PAC (ID#: _____)<br>Contributor address; City; State; Zip Code      | Amount of contribution (\$)                        |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                        |
| Date  | Full name of contributor out-of-state PAC (ID#: _____)<br>Contributor address; City; State; Zip Code      | Amount of contribution (\$)                        |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                        |
| Date  | Full name of contributor out-of-state PAC (ID#: _____)<br>Contributor address; City; State; Zip Code      | Amount of contribution (\$)                        |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                        |
| <p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p><b>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</b></p> |   |  |

# 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.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:<br>1                              | <b>2</b> FILER NAME<br>Tracey L Johnson  | <b>3</b> Filer ID (Ethics Commission Filers)                             |
| <b>4</b> Date<br>01/31/2024   | <b>5</b> Payee name<br>The Port Lavaca Wave  |  |
| <b>6</b> Amount (\$)<br>310.00                                      | <b>7</b> Payee address; City; State; Zip Code<br>309 E Main St, Port Lavaca, TX 77979  |  |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>                           | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense   | <b>(b)</b> Description<br>Newspaper advertisement run for multiple dates |
|   | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |  |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name  | Office sought      Office held   |
| Date<br>02/09/2024  | Payee name<br>United States Post Office - Stamp Fulfillment Office   |  |
| Amount (\$)<br>426.35   | Payee address; City; State; Zip Code<br>PO Box 219424<br>Kansas City, MO 64121-9424  |  |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)<br>Advertising Expense  | Description<br>40 sheets of 20 postcard stamps                           |
|   | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>            |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Officeholder name  | Office sought      Office held   |
| Date<br>02/09/2024  | Payee name<br>The Port Lavaca Wave   |  |
| Amount (\$)<br>100.00   | Payee address; City; State; Zip Code<br>309 E Main St, Port Lavaca, TX 77979   |  |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)<br>Advertising Expense  | Description<br>2x5 ad in newspaper                                       |
|   | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>            |  |
| 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

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

**SCHEDULE K**

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

|   |                                    |
|---|------------------------------------|
| The Instruction Guide explains how to complete this form. | 1 Total pages Schedule K: <b>1</b> |
|---|------------------------------------|

|   |                                       |
|---|---------------------------------------|
| 2 FILER NAME<br><b>Tracey L Johnson</b> | 3 Filer ID (Ethics Commission Filers) |
|---|---------------------------------------|

|                          |   |                                  |
|--------------------------|---|----------------------------------|
| 4 Date<br><br>01/31/2024 | 5 Name of person from whom amount is received<br><b>Texas Dow Employee Credit Union</b>   | 8 Amount (\$)<br><br><b>0.03</b> |
|                          | 6 Address of person from whom amount is received; City; State; Zip Code<br>1001 FM 2004,<br>Lake Jackson, TX 77566  |                                  |
|                          | 7 Purpose for which amount is received <span style="float:right">Check if political contribution returned to filer</span><br><b>Interest earned from bank account</b> |                                  |

|      |   |             |
|------|---|-------------|
| Date | Name of person from whom amount is received   | Amount (\$) |
|      | Address of person from whom amount is received; City; State; Zip Code   |             |
|      | Purpose for which amount is received <span style="float:right">Check if political contribution returned to filer</span> |             |

|      |   |             |
|------|---|-------------|
| Date | Name of person from whom amount is received   | Amount (\$) |
|      | Address of person from whom amount is received; City; State; Zip Code   |             |
|      | Purpose for which amount is received <span style="float:right">Check if political contribution returned to filer</span> |             |

|      |   |             |
|------|---|-------------|
| Date | Name of person from whom amount is received   | Amount (\$) |
|      | Address of person from whom amount is received; City; State; Zip Code   |             |
|      | Purpose for which amount is received <span style="float:right">Check if political contribution returned to filer</span> |             |

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