		CE REPORT	i		FORM C/OH COVER SHEET PG 1
The C/OH Instruction	Quide explains in	ow to complete this torm.	1 Filer ID	(Ethics Commission Piers)	2 Total pages filed: 12
OFFICEHOLDER NAME	Ms (MRS (how	глот Тracey		L L	OFFICE USE ONLY
	NICKMAME	Johnson		SUFFIX	Date Lectored
4 CANDIDATE / OFFICEHOLDER MAII ING ADDRESS	PO Box 851 Seadritt, Le	1	сіту,	STATE: /P CODE	MAY 2 0 2024 L
Change of Address					BY:
5 CANDIDATE/ OFFICEHOLOFR PLIONE	AREA CODE	PHONE NUMBER 746-8488	J	DITENSION	Dely hand-deliverse or user Postmerked
O CAMBAGN TOCAGIDES NAME	IVITS NICROVAME	DIEDUVAUIĖ PROPI		MI II SUFFIX	1000 rmrpeden
		Park		1	Date Imaged
7 CAMPAIGN TREASURER ADDRESS	PO Box 71/ Seadrift, Tex	1	SUITÉ #:	слу;	ятаты: дв-сорд
(Residence or Business)		NAS 11300			
8 CAMPAIGN TREASURER PHONE	(361)	920-9063	E	EXTENSION	
O DEPORTTURE	Amusiny 15	30th day before e	election	Runoff	15th day after campaign fressurer appointment (Officeholder Only)
	Judy 10	Oth day bulous she	action	Exceeded Medition Reporting Until	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year		Month	Dey Year
	2	/ 25 / 24	THROUG	он 5	/ 18 / 24
TI NUMETION	CLECTION DA	ATE		ELECTION TYPE	<u> </u>
	Month Day 5 / 28 /	Year Primary	Runoff	Other Description	
12 OFFICE	DEFICE HELD (If any)	1	43 6		
	5 1363	eadrift, TX, Precinct 4		OFFICE SOUGHT (IF KNOWN) OUN County Ta	ax Assessor-Collector
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTIC THE CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS A	ACCEPTED OR POL	LITICAL EXPENDITURES MAI	DE BY POLITICAL COMMITTEES TO SUPPORT
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	ED TO REPORT THE	& INFORMATION ONLY IF THE	DATE'S OR OFFICEHOLDER'S KNOWLEDGE OR HEY RECEIVE NOTICE OF EUCH EXPENDITURES,
	GENERAL	COMMITTEE ADDRESS			
Additional Pages	_				
	SPECIFIC	COMMITTEE CAMPAIGN TREA	SURER NAME		
	İ	COMMITTEE CAMPAIGN TREA	AGURER ADDRE	:68	
		-			
		GO TO F	PAGE 2	0	

		FICEHOLDER NCE REPORT	COVER	FORM C/OH SHEET PG 2
15 C/OH NAME Tracey L Johns		× ×	16 Filer ID (Ell	iles Commission Filers)
17 CONTRIBUT TOTALS	ON 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)	\$	500.00
EXPENDITU TOTALS	RE 3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	549.02
	4. 7	TOTAL POLITICAL EXPENDITURES	\$	2,344.29
CONTRIBUTI BALANCE	1 5. 7	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	T DAY \$	14.73
COAN TOTAL	- 1 0,	OTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF AST DAY OF THE REPORTING PERIOD	THE S	957.00
18 SIGNATURE	required to be re	m, under penalty of perjury, that the accompanying report is true ported by me under Title 15, Election Code.	and correct and	d includes all information
		Signature of Can	didate or Office	eholder
		Please complete either option below:		
(1) Affidavit				
NOTARY STAMP	/SEAL			
Sworn to and subsc	rib ed before m o by	liis the	day of	
20, to c	ertify which, witness	my hand and seal of office.		•
Signature of officer adm	inistering oath	Printed name of officer administering outh	Title of of	fficer administering oath
E STATE OF	SPA LYP	OR SALES AND ADDRESS OF THE PARTY OF THE PAR	CARRE	
2) Unsworn Deck	eration		,	
	cey Johns	and my date of bitti is	12/22/-	15
ly address is PO	DEN NOT TO	street) Seadn'ft TV	_ 77983	e_lish_
xecuted in Call	Cour	oty, State of Sussessing on the 26 day of Mountain	, , , , , ,	(country)
		Signature of Candidate	/Officeholder (D	eclarant)

SUBTOTALS - C/OH

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

	acey l	L Johnson 20 F	iller ID (Fithins Commis	sion Florc)
21	SCHED NAME (OULE SUBTOTALS OF SCHEDULE		SUBTOTAL
1.		SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS	5	500.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	s	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	-	SCHEDULE E: LOANS	\$	957.00
5.		SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBU	JTIONS \$	1,291.62
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	3	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTR	UBUTIONS \$	-
8,		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9,	-	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	471.65
0.	-	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINI	ESS OF C/OH \$	32.00
1.		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBL	JTIONS \$	
2.	-	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS R	ETURNED \$	0.01

	ARY POLITICAL CONTRIBU-		SCHEDULE A1
	Instruction Guide explains how to complete this		1 Total pages Schedule A1:
2 FILER NAME Tracey L J			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (7 Amount of contribution (3)
03/24/2024	FO Box 190 Seadrift, TX 7	State; Zip Code	200.00
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	done)
Date	Full name of contributor out-of-state PAC (I	ID#:	Amount of contribution (\$)
04/08/2024	contributor address; chy; 10644 Harrison Road Lovelar	300.00	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	lons)
Date	Full name of contributor out-of-state PAC (II	D#)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor out-of-state PAC (II	D#:	Amount of contribution (\$)
	Contributor address; City:	State; Zip Code	ş.
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
			190/2011
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NE	EDED porting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

		777	-				
	EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations & Candidates/Officeholder// Credit Card Payment	Made By	Event Expense Fises Fixed/Beverage Expense Gitt/Awsirds/Memorials Expense Legal Services The Instruction Guide explain	Office Dive Polling Ex Printing Ex Salaries/V	xpense Nages/Contract Labor	Trained in District Trained Out Of District	lipment & Related Expense	
1 Total pages Schedul	le F1: 2 FILER N				3 Filer ID (Éthi	ics Commission Filers)	
2	Tracey L.						
03/15/2024	Rapid Pi	rinting LLC	2.000				
6 Amount (\$)	7 Payee ad	idress:		City;	State;	Zip Code	
378.88	1708 N.	Navarro Suite 300 Vid	ctoria, T	exas 77901			
8	(a) Catagor	y (See Categories listed at the top of this	schedule)	(b) Description	***	-	
PURPOSE OF EXPENDITURE	Advertis	sing Expense		50 24x18 signs	5		
	(c)	Chack if traval outside of Texas, Complete G	chadule T.	Check if Austin	n, TX, officebolder livin	M synengg	
9 Complete <u>ONLY</u> if dire expenditure to benefit	act Candida I C/OH	ate / Officeholder name		Office sought	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	Office held	
Date	Payee ner	me					
03/15/2024	Rapid Pr	inting LLC					
Amount (\$)	Payee ado		-	City;	State;	Zlp Code	
303.10		Navarro Suite 300 Vic		exas 77901	1000	7 · 5	
		(See Calegories Ested at the top of this so	chedule)	Description	-		
PURPOSE OF EXPENDITURE	Advertis	ing Expense		7 3x5 signs			
	(Check if travell outside of Texas. Complete Sci	Jackska T	Check if Austin,	TX, officetolder living	expense	
Complete ONLY if direct expenditure to benefit (te / Officeholder name		Office sought		Office held	
Date	Payes nan	ne					
04/10/2024	Rapid Pri	inting LLC					
Amount (\$)	Payee add	rese;		City;	State:	Zip Code	
216.50	1708 N. N	Navarro Suite 300 Vict	toria, Te	7000	Latino,	Zip Cocce	
	Category (See Categories listed at the top of this ec	héduje)	Description			
PURPOSE OF EXPENDITURE	Advertisir	ng Expense)	yard signs			
		heck if travel outside of Tease. Complete Sch	reduje T.	Check if Austin, 7	TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C		e / Officeholder name	****	Office sought		Office held	
	ATTA	CHADDITIONAL COPIES O	OF THIS S	CHEDULE AS NEED	ED		

Page: 6

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

		EXPENDITURE CATE	GORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment		Event Expense Fose Fose Fond/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhesd/Reimbursement Polling Expense Salaries/Mages/Contract Labor		Solicitation/Fundrateing Expense Transportation Equipment & Related Expense Travel (In District Travel (In Of District Other (where a category not listed above)		
		The Instruction Guide explain	as how to	complete this form.		
1 Total pages Schedule F1	1	IAME Johnson			3 Filer ID (Eth	lcs Commission Filers)
4 Date	5 Payeen					
05/06/2024	4imprin					
6 Amount (\$)	7 Payee a					
393.14		mmerce Street, PO Bo	x 320,	Oshkosh, WI 54	State: 4901	Zip Code
8	(a) Catego	y (See Categories listed at the top of this	sonedule)	(b) Description		
PURPOSE OF EXPENDITURE		sing Expense		1400 postcard	ls	
	(c)	Check If traivel outside of Taxes. Complete Se	chedulo T.	Check if Austi	n, TX, officeholder livi	ца выфеиве
9 Complete ONLY if all rect expenditure to benefit C/O!	Caundki H	ate / Officeholder name		Office sought		Office held
Date	Payeens	me	V-10-1	77.0		
Amount (\$)	Payee ac	chess;		City:	State;	Zip Code
PURPOSE OF EXPENDITURE	Catagory	(See Categories listed at the top of this so	fiedule)	Description	<u>, </u>	
		Check if travel outside of Taxas, Complete Sch	edule T.	Check if Austin	. TX, afficeholder living	expense .
Complete ONLY if direct expenditure to benefit C/OH	Candida	ats / Officeholder name		Office sought		Office held
Date	Payee na	TIE				
Amount (\$)	Payee add	Iress;		City:	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	See Categories listed at the top of this ech	oskác)	Description		
	c	heck if travel outside of Texas. Complete Sche	dute T	Charle to town	TV affect to	
Complete ONLY if direct expenditure to benefit C/OH		e / Officeholder name		Office anught	TX, officeholder living	Office held
						1
	ATTA	CHADDITIONAL COPIES O	FTHISS	CHEDULE AS NEED	ED	

LOANS				SCHEDULE E
If the requeste	d information is not applic	able, DO N	OT include this page in the re	eport.
The	e Instruction Guide explains	how to com	plete this form.	1 Total pages Schedule E: 3
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
Tracey L Joh	ınson	***		
4 TOTAL OF U	NITEMIZED LOANS			\$ 0.00
5 Date of loan	7 Name of lender	☐ ovt-ot-state	e PAC (ID#:)	9 Losn Amount (\$)
03/14/2024	Tracey Johnson		-	400.00
6 is lender a financial Institution?	8 Lender address; PO Box 851	City;	State: Zip Code	10 Interest rate
YIN	Seadrift, TX 77983			11 Meturity date
12 Principal occupati	ion / Job title (See Instructions)		13 Employer (See Instructions)	
14 Description of Coll	ilateral		15	-
■ none			Check if personal fundaccount (See Instruct	ds were deposited into political tions)
16 GUARANTOR INFORMATION	17 Name of guarantor			19 Amount Guaranteed (\$)
	18 Guarantor address:	City;	State; Zio Code	
a not applicable				
20 Principal Occupat	ion (See Instructions)		21 Employer (See Instructions)	
Date of loan	Name of lender	Out-of-state	PAC (ID#	LoanAmount (\$)
03/22/2024	Tracey L. Johnson	-	1	150.00
le lender a financial	Lender address;	City:	State; Zip Code	Interest rate
Institution?	PO Box 851 Seadriff, TX /7983			Maluity date
	on / Job title (See Instructions)			
			Employer (See Instructions)	
Description of Colla	iteral		Ohod Farmani ford	
none			Check if personal funds account (See Instruction	 were deposited into political ons)
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)
1	Guarantor address;	City;	State; Zip Code:	
not applicable				
Principal Occupation	n (See Instructions)		Employer (See Instructions)	
	11000			
lf len	ATTACHADDITI Ider is out-of-state PAC, pic	ONAL COPII	ES OF THIS SCHEDULE AS NEED truction guide for additional rep	DED orting regularments

LOANS SCHEDULE E If the requested information is not applicable, DO NOT include this page in the report.					
Th	e Instruction Guide explains	how to com	plete this form.	1 Total pages Schedule E: 3	
2 FILER NAME			100	3 Filer ID (Ethica Commission Filers)	
Tracey L Jo	hnson		_		
4 TOTAL OF U	INITEMIZED LOANS			\$ 0.00	
6 Date of loan	7 Name of lender	Out-of-state	9 PAC (ID#;)	9 Loan Amount (\$)	
04/19/2024	Tracey Johnson			150.00	
6 le lender a financial Institution?	8 Lender address; PO Box 851	Cîty;	State; Zip Code	10 Interest rate	
YEN	Seadrift, TX 77983			11 Maturity date	
12 Principal occupat	fion / Job title (See Instructions)	,	13 Employer (See Instructions)		
14 Description of Co	Materal		15		
= none			Check if personal fun account (See Instruc	nds were deposited into political dions)	
18 GUARANTOR INFORMATION	17 Name of guarantor			10 Amount Guaranteed (\$)	
	18 Guarantor address;	City;	State: Zip Code		
 not applicable 		Cay,	State; Zip Code		
	ation (See Instructions)		21 Employer (See Instructions)		
			- слимоует (оне пинциппии)		
Date of loan	Name of lender	Out of state	PAC (IDIY.	Loan Amount (\$)	
04/21/2024	Tracey L Johnson			90.00	
ls lender a financial	Lender address;	City;	State; Zip Code	Interest rate	
Y N	PO Box 851 Seadrift, TX 77983			Maturity date	
Principal occupation	on / Job title (See Instructions)		Employer (See Instructions)		
Description of Colle	ateral	· ·			
= none			, Check if personal fund account (See Instructi	ds were deposited into political ions)	
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)	
	Guarantor address;	City;	State; Zip Code		
not applicable					
Principal Occupation	on (See Instructions)		Employer (See Instructions)		
If le	ATTACHADDIT	IONAL COPI	ES OF THIS SCHEDULE AS NEE truction guide for additional rep	DED porting requirements.	

LOANS If the request	ed information is not appli	icable, DO No	OT include this p	page in the n	SCHEDULE E
Th	e Instruction Guide explains	s how to com	plote this form.		1 Total pages Schedule E: 3
2 FILER NAME					3 Filer ID (Ethics Commission Filers)
Tracey L Jo	hnson				o Fina io (Canto Condinesson Physis)
4 TOTAL OF U	INITEMIZED LOANS				\$ 0.00
5 Date of loan	7 Name of lender	Out-of-state	PAC (ID#		9 Loan Amount (\$)
04/29/2024	Tracey Johnson				167.00
6 In lender a financial Institution?	6 Lender address; PO Box 851	City;	State;	Zip Code	10 Interest rate
□ Y ■ N	Seadrift, TX 77983				11 Maturity data
12 Principal augus	lion / Job title (see Instructions	9)	13 Employer (Se	e Instructions)	
14 Description of Co	liateral		15 Check	k if personal fun	da were deposited into political
16 GUARANTOR INFORMATION	17 Name of guarantor	-			19 Amount Guaranteed (\$)
not applicable		City,	State;	Zip Code	
20 Principal Occupa	ation (See Instructions)		21 Employer (Sec	e instructions)	
Date of Joan	Name of lender	out-of-etale	PAC (IDR		Logn Amount (\$)
la lender a financial Institution?	Lender address;	City;	State;	Zip Code	Interest rate
ΠΥ□N					Maturity date
Principal occupation	on / Job title (See Instructions)		Employer (See	Instructions)	
Description of Colle	eteral	-	, Check accour	if personal fund it (See Instruction	s were deposited into political ons)
GUARANTOR INFORMATION	Name of guarantor				Amount Guaranteed (\$)
	Guarantor address;	City;	State;	Zip Code	
not applicable					
Principal Occupation	on (See Instructions)		Employer (See	Instructions)	
If le	ATTACMADDIT	TIONAL COPIL	S OF THIS SCHEI	DULE AS NEED	DED
rme provided by Tama	ER! O				a reportments.

POLITICAL EXPENDITURES MADE FROM

PERSONAL FUNDS

SCHEDULE G

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

	EXPENDITURE CATEGOR	des for Box 8(a)				
Advertising Expense Accounting/Benking Contedting Expense Contributional/Donations Made Candidate/Officeholder/Polit Credi Card Payment	Fees Offi Foot/Beverage Expense Pol By GRMAwards/Memorials Expense Prin	in Repsyment/Reimbursement ce Overhead/Rental Expense ling Expense tling Expense aries/Wages/Contract Labor	Solicitation/Fundraisting Expense Transportation Equipment & Retained Expense Travel In District Travel Out Of District Other (entern category not listed above)			
	The Instruction Guide explains ho	w to complete this form.				
1 Total pages Schedule G:	2 FILER NAME	***************************************	3 Filer ID (Ethics Commission Filers)			
1	Tracey L Johnson	- Victoria				
4 Date	5 Payee name					
03/13/2024	Compadres Design Inc					
6 Amount (\$)	7 Páyée address;	City;	State: Zip Code			
43.30 Reimbursement from political contributions intended	1001 FM 2004, Lake Jackson, TX 77566					
8	(a) Category (See Categories listed at the top of this schedul	(b) Description				
PURPOSE OF EXPENDITURE	Advertising Expense	car magnet				
	(c) Check if travel outside of Texas. Complete Schedule	T. Check if Austin	n, TX. officeholder Bving expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
Date	Рауее пате		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7			
05/17/2024	United States Postal Service - Stamp Fulfillment Office					
Amount (\$)	Payee address;	City;	State; Zip Code			
267.35 Reinbursement from	PO Box 219424					
 ✓ political contributions intended 	Kansas City, MO 64121-9424					
PURPOSE	Category (See Categories listed at the top of this schedule	Description				
OF EXPENDITURE	Advertising Expense	500 postcard s	l stamps			
	Check if travel outside of Tayras, Complete Schedule T. Check If Austin, TX. officeholder living expense					
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name Office sought		Office held			
Date	Payee name	74.1				
05/17/2024	The Port Lavaca Wave					
Amount (\$)	Payse addrese;	City;	State; Zip Code			
161.00 Reimbursement from political contributions intended	309 E Main St, Port Lavaca, TX 77979					
PURPOSE	Cating OTY (See Categories listed at the top of this schedule) Description				
OF EXPENDITURE	Advertising Expense	newspaper ad				
	Check if travel outside of Yexas, Complete Schedule 1	Check If Austin,	TX, officeholder living expense			
Complete QNLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
1010000	ATTACH ADDITIONAL COPIES OF THI	S SCHEDULE AS NEED	ED			

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.

Accounting Expenses Accounting Expenses Consideration Mission by Consideration By Consideratio	Advertising Expense		Event Expense	Loan Ro	CDSUMANTRollmbu wearment	C-F 0 1			
1 Total pages Schedule H: 1 1	Contributions/Donations Mad Candidate/Officeholder/Poli		Food/Beverage Expense Gitt/Awards/Merminals Expense Printing Expense Printing Expense		Transportation Equip Trained to District Trained Out Of District	pment & Related Expense ct			
1 Tracey L Johnson 4 Date 03/18/2024 5 Pusinese name 03/18/2024 6 Amount (\$) 32.00 5 Businese address; 1001 FM 2004, Lake Jackson, TX 77566 6 FPURPOSE EXPENDITURE 6 Contemporary (See Categories lated at the top of this schedule) 6 Contemporary (See Categories lated at the top of this schedule) 7 Complete QNLY if direct expenditure to banefit (COH Candidate / Office Insurance Categories lated at the top of this schedule) PURPOSE EXPENDITURE Category (See Categories lated at the top of this schedule) Date Category (See Categories lated at the top of this schedule) Date Category (See Categories lated at the top of this schedule) Category (See Categories lated at the top of this schedule) Date Category (See Categories lated at the top of this schedule) Category (See Categories lated at the top of this schedule) Category (See Categories lated at the top of this schedule) Complete CALLS if sinese expenditure to benefit COH Candidate / Office Insurance Categories lated at the top of this schedule) Candidate Schedule CALLS if sinese expenditure is benefit COH Candidate / CATegories lated at the top of this schedule) Candidate Schedule CALLS if sinese expenditure is benefit COH Candidate / CATegories lated at the top of this schedule) Candidate Schedule CALLS if sinese expenditure is benefit COH Category (See Categories lated at the top of this schedule) Category (See Categories lated at the top of this schedule) Category (See Categories lated at the top of this schedule) Category (See Categories lated at the top of this schedule) Category (See Categories lated at the top of this schedule) Category (See Categories lated at the top of this schedule) Categories CALLS if direct categories lated at the top of this schedule) Categories CALLS if direct categories lated at the top of this schedule) Categories CALLS if direct categories lated at the top of this schedule) Categories CALLS if direct categories lated at the top of this schedule) Categories CALLS if direct categories lated at the top of				us how to	complete this form.				
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O3/18/2024 Texas Dow Employee Credit Union 7 Eusinese address; City: State; Zip Code 32.00 Lake Jackson, TX 77566 8 PURPOSE EXPENDITURE (6) Check thand another of Tieses Complete Schedule*: Check if Austin, TX, officielholder living expenses 9 Complete ONLY if direct expenditure to banefit CiOH Candidate / Office holder name Candidate / Office Categories lated at the top of this schedule*: City: State; Zip Code PURPOSE OF EXPENDITURE Category (See Categories lated at the top of this schedule*) Date Business address; City: State; Zip Code Category (See Categories lated at the top of this schedule*) Date Business address; City: State; Zip Code Complete CALLX if diseast expenditure to benefit CiOH Date Category (See Categories lated at the top of this schedule*) Date Business address; City: State; Zip Code Complete CALLX if diseast expenditure is benefit CiOH Categories lated at the top of this schedule* Candidate / Office hold at the top of this schedule* Category (See Categories lated at the top of this schedule*) Date Category (See Categories lated at the top of this schedule*) Category (See Categories lated at the top of this schedule*) Date Category (See Categories lated at the top of this schedule*) Category (See Categories lated at the top of this schedule*) Category (See Categories lated at the top of this schedule*) Category (See Categories lated at the top of this schedule*) Category (See Categories lated at the top of this schedule*) Category (See Categories lated at the top of this schedule*) Category (See Categories lated at the top of this schedule*) Category (See Categories lated at the top of this schedule*) Category (See Categories lated at the top of this schedule*) Category (See Categories lated at the top of this schedule*) Category (See Categories lated at the top of this schedule*) Category (See Categories lated at the top of this schedule*) Category (See Categories lated at the top of this schedule*) Category (See Categories lated at the top of this sc		-		_					
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Page: 12

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

SCHEDULE K

If the reques	ted information is not applicable, DO NOT include this pa	ige in the report.	
The	Instruction Guide explains how to complete this form.	1 Total pages Scha	dule K: 1
2 FILER NAME		3 Filter ID (Ethic	Commission Filers)
Tracey L. Jo	phnson		
4 Date	5 Name of person from whom amount is received		8 Amount (\$)
	Texas Dow Employee Credi	it Union	0.04
02/29/2024	6 Address of person from whom amount is received; City: 1001 FM 2004, Lake Jackson, TX 77566	State; Zip Code	0.01
	7 Purpose for which amount is received Cha	eck if political contribution	returned to filer
	Interest earned from bank account		-
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