

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

|  |  |   |  |
|--|--|---|--|
| The C/OH Instruction Guide explains how to complete this form.                           |  | 1 Filer ID (Ethics Commission Filers)   | 2 Total pages filed:<br><b>7</b>       |
| 3 CANDIDATE / OFFICEHOLDER NAME  | MS / MRS / MR      FIRST      MI<br>Ms.      Faith      S.<br>NICKNAME      LAST      SUFFIX<br>Johnson  | <b>OFFICE USE ONLY</b><br>RECEIVED FOR FILING<br>DALLAS COUNTY<br>ELECTIONS DEPARTMENT<br>2020 JUL 14 PM 1:25   |  |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX;      APT / SUITE #;      CITY;      STATE;      ZIP CODE<br>P.O. Box 224623      Dallas, TX 75222  |   |  |
| 5 CANDIDATE / OFFICEHOLDER PHONE   | AREA CODE      PHONE NUMBER      EXTENSION<br>(972) 415-3118   |   |  |
| 6 CAMPAIGN TREASURER NAME  | MS / MRS / MR      FIRST      MI<br>Ms.      Maurine<br>NICKNAME      LAST      SUFFIX<br>Dickey   | Date Received   | Date Hand-delivered or Date Postmarked |
| 7 CAMPAIGN TREASURER ADDRESS<br>(Residence or Business)                                  | STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;      CITY;      STATE;      ZIP CODE<br>4514 Cole Avenue #1015      Dallas, TX 75205  |   |  |
| 8 CAMPAIGN TREASURER PHONE   | AREA CODE      PHONE NUMBER      EXTENSION<br>(214) 521-3748   |   |  |
| 9 REPORT TYPE  | <input 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)<br><input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR) |   |  |
| 10 PERIOD COVERED  | Month      Day      Year      Month      Day      Year<br>01 / 01 / 2020      THROUGH      06 / 30 / 2020  |   |  |
| 11 ELECTION  | ELECTION DATE<br>Month      Day      Year<br>03 / 01 / 2022  | ELECTION TYPE<br><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br><input type="checkbox"/> General <input type="checkbox"/> Special |  |
| 12 OFFICE  | OFFICE HELD (if any)<br><br>None   | 13 OFFICE SOUGHT (if known)<br><br>Criminal District Attorney – Dallas County   |  |

**CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS**

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

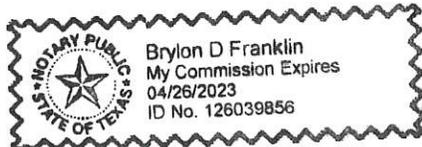
2 of 7

|                                      |                    |
|--------------------------------------|--------------------|
| <b>13 C / OH NAME</b> Johnson, Faith | <b>14 Filer ID</b> |
|--------------------------------------|--------------------|

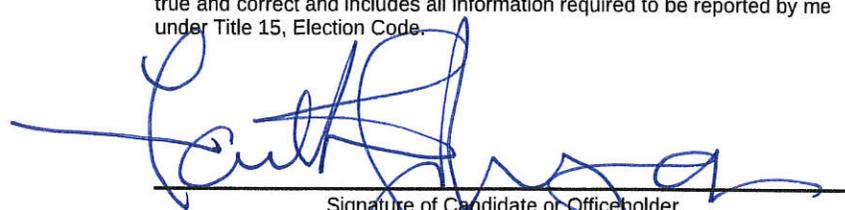
|  |  |                       |  |                                  |  |  |                                   |                          |  |  |  |  |  |   |  |  |  |  |
|--|--|-----------------------|--|----------------------------------|--|--|-----------------------------------|--------------------------|--|--|--|--|--|---|--|--|--|--|
| <b>15 NOTICE FROM POLITICAL COMMITTEE(S)</b><br><br><input type="checkbox"/> Additional Pages  | This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures. |                       |  |                                  |  |  |                                   |                          |  |  |  |  |  |   |  |  |  |  |
| <table border="1" style="width:100%"> <tr> <td style="width:20%"><b>COMMITTEE TYPE</b></td> <td colspan="2"><b>COMMITTEE NAME</b></td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td colspan="2" rowspan="2"></td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> </tr> <tr> <td colspan="3"><b>COMMITTEE ADDRESS</b></td> </tr> <tr> <td colspan="3"><b>COMMITTEE CAMPAIGN TREASURER NAME</b></td> </tr> <tr> <td colspan="3"><b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b></td> </tr> </table> | <b>COMMITTEE TYPE</b>  | <b>COMMITTEE NAME</b> |  | <input type="checkbox"/> GENERAL |  |  | <input type="checkbox"/> SPECIFIC | <b>COMMITTEE ADDRESS</b> |  |  | <b>COMMITTEE CAMPAIGN TREASURER NAME</b> |  |  | <b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b> |  |  |  |  |
|  | <b>COMMITTEE TYPE</b>  | <b>COMMITTEE NAME</b> |  |                                  |  |  |                                   |                          |  |  |  |  |  |   |  |  |  |  |
|  | <input type="checkbox"/> GENERAL   |                       |  |                                  |  |  |                                   |                          |  |  |  |  |  |   |  |  |  |  |
|  | <input type="checkbox"/> SPECIFIC  |                       |  |                                  |  |  |                                   |                          |  |  |  |  |  |   |  |  |  |  |
| <b>COMMITTEE ADDRESS</b>   |  |                       |  |                                  |  |  |                                   |                          |  |  |  |  |  |   |  |  |  |  |
| <b>COMMITTEE CAMPAIGN TREASURER NAME</b>   |  |                       |  |                                  |  |  |                                   |                          |  |  |  |  |  |   |  |  |  |  |
| <b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>  |  |                       |  |                                  |  |  |                                   |                          |  |  |  |  |  |   |  |  |  |  |
| <b>COMMITTEE ADDRESS</b>   |  |                       |  |                                  |  |  |                                   |                          |  |  |  |  |  |   |  |  |  |  |
| <b>COMMITTEE CAMPAIGN TREASURER NAME</b>   |  |                       |  |                                  |  |  |                                   |                          |  |  |  |  |  |   |  |  |  |  |
| <b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>  |  |                       |  |                                  |  |  |                                   |                          |  |  |  |  |  |   |  |  |  |  |

|                                |    |  |    |           |
|--------------------------------|----|--|----|-----------|
| <b>16 CONTRIBUTION TOTALS</b>  | 1. | TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ | 0.00      |
|                                | 2. | TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                  | \$ | 0.00      |
| <b>EXPENDITURE TOTALS</b>      | 3. | TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED   | \$ | 0.00      |
|                                | 4. | TOTAL POLITICAL EXPENDITURES   | \$ | 2,823.00  |
| <b>CONTRIBUTION BALANCE</b>    | 5. | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD                                | \$ | 40,120.13 |
| <b>OUTSTANDING LOAN TOTALS</b> | 6. | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                         | \$ | 0.00      |

**17 AFFADAVIT**



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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Faith Johnson, this the 14 day of July, 2020, to certify which, witness my hand and seal of office.

  
 \_\_\_\_\_  
 Signature of officer administering

Brylon D. Franklin

 \_\_\_\_\_  
 Printed name of officer administering

Notary Public

 \_\_\_\_\_  
 Title of officer administering oath

# SUBTOTALS - C/OH

|  |                    |
|--|--------------------|
| <b>18 FILER NAME</b><br>Johnson, Faith | <b>19 Filer ID</b> |
|--|--------------------|

| 20 SCHEDULE SUBTOTALS |   | SUBTOTAL AMOUNT |
|-----------------------|---|-----------------|
| NAME OF SCHEDULE      |   |                 |
| 1.                    | <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$              |
| 2.                    | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$              |
| 3.                    | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$              |
| 4.                    | <input type="checkbox"/> SCHEDULE E: LOANS  | \$              |
| 5.                    | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS        | \$ 2,823.00     |
| 6.                    | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$              |
| 7.                    | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS                  | \$              |
| 8.                    | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$              |
| 9.                    | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS                             | \$              |
| 10.                   | <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH             | \$              |
| 11.                   | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                | \$              |
| 12.                   | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$              |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 1/4 Rpt: 4/7     |  | <b>2</b> FILER NAME<br>Johnson, Faith   |  | <b>3</b> Filer ID   |  |
| <b>4</b> Date<br>01/15/2020                                |  | <b>5</b> Payee name<br>BBVA Compass Bank  |  |   |  |
| <b>6</b> Amount (\$)<br>\$3.00                             |  | <b>7</b> Payee address; City; State; Zip Code<br>4925 O'Connor Rd<br><br>Irving, TX 75062     |  |   |  |
| <b>8</b> PURPOSE OF EXPENDITURE                            |  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Accounting/Banking |  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Bank Fee- December 2020 |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH |  | Candidate/Officeholder name   |  | Office sought   |  |
| Date<br>02/18/2020   |  | Payee name<br>BBVA Compass Bank   |  |   |  |
| Amount (\$)<br>\$3.00                                      |  | Payee address; City; State; Zip Code<br>4925 O'Connor Rd<br><br>Irving, TX 75062              |  |   |  |
| PURPOSE OF EXPENDITURE                                     |  | (a) Category (See Categories listed at the top of this schedule)<br>Accounting/Banking        |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Bank Fee- January 2020         |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH |  | Candidate/Officeholder name   |  | Office sought   |  |
| Date<br>03/16/2020   |  | Payee name<br>BBVA Compass Bank   |  |   |  |
| Amount (\$)<br>\$3.00                                      |  | Payee address; City; State; Zip Code<br>4925 O'Connor Rd<br><br>Irving, TX 75062              |  |   |  |
| PURPOSE OF EXPENDITURE                                     |  | (a) Category (See Categories listed at the top of this schedule)<br>Accounting/Banking        |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Bank Fee- February 2020        |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH |  | Candidate/Officeholder name   |  | Office sought   |  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|   |   |   |
|---|---|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 2/4 Rpt: 5/7              | <b>2</b> FILER NAME<br>Johnson, Faith   | <b>3</b> Filer ID   |
| <b>4</b> Date<br>04/15/2020   | <b>5</b> Payee name<br>BBVA Compass Bank  |   |
| <b>6</b> Amount (\$)<br>\$3.00                                      | <b>7</b> Payee address; City; State; Zip Code<br>4925 O'Connor Rd<br><br>Irving, TX 75062     |   |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Accounting/Banking | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Bank Fee - March 2020 |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name   | Office sought      Office held  |
| Date<br>05/15/2020  | Payee name<br>BBVA Compass Bank   |   |
| Amount (\$)<br>\$3.00   | Payee address; City; State; Zip Code<br>4925 O'Connor Rd<br><br>Irving, TX 75062              |   |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Accounting/Banking        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Bank Fee - April 2020        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought      Office held  |
| Date<br>06/15/2020  | Payee name<br>BBVA Compass Bank   |   |
| Amount (\$)<br>\$3.00   | Payee address; City; State; Zip Code<br>4925 O'Connor Rd<br><br>Irving, TX 75062              |   |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Accounting/Banking        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Bank Fee - May 2020          |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought      Office held  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|   |  |   |
|---|--|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 3/4 Rpt: 6/7              | <b>2</b> FILER NAME<br>Johnson, Faith  | <b>3</b> Filer ID   |
| <b>4</b> Date<br>02/13/2020   | <b>5</b> Payee name<br>Dallas County Republican Party  |   |
| <b>6</b> Amount (\$)<br>\$2,500.00                                  | <b>7</b> Payee address; City; State; Zip Code<br>10300 N. Central Expwy<br><br>Dallas, TX 75231  |   |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Sponsorship   | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Sponsorship             |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name  | Office sought      Office held  |
| Date<br>03/02/2020  | Payee name<br>Delta Sigma Theta, Inc   |   |
| Amount (\$)<br>\$250.00   | Payee address; City; State; Zip Code<br>P.O. Box 1911<br><br>Fort Worth, TX 76101  |   |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Fort Worth Alumni - Jabberwock |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought      Office held  |
| Date<br>02/13/2020  | Payee name<br>Northwood Republican Women   |   |
| Amount (\$)<br>\$35.00  | Payee address; City; State; Zip Code<br>10300 N. Central Expwy<br><br>Dallas, TX 75231   |   |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Membership Dues - 2020   | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Membership Dues - 2020         |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought      Office held  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**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>Sch: 4/4 Rpt: 7/7              | <b>2</b> FILER NAME<br>Johnson, Faith   | <b>3</b> Filer ID  |
| <b>4</b> Date<br>03/02/2020   | <b>5</b> Payee name<br>Preston West Republican Women  |  |
| <b>6</b> Amount (\$)<br>\$20.00                                     | <b>7</b> Payee address; City; State; Zip Code<br>10300 N. Central Expwy<br><br>Dallas, TX 75231   |  |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Membership Dues - 2020 | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Membership Dues - 2020 |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name   | Office sought      Office held   |