

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: 6														
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mrs. Margaret R. <small>NICKNAME LAST SUFFIX</small> Jones-Johnson	OFFICE USE ONLY Date Received <div style="text-align: center; border: 1px solid black; padding: 5px;"> BY _____ JOINT WARRIOR COUNTY CLERK DALLAS COUNTY DEPUTY 2019 JUL 15 PM 1:09 FILED </div> Date Hand Delivered or Date Postmarked Receipt # _____ Amount \$ _____ Date Processed _____ Date Imaged _____															
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 223 Cedar Hill, TX 75156																
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (214) 228-0412																
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Ms. Lashonda <small>NICKNAME LAST SUFFIX</small> Dennis																
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 400 N. St. Paul Suite 1040 Dallas, Texas 75201																
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (214) 559-6900																
9 REPORT TYPE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; text-align: center;">January 15</td> <td style="width:25%; text-align: center;">30th day before election</td> <td style="width:25%; text-align: center;">Runoff</td> <td style="width:25%; text-align: center;">15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/> July 15</td> <td style="text-align: center;">8th day before election</td> <td style="text-align: center;">Exceeded \$500 limit</td> <td style="text-align: center;">Final Report (Attach C/OH - FR)</td> </tr> </table>			January 15	30th day before election	Runoff	15th day after campaign treasurer appointment (Officeholder Only)	<input checked="" type="checkbox"/> July 15	8th day before election	Exceeded \$500 limit	Final Report (Attach C/OH - FR)						
January 15	30th day before election	Runoff	15th day after campaign treasurer appointment (Officeholder Only)														
<input checked="" type="checkbox"/> July 15	8th day before election	Exceeded \$500 limit	Final Report (Attach C/OH - FR)														
10 PERIOD COVERED	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">Month</td> <td style="width:10%;">Day</td> <td style="width:10%;">Year</td> <td style="width:10%; text-align: center;">THROUGH</td> <td style="width:10%;">Month</td> <td style="width:10%;">Day</td> <td style="width:10%;">Year</td> </tr> <tr> <td style="text-align: center;">01</td> <td style="text-align: center;">01</td> <td style="text-align: center;">2019</td> <td></td> <td style="text-align: center;">06</td> <td style="text-align: center;">30</td> <td style="text-align: center;">2019</td> </tr> </table>			Month	Day	Year	THROUGH	Month	Day	Year	01	01	2019		06	30	2019
Month	Day	Year	THROUGH	Month	Day	Year											
01	01	2019		06	30	2019											
11 ELECTION	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;"> ELECTION DATE Month Day Year </td> <td style="width:70%;"> ELECTION TYPE Primary Runoff Other Description General Special </td> </tr> </table>			ELECTION DATE Month Day Year	ELECTION TYPE Primary Runoff Other Description General Special												
ELECTION DATE Month Day Year	ELECTION TYPE Primary Runoff Other Description General Special																
12 OFFICE	OFFICE HELD (if any) Judge Probate Court No. 3	13 OFFICE SOUGHT (if known)															

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
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14 JC/OH NAME

Hon. Margaret Jones-Johnson

15 Filer ID (Ethics Commission Filers)

16 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.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION
TOTALS

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
3.	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$0.00
4.	TOTAL POLITICAL EXPENDITURES	\$2,259.68
5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$40,817.26
6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$50.00

EXPENDITURE
TOTALS

CONTRIBUTION
BALANCE

OUTSTANDING
LOAN TOTALS

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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.

Margaret Jones-Johnson
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Margaret Jones-Johnson, this the 15 day of July, 2019, to certify which, witness my hand and seal of office.

Elizabeth Lariz-Roberson Elizabeth Lariz-Roberson Notary Public
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - JC/OH

FORM JC/OH
COVER SHEET PG 3

19 FILERNAME Hon. Margaret Jones-Johnson		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$0.00
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$0.00
3. <input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$0.00
4. <input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)		\$0.00
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$104.24
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$0.00
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 checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$2,155.44
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

POLITICAL EXPENDITURES MADE 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.

1 Total pages Schedule F1 1	2 FILER NAME Margaret Jones-Johnson	3 Filer ID (Ethics Commission Filers)
4 Date 04/30/2019	5 Payee name Horseshoe Bay	
6 Amount (\$) \$58.24	7 Payee address; City; State; Zip Code Horseshoe Bay, TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meal at Judicial conference
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	

Date 5/1/2019	Payee name USPS	
Amount (\$) \$46.00	Payee address; City; State; Zip Code On Line website	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Maintain Political PO Box
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	

Date	Payee name	
Amount (\$) \$.00	Payee 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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 2	2 FILER NAME Hon. Margaret Jones-Johnson	3 Filer ID (Ethics Commission Filers)
4 Date 02/10/2019	5 Payee name Jack & Jill Inc.	
6 Amount (\$) \$150.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code PAYPAL.COM	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising expense	(b) Description Purchase Ad in Program for 2019 Annual Beautillion
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 04/1/2019	Payee name Palm Catering	
Amount (\$) \$415.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code Online website	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage	Description Staff Luncheon
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 03/29/2019	Payee name Maracas Cocina	
Amount (\$) \$1,325.44 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2914 Main Dallas, TX 75201	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage	Description Retirement event for Mental Illness Court Administrative Assistant
Complete ONLY 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

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

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1 Total pages Schedule G: 2		2 FILER NAME Hon. Margaret Jones-Johnson		3 Filer ID (Ethics Commission Filers)	
4 Date 06/02/2019		5 Payee name State Bar of Texas.			
6 Amount (\$) \$265.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code www.texasbar.com			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Payment of 2019 Annual State Bar Dues	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
		Candidate / Officeholder name		Office sought	
				Office held	

Date		Payee name			
Amount (\$) \$0.00 Reimbursement from political contributions intended		Payee address; City; State; Zip Code			
				Description	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
		Candidate / Officeholder name		Office sought	
				Office held	

Date		Payee name			
Amount (\$) \$0.00 Reimbursement from political contributions intended		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
		Candidate / Officeholder name		Office sought	
				Office held	

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