

# 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:

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

Mr.

Terry

R

NICKNAME

LAST

SUFFIX

Johnson

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

Change of Address

PO BOX 11225

Midland, TX 79702

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(432)

682-5355

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

Mrs.

Paula

NICKNAME

LAST

SUFFIX

Johnson

7 CAMPAIGN  
TREASURER  
ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

2610 E. CR 120 Midland, TX 79704

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(432)

682-5355

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign  
treasurer appointment  
(Officeholder Only)

July 15

8th day before election

Exceeded Modified  
Reporting Limit

Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month

Day

Year

Month

Day

Year

1 / 21 / 22

THROUGH

2 / 19 / 22

11 ELECTION

ELECTION DATE

Month

Day

Year

3 / 1 / 22

ELECTION TYPE

Primary

Runoff

Other  
Description

General

Special

12 OFFICE

OFFICE HELD (if any)

Midland County Judge

13 OFFICE SOUGHT (if known)

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.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

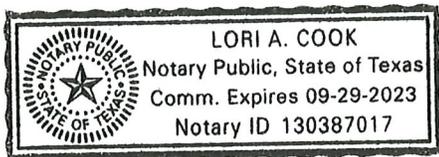
# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

<b>15 C/OH NAME</b> <i>Terry Johnson</i>		<b>16 Filer ID (Ethics Commission Filers)</b>
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>24,850.00</i>
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>32,046.79</i>
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>936.37</i>
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>50,439.35</i>

**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.

*[Handwritten Signature]*  
Signature of Candidate or Officeholder



**Please complete either option below:**

**(1) Affidavit**

NOTARY STAMP / SEAL

Sworn to and subscribed before me by *Terry Johnson* this the *21<sup>st</sup>* day of *February*.

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

*Lori Cook* Signature of officer administering oath  
*Lori Cook* Printed name of officer administering oath  
 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 - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME <i>Terry Johnson</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 26,850.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1,200.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 2,500.00
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 32,046.79
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# 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>9</b>
2 FILER NAME <b>Terry Johnson</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>1-24-22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Frankie Keller Sr.</b>	7 Amount of contribution (\$)  <b>5,000.00</b>
	6 Contributor address; City; State; Zip Code <b>PO Box 11005 Midland, TX 79702</b>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <b>1-24-22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>John Kelley</b>	Amount of contribution (\$)  <b>200.00</b>
	Contributor address; City; State; Zip Code <b>3504 Jordan Midland, TX 79707</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>1-24-22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Linda Cowden</b>	Amount of contribution (\$)  <b>500.00</b>
	Contributor address; City; State; Zip Code <b>5 Lakes Dr. Midland, TX 79705</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>1-26-22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Bruce Peeler</b>	Amount of contribution (\$)  <b>500.00</b>
	Contributor address; City; State; Zip Code <b>13 Auburn Ct. Midland, TX 79705</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

# 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>9</b>
2 FILER NAME <b>Terry Johnson</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>1-27-22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Carla Smith</b>	7 Amount of contribution (\$)  <b>500.00</b>
6 Contributor address; City; State; Zip Code <b>3709 S. CR 1096 Midland TX 79706</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <b>1-27-22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Karen Bertelson</b>	Amount of contribution (\$)  <b>250.00</b>
Contributor address; City; State; Zip Code <b>7912 Edinburgh Dr. Midland TX 79707</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>1-27-22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Terry Bryant</b>	Amount of contribution (\$)  <b>2,500.00</b>
Contributor address; City; State; Zip Code <b>4011 Mockingbird Ln. Midland, TX 79707</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>1-27-22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Ellen Bryant</b>	Amount of contribution (\$)  <b>2,500.00</b>
Contributor address; City; State; Zip Code <b>6000 Dunbarton Oaks Blvd. Midland, TX 79705</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

# 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>9</b>
2 FILER NAME <b>Terry Johnson</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>1-27-22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jim Wise</b>	7 Amount of contribution (\$)  <b>650.00</b>
6 Contributor address; City; State; Zip Code <b>6810 N. CR 1294 Midland, TX 79707</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <b>1-27-22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Tricia Boler</b>	Amount of contribution (\$)  <b>500.00</b>
Contributor address; City; State; Zip Code <b>4510 Meadowlark Ln. Midland, TX 79707</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>1-27-22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>J. Kenneth Ford</b>	Amount of contribution (\$)  <b>500.00</b>
Contributor address; City; State; Zip Code <b>5007 Opal Ct. Midland, TX 79701</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>1-27-22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Karen Beard</b>	Amount of contribution (\$)  <b>500.00</b>
Contributor address; City; State; Zip Code <b>4600 Rosewood Dr. Midland, TX 79707</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

# 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>9</b>
2 FILER NAME <b>Terry Johnson</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>1-27-22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Larry Quinney</b>	7 Amount of contribution (\$)  <b>500.00</b>
	6 Contributor address; City; State; Zip Code <b>2705 Savoy Place Midland, TX 79705</b>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <b>1-27-22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>J. Ross Lacy</b>	Amount of contribution (\$)  <b>500.00</b>
	Contributor address; City; State; Zip Code <b>PO Box 3266 Midland, TX 79702</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>1-27-22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jane McAnally</b>	Amount of contribution (\$)  <b>500.00</b>
	Contributor address; City; State; Zip Code <b>3902 Crestridge Dr. Midland, TX 79707</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>1-27-22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Timothy Warrick</b>	Amount of contribution (\$)  <b>500.00</b>
	Contributor address; City; State; Zip Code <b>3611 W. CR 140 Midland, TX 79706</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

--	--

**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

# 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: 9
2 FILER NAME <i>Terry Johnson</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>1-27-22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Richard Neely</i>	7 Amount of contribution (\$)  <i>500.00</i>
6 Contributor address; City; State; Zip Code <i>2204 S. CR 1122 Midland, TX 79706</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>1-27-22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ashley Bechner</i>	Amount of contribution (\$)  <i>250.00</i>
Contributor address; City; State; Zip Code <i>4923 Rustic Trail Midland, TX 79707</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>1-27-22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Haley Street</i>	Amount of contribution (\$)  <i>300.00</i>
Contributor address; City; State; Zip Code <i>4401 E. 52<sup>nd</sup> Apt. 1111 Odessa, TX 79762</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>1-27-22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kathleen Young</i>	Amount of contribution (\$)  <i>300.00</i>
Contributor address; City; State; Zip Code <i>11901 W. CR 58 Midland, TX 79707</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**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

# 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>9</b>
2 FILER NAME <b>Terry Johnson</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>1-27-22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Mike Jackson</b>	7 Amount of contribution (\$)  <b>250.00</b>
	6 Contributor address; City; State; Zip Code <b>3209 Caldera Blvd Midland, TX 79705</b>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>1-31-22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Salvador Armenta</b>	Amount of contribution (\$)  <b>500.00</b>
	Contributor address; City; State; Zip Code <b>4603 S. Andrews Dr. Midland, TX 79707</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>2-1-22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Don Sparks</b>	Amount of contribution (\$)  <b>1,000.00</b>
	Contributor address; City; State; Zip Code <b>2600 Mockingbird Ln. Midland, TX 79705</b>	
Principal occupation / Job title (See Instructions) <b>Petroleum Engineer</b>		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**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

# 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>9</b>
2 FILER NAME <b>Terry Johnson</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2-1-22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Mary McDaniel Rogers</b>	7 Amount of contribution (\$) <b>250.00</b>
6 Contributor address; City; State; Zip Code <b>1701 W. Ohio Ave Midland, TX 79701</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <b>2-1-22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Judy Farris</b>	Amount of contribution (\$) <b>2,000.00</b>
Contributor address; City; State; Zip Code <b>PO Box 5652 Midland, TX 79704</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>2-7-22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Charles Myers</b>	Amount of contribution (\$) <b>1,000.00</b>
Contributor address; City; State; Zip Code <b>2003 N. D St. Midland, TX 79705</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>2-7-22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jack Ladd</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

# 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>9</b>
2 FILER NAME <b>Terry Johnson</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2-7-22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Kyle Stallings</b>	7 Amount of contribution (\$)  <b>1,000.00</b>
	6 Contributor address; City; State; Zip Code <b>PO Box 10217 Midland, TX 79702</b>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <b>2-14-22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>James Henry</b>	Amount of contribution (\$)  <b>500.00</b>
	Contributor address; City; State; Zip Code <b>3525 Andrews Hwy Midland, TX 79703</b>	
Principal occupation / Job title (See Instructions) <b>Founder/ Chairman</b>		Employer (See Instructions) <b>Henry Resources</b>

Date <b>2-9-22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Joseph de Compiegne</b>	Amount of contribution (\$)  <b>500.00</b>
	Contributor address; City; State; Zip Code <b>PO Box 1071 Midland TX 79702</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>2-9-22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Paul Culver</b>	Amount of contribution (\$)  <b>50.00</b>
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**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

# 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:

9

2 FILER NAME

Terry Johnson

3 Filer ID (Ethics Commission Filers)

4 Date

2-17-22

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Mark Mays

7 Amount of contribution (\$)

2,000.00

6 Contributor address; City; State; Zip Code

1403 Garden City Hwy Midland, TX 79701

8 Principal occupation / Job title (See Instructions)

Owner

9 Employer (See Instructions)

Terry's Trailers

Date

2-17-22

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Alan Meyers

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code

505 N. Big Spring, ste. 104 Midland, TX 79701

Principal occupation / Job title (See Instructions)

Lawyer

Employer (See Instructions)

Self

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

If contributor 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            | 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: 3	<b>2</b> FILER NAME Terry Johnson	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 1-25-22	<b>5</b> Payee name Brian Hawkins	
<b>6</b> Amount (\$) 1,000.00	<b>7</b> Payee address; City; State; Zip Code 158 Olivia's Ct. Tuscola, TX 79562	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising	<b>(b)</b> Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Terry Johnson	Office sought      Office held Midland County Judge
Date 1-25-22	Payee name KWEL	
Amount (\$) 2,250.00	Payee address; City; State; Zip Code 310 W. Wall St. Ste. 104 Midland, TX 79701	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising	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 Terry Johnson	Office sought      Office held Midland County Judge
Date 1-31-22	Payee name Gilded Leaf Productions	
Amount (\$) 1,200.00	Payee address; City; State; Zip Code 3548 Sweetwood Bedford, TX 76021	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Consulting	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 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: 3	<b>2</b> FILER NAME Terry Johnson	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 1-31-22	<b>5</b> Payee name Gilded Leaf Productions	
<b>6</b> Amount (\$) 420.00	<b>7</b> Payee address; City; State; Zip Code 3548 Sweetwood Bedford, TX 76021	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fundraising	<b>(b)</b> Description
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Terry Johnson	Office sought Office held Midland County Judge

Date 2-1-22	Payee name Mammoth Marketing Group	City; State; Zip Code
Amount (\$) 17,359.43	Payee address; 4500 Bissonnet St. Ste. 370 Bellaire, TX 77401	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising	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 Terry Johnson	Office sought Office held Midland County Judge

Date 2-7-22	Payee name PayPal	City; State; Zip Code
Amount (\$) 32.77	Payee address;	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	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 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: 3	<b>2</b> FILER NAME Terry Johnson	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 2-14-22	<b>5</b> Payee name ICA/KCRS Radio	
<b>6</b> Amount (\$) 1,088.00	<b>7</b> Payee address; 1330 E. 8th St., Ste. 207	City; State; Zip Code Odessa TX 79761
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising	<b>(b)</b> Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Terry Johnson	Office sought Office held Midland County Judge
Date 2-14-22	Payee name Paypal	
Amount (\$) 16.88	Payee address;	City; State; Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	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 2-16-22	Payee name Mammoth Marketing Group	
Amount (\$) 8,679.71	Payee address;	City; State; Zip Code 4500 Bissonnet Street, Ste 370 Bellaire, TX 77401
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising	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 Terry Johnson	Office sought Office held Midland County Judge

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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 A2: <u>1</u>	
2 FILER NAME <u>Terry Johnson</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <u>1-25-22</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Terry Bryant</u>	8 Amount of Contribution \$ <u>1,200.00</u>	9 In-kind contribution description <u>Fundraiser</u>
7 Contributor address; City; State; Zip Code <u>4011 Mockingbird Ln. Midland, TX 79707</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <u>Owner</u>		11 Employer (FOR NON-JUDICIAL)(See Instructions) <u>Jones Brothers Paving</u>	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ..... Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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

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

# LOANS

# SCHEDULE E

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: <u>1</u>
2 FILER NAME <u>Terry Johnson</u>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <u>2-17-22</u>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <u>Terry Johnson</u>	9 Loan Amount (\$) <u>2,500.00</u>
6 Is lender a financial institution?  Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code <u>PO Box 11225 Midland TX 79702</u>	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions) <u>Owner</u>		13 Employer (See Instructions) <u>TCO Field Service, Inc.</u>
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	17 Name of guarantor	
	18 Guarantor address; City; State; Zip Code	
19 Amount Guaranteed (\$)		
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )	Loan Amount (\$)
Is lender a financial institution?  Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor	
	Guarantor address; City; State; Zip Code	
Amount Guaranteed (\$)		
Principal Occupation (See Instructions)		Employer (See Instructions)

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

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