





**SUBTOTALS - JC/OH**

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

|   |  |   |
|---|--|---|
| <b>19 FILER NAME</b><br><i>Lynn Marie Johnson</i> |  | <b>20 Filer ID (Ethics Commission Filers)</b> |
| <b>21 SCHEDULE SUBTOTALS</b><br>NAME OF SCHEDULE  |  | <b>SUBTOTAL AMOUNT</b>                        |
| 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 type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS               | \$  |
| 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 checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ <i>1450</i>                                |
| 12.   | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER  | \$  |

**NON-POLITICAL EXPENDITURES MADE FROM  
POLITICAL CONTRIBUTIONS**

**SCHEDULE I**

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 I:    | 2 FILER NAME<br><i>Lynn Marie Johnson</i>  |  | 3 Filer ID (Ethics Commission Filers) |              |
| 4 Date<br><i>1/6/25</i>      | 5 Payee name<br><i>Parker County Health Foundation</i>   |  |                                       |              |
| 6 Amount (\$)<br><i>1250</i> | 7 Payee address;   | City   | State                                 | Zip Code     |
|                              | <i>126 S. Ranch House Rd,</i>  | <i>Aledo,</i>  | <i>TX</i>                             | <i>76008</i> |
| 8 PURPOSE OF EXPENDITURE     | (a) Category (See instructions for examples of acceptable categories.)<br><i>event expense</i> | (b) Description (See instructions regarding type of information required.)<br><i>donation/dinner</i> |                                       |              |
| Date<br><i>3/25</i>          | Payee name<br><i>Aledo Lions Club</i>  |  |                                       |              |
| Amount (\$)<br><i>200</i>    | Payee address;   | City   | State                                 | Zip Code     |
|                              | <i>Po Box 26,</i>  | <i>Aledo</i>   | <i>TX</i>                             | <i>76008</i> |
| PURPOSE OF EXPENDITURE       | Category (See instructions for examples of acceptable categories.)<br><i>event expense</i>     | Description (See instructions regarding type of information required.)<br><i>donation/dinner</i>     |                                       |              |
| Date                         | Payee name   |  |                                       |              |
| Amount (\$)                  | Payee address;   | City   | State                                 | Zip Code     |
| PURPOSE OF EXPENDITURE       | Category (See instructions for examples of acceptable categories.)                             | Description (See instructions regarding type of information required.)                               |                                       |              |
| Date                         | Payee name   |  |                                       |              |
| Amount (\$)                  | Payee address;   | City   | State                                 | Zip Code     |
| PURPOSE OF EXPENDITURE       | Category (See instructions for examples of acceptable categories.)                             | Description (See instructions regarding type of information required.)                               |                                       |              |

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

# OUTSTANDING LOANS

## SCHEDULE L

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 L:             |  |
| 2 FILER NAME<br><i>Lynn Marie Johnson</i>                 |  | 3 Filer ID (Ethics Commission Filers) |  |
| LENDER INFORMATION  | 4 Name of lender<br><i>self</i>            |                                       |  |
|   | City: State: Zip Code                      |                                       |  |
| GUARANTOR INFORMATION                                     | 7 Guarantor address; City; State; Zip Code |                                       |  |
| <input checked="" type="checkbox"/> not applicable        |  |                                       |  |
| LENDER INFORMATION  | Name of lender                             |                                       |  |
|   | Lender address; City; State; Zip Code      |                                       |  |
| GUARANTOR INFORMATION                                     | Name of guarantor                          |                                       |  |
| <input type="checkbox"/> not applicable                   | Guarantor address; City; State; Zip Code   |                                       |  |
| LENDER INFORMATION  | Name of lender                             |                                       |  |
|   | Lender address; City; State; Zip Code      |                                       |  |
| GUARANTOR INFORMATION                                     | Name of guarantor                          |                                       |  |
| <input type="checkbox"/> not applicable                   | Guarantor address; City; State; Zip Code   |                                       |  |
| LENDER INFORMATION  | Name of lender                             |                                       |  |
|   | Lender address; City; State; Zip Code      |                                       |  |
| GUARANTOR INFORMATION                                     | Name of guarantor                          |                                       |  |
| <input type="checkbox"/> not applicable                   | Guarantor address; City; State; Zip Code   |                                       |  |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2025, a candidate or officeholder who has accepted more than \$33,910 in political contributions or made more than \$33,910 in political expenditures in any calendar year must file all subsequent reports electronically.

| OFFICE USE ONLY                        |           |
|--|-----------|
| Date Received                          |           |
| Date Hand-delivered or Date Postmarked |           |
| Receipt #                              | Amount \$ |
| Date Processed                         |           |
| Date Imaged                            |           |

|   |            |
|---|------------|
| Filer name<br><u>Lynn Marie Johnson</u> | Filer ID # |
|---|------------|

- I swear or affirm that I have not accepted more than \$33,910 in political contributions or made more than \$33,910 in political expenditures in a calendar year.
- I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$33,910 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I am filing this affidavit with the 4/1/25 - 6/30/25 report due on 7/15/25. I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

[Signature]  
Signature of Filer

Sworn to and subscribed before me by Lynn Marie Johnson this the 7 day of July, 2025, to certify which, witness my hand and seal of office.

[Signature] Signature of officer administering oath  
Susan Hinsley Printed name of officer administering oath  
Notary 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 Filer (Declarant)

**FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER**