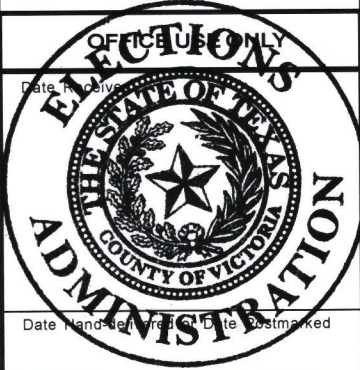


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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 Ms. Constance Filley	 <p>OFFICE USE ONLY</p> <p>Date Received</p> <p>Date Hand-delivered Date Postmarked</p> <p>Receipt # Amount \$</p> <p>Date Processed JAN 18 2022</p> <p>Date Imaged KU</p>	
	NICKNAME LAST SUFFIX Johnson		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE 214 S. Main St.; Victoria TX 77901		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (361) 575-0468		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mrs. Amanda Krejci		
	NICKNAME LAST SUFFIX Roessler		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY, STATE, ZIP CODE 1700 FM 622; Victoria, TX 77905		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (361) 571-1555		
9 REPORT TYPE	<input checked="" 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) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year 07 / 01 / 2021 THROUGH 12 / 31 / 2021		
11 ELECTION	ELECTION DATE Month Day Year 03 / 01 / 2022	ELECTION TYPE <input checked="" type="radio"/> Primary <input type="radio"/> Runoff <input type="radio"/> Other Description <input type="radio"/> General <input type="radio"/> Special	
12 OFFICE	OFFICE HELD (if any) Criminal District Attorney	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.		
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ \emptyset
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 15,075.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 867.46
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,117.46
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 10,837.75
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ \emptyset

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.

Constance Johnson

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Constance Filley Johnson, and my date of birth is 12/30/1970.
 My address is 214 S. Main St., Victoria, TX, 77901, USA.
(street) (city) (state) (zip code) (country)
 Executed in Victoria County, State of Texas, on the 18th day of January, 2022.
(month) (year)
Constance Johnson
 Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 13,075
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 2,000
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	SCHEDULE E: LOANS	\$ 0
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2,117.46
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

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: 1 of 12
2 FILER NAME: Constance Filley Johnson		3 Filer ID (Ethics Commission Filers)
4 Date 11/8/21	5 Full name of contributor out-of-state PAC (ID#: _____) George Boozalis	7 Amount of contribution (\$) \$750⁰⁰
6 Contributor address; City; State; Zip Code 810 Champions Row; Victoria TX 77904		
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Victoria Eye Center
Date 11/8/21	Full name of contributor out-of-state PAC (ID#: _____) Jimmy Zaplac	Amount of contribution (\$) \$250
Contributor address; City; State; Zip Code 2505 N. Navarro; Victoria TX 77901		
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Self
Date 11/8/21	Full name of contributor out-of-state PAC (ID#: _____) John Bul Hull	Amount of contribution (\$) \$500
Contributor address; City; State; Zip Code 307 E. Convent; Victoria TX 77901		
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Razor IT Solutions
Date 11/9/21	Full name of contributor out-of-state PAC (ID#: _____) Jim Hartman	Amount of contribution (\$) \$250
Contributor address; City; State; Zip Code 302 Kehr Blvd; Victoria, TX 77904		
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) VCS Companies

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: 2 of 12
2 FILER NAME Constance Filley Johnson		3 Filer ID (Ethics Commission Filers)
4 Date 11/9/21	5 Full name of contributor out-of-state PAC (ID#: _____) Jeanie Bauer	7 Amount of contribution (\$) \$500
6 Contributor address; City; State; Zip Code 101 Tampa Dr; Victoria TX 77904		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 11/9/21	Full name of contributor out-of-state PAC (ID#: _____) Jay Lack	Amount of contribution (\$) \$250
Contributor address; City; State; Zip Code 102 Creekside; Victoria TX 77904		
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Triple D Security
Date 11/9/21	Full name of contributor out-of-state PAC (ID#: _____) Brent Dornburg	Amount of contribution (\$) \$750
Contributor address; City; State; Zip Code 101 W Goodwin, Ste 305; Victoria 77901		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 11/9/21	Full name of contributor out-of-state PAC (ID#: _____) John Roberts	Amount of contribution (\$) \$250
Contributor address; City; State; Zip Code 301 Champions Row; Victoria 77904		
Principal occupation / Job title (See Instructions) Retired		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: 3 of 12
2 FILER NAME Constance Filley Johnson		3 Filer ID (Ethics Commission Filers)
4 Date 11/9/21	5 Full name of contributor out-of-state PAC (ID#: _____) June Stone	7 Amount of contribution (\$) \$250
6 Contributor address; City; State; Zip Code 107 Ridgeview; Victoria, TX 77904		
8 Principal occupation / Job title (See Instructions) President		9 Employer (See Instructions) JSE Enterprises, Inc.
Date 11/9/21	Full name of contributor out-of-state PAC (ID#: _____) Fariborz Gorouhi	Amount of contribution (\$) \$1000⁰⁰
Contributor address; City; State; Zip Code 109 Sandstone Ct; Victoria 77904		
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self
Date 11/10/21	Full name of contributor out-of-state PAC (ID#: _____) Don Pozzi	Amount of contribution (\$) \$200
Contributor address; City; State; Zip Code 6012B Country Club Dr; Victoria 77904		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/10/21	Full name of contributor out-of-state PAC (ID#: _____) John Beck	Amount of contribution (\$) \$250
Contributor address; City; State; Zip Code 4001 John Stockbever; Victoria 77904		
Principal occupation / Job title (See Instructions) Veterinarian		Employer (See Instructions) Self
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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: 4 of 12
2 FILER NAME Constance Filley Johnson		3 Filer ID (Ethics Commission Filers)
4 Date 11/11/21	5 Full name of contributor; out-of-state PAC (ID#: _____) Robert Leon	7 Amount of contribution (\$) \$500
6 Contributor address; City; State; Zip Code 2203 N. DeLeon; Victoria TX 77901		
8 Principal occupation / Job title (See Instructions) Owner		9 Employer (See Instructions) Cheshnick Furniture
Date 11/11/21	Full name of contributor; out-of-state PAC (ID#: _____) Amy Mundy	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code 207 Selisbury Ln; Victoria 77904		
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Victoria College Foundation
Date 11/13/21	Full name of contributor; out-of-state PAC (ID#: _____) George J. Filley III	Amount of contribution (\$) \$1000⁰⁰
Contributor address; City; State; Zip Code 214 S. Main St; Victoria 77901		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 11/13/21	Full name of contributor; out-of-state PAC (ID#: _____) Jack Morrison	Amount of contribution (\$) \$250
Contributor address; City; State; Zip Code 808 Champions Row; Victoria 77904		
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) Self

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: 5 of 12
2 FILER NAME Constance Filley Johnson		3 Filer ID (Ethics Commission Filers)
4 Date 11/13/21	5 Full name of contributor out-of-state PAC (ID#: _____) Mark Zaferes	7 Amount of contribution (\$) \$250
6 Contributor address; City; State; Zip Code 125 Kreekview Dr; Victoria 77904		
8 Principal occupation / Job title (See Instructions) Financial Advisor		9 Employer (See Instructions) Self
Date 11/13/21	Full name of contributor out-of-state PAC (ID#: _____) Bruce Bauknight	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code 6123 Country Club Dr; Victoria 77904		
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self
Date 11/13/21	Full name of contributor out-of-state PAC (ID#: _____) Norris Broussard	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code 107 Longfellow Lane; Victoria 77904		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/15/21	Full name of contributor out-of-state PAC (ID#: _____) Pamela Orsak	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code 306 B Airline Rd; Victoria 77901		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self

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: 6 of 12

2 FILER NAME
Constance Filley Johnson

3 Filer ID (Ethics Commission Filers)

4 Date
11/16/21

5 Full name of contributor out-of-state PAC (ID#: _____)
Cally Fromme

7 Amount of contribution (\$)

\$ 100

6 Contributor address; City; State; Zip Code
PO Box 2171; Victoria TX 77902

8 Principal occupation / Job title (See Instructions)
Owner

9 Employer (See Instructions)
Lumber Yard

Date
11/16/21

Full name of contributor out-of-state PAC (ID#: _____)
Kzy McHaney

Amount of contribution (\$)

\$ 100

Contributor address; City; State; Zip Code
110 Spokane St.; Victoria TX 77904

Principal occupation / Job title (See Instructions)
Newspaper Publisher

Employer (See Instructions)
Victoria Advocate

Date
11/16/21

Full name of contributor out-of-state PAC (ID#: _____)
Buddy Lee

Amount of contribution (\$)

\$ 100

Contributor address; City; State; Zip Code
6107 Country Club Dr; Victoria TX 77904

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)
Dentist

Date
11/16/21

Full name of contributor out-of-state PAC (ID#: _____)
Walker Keeling LLP

Amount of contribution (\$)

\$ 500

Contributor address; City; State; Zip Code
PO Box 108; Victoria, TX 77902

Principal occupation / Job title (See Instructions)
Attorneys

Employer (See Instructions)
Self

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: **7 of 12**

2 FILER NAME

Constance Filley Johnson

3 Filer ID (Ethics Commission Filers)

4 Date

11/16/21

5 Full name of contributor

Torin Beles

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$250

6 Contributor address;

City;

State;

Zip Code

PO Box 106; Victoria 77902

8 Principal occupation / Job title (See Instructions)

Jeweler

9 Employer (See Instructions)

Self

Date

11/16/21

Full name of contributor

Christa Donoghue

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$200

Contributor address;

City;

State;

Zip Code

PO Box 3790; Victoria 77903

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

11/16/21

Full name of contributor

Steve Hipes

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100

Contributor address;

City;

State;

Zip Code

104 Woodhaven; Victoria 77904

Principal occupation / Job title (See Instructions)

Banker

Employer (See Instructions)

Prosperity Bank

Date

11/16/21

Full name of contributor

Tom Stocker

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100

Contributor address;

City;

State;

Zip Code

808 Charleston Dr; Victoria 77904

Principal occupation / Job title (See Instructions)

Banker

Employer (See Instructions)

Prosperity Bank

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: 8 of 12
2 FILER NAME Constance Filley Johnson		3 Filer ID (Ethics Commission Filers)
4 Date 11/17/21	5 Full name of contributor out-of-state PAC (ID#: _____) Jordan Fries	7 Amount of contribution (\$) \$ 100
6 Contributor address; City; State; Zip Code 251 Cobblestone Ct; Victoria 77904		
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) VCDA's Office
Date 11/17/21	Full name of contributor out-of-state PAC (ID#: _____) Michzel Hummel	Amount of contribution (\$) \$ 50
Contributor address; City; State; Zip Code 2306 N Wheeler St; Victoria 77901		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Professor; VC
Date 11/17/21	Full name of contributor out-of-state PAC (ID#: _____) Melvin Lack	Amount of contribution (\$) \$ 250
Contributor address; City; State; Zip Code 2402 N. Wheeler; Victoria 77901		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/17/21	Full name of contributor out-of-state PAC (ID#: _____) Neal Clark	Amount of contribution (\$) \$ 500
Contributor address; City; State; Zip Code 403 N. Main; Victoria 77901		
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Clark Constructors

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 of 12
2 FILER NAME Constance Filley Johnson		3 Filer ID (Ethics Commission Filers)
4 Date 11/17/21	5 Full name of contributor out-of-state PAC (ID#: _____) Bobby Jacob	7 Amount of contribution (\$) \$ 250
6 Contributor address; City; State; Zip Code 6041 Country Club Dr; Victoria 77904		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 11/17/21	Full name of contributor out-of-state PAC (ID#: _____) Arthur Coles	Amount of contribution (\$) \$ 100
Contributor address; City; State; Zip Code PO Box 51; Fannin, TX 77960		
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Platform Marine
Date 11/17/21	Full name of contributor out-of-state PAC (ID#: _____) Mark McNeill	Amount of contribution (\$) \$ 100
Contributor address; City; State; Zip Code PO Box 2211; Victoria 77902		
Principal occupation / Job title (See Instructions) Property Management		Employer (See Instructions) Self
Date 11/18/21	Full name of contributor out-of-state PAC (ID#: _____) Pamela Stovell	Amount of contribution (\$) \$ 50
Contributor address; City; State; Zip Code 3543 Santa Rosa Ln; Sugarland TX 77478		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self

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: 10 of 12
2 FILER NAME Constance Filley Johnson		3 Filer ID (Ethics Commission Filers)
4 Date 11/18/21	5 Full name of contributor Berhard Klimist <small>out-of-state PAC (ID#: _____)</small>	7 Amount of contribution (\$) \$250
6 Contributor address; City; State; Zip Code 204 E. Santa Rosa; Victoria 77901		
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Self
Date 11/18/21	Full name of contributor John Bagwell <small>out-of-state PAC (ID#: _____)</small>	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code PO Box 5114; Victoria 77903		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/18/21	Full name of contributor Amy Urbahn <small>out-of-state PAC (ID#: _____)</small>	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code 194 Crescent Dr; Victoria 77905		
Principal occupation / Job title (See Instructions) Dental Hygeniest		Employer (See Instructions)
Date 11/18/21	Full name of contributor Beth Kostella <small>out-of-state PAC (ID#: _____)</small>	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code 9 Cotswald Ln; Victoria 77904		
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Self
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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:

11 of 12

2 FILER NAME
Constance Filley Johnson

3 Filer ID (Ethics Commission Filers)

4 Date
11/18/21

5 Full name of contributor out-of-state PAC (ID#: _____)
Whitney Burns

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
703 N. Main; Victoria 77901

\$ 1000⁰⁰

8 Principal occupation / Job title (See Instructions)

Co-Owner

9 Employer (See Instructions)

Waterloo Rods

Date

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

Amount of contribution (\$)

11/18/21

Jill Fox

Contributor address; City; State; Zip Code

407 N. Craig; Victoria 77901

\$ 100

Principal occupation / Job title (See Instructions)

Educator

Employer (See Instructions)

Retired

Date

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

Amount of contribution (\$)

11/18/21

Joyce Harvey

Contributor address; City; State; Zip Code

9244 FM 2853; Palacios 77465

\$ 200

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

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

Amount of contribution (\$)

11/18/21

John Welder

Contributor address; City; State; Zip Code

101 S. Main; Victoria TX 77901

\$ 100

Principal occupation / Job title (See Instructions)

Caterer

Employer (See Instructions)

Self

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: 12 of 12
2 FILER NAME Constance Filley Johnson		3 Filer ID (Ethics Commission Filers)
4 Date 11/18/21	5 Full name of contributor John Zacek <small>out-of-state PAC (ID#: _____)</small>	7 Amount of contribution (\$) \$250
6 Contributor address; City; State; Zip Code 46 Benbow Rd; Inez TX 77968		
8 Principal occupation / Job title (See Instructions) Banker		9 Employer (See Instructions) Prosperity Bank
Date 11/18/21	Full name of contributor Reginold Duncombe <small>out-of-state PAC (ID#: _____)</small>	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code 3304 Burroughsville Rd Victoria 77905		
Principal occupation / Job title (See Instructions) Home Builder		Employer (See Instructions) Self
Date 11/19/21	Full name of contributor Henry Whitehouse <small>out-of-state PAC (ID#: _____)</small>	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code 8747 Hwy 87 N; Victoria 77904		
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self
Date 11/19/21	Full name of contributor Marvin Franz <small>out-of-state PAC (ID#: _____)</small>	Amount of contribution (\$) \$200
Contributor address; City; State; Zip Code 102 Fairway St; Victoria 77904		
Principal occupation / Job title (See Instructions) Farmer		Employer (See Instructions) Self

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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>Constance Filley Johnson</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>2,000.00</u>	
5 Date <u>11/18/2021</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Ashlie A. Thomas</u>	8 Amount of Contribution \$ <u>\$2,000.00</u>	9 In-kind contribution description <u>Fundraising Event</u>
7 Contributor address; City; State; Zip Code <u>202 W. Power Ave.; Victoria, TX 77901</u>		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <u>Director</u>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <u>C.L. Thomas, Inc.</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#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
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)			
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>			

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.

1 Total pages Schedule F1: 1	2 FILER NAME Constance Filley Johnson	3 Filer ID (Ethics Commission Filers)
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4 Date 11-13-2021	5 Payee name Victoria County Republican Party
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6 Amount (\$) \$1,250.00	7 Payee address; City; State; Zip Code 115 S. Main St.; Victoria, Texas 77901
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Candidate filing fee
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 07/01/2021 - 12/31/2021	Payee name
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Amount (\$) \$867.46	Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Miscellaneous political expenditures in amounts less than or equal to \$100 each.	Description
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED