

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 Only)

2 Total pages filed:

9

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	M	OFFICE USE ONLY	
	Mr.	Samuel	H.	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	NICKNAME	LAST	SUFFIX		
	Sam	Johnson			
5 CANDIDATE / OFFICEHOLDER PHONE	ADDRESS (PO BOX)	APT / SUITE #	CITY	STATE	ZIP CODE
			Plano, Texas		75093
6 CAMPAIGN TREASURER NAME	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand delivered or Date Postmarked	
				Via email 2:40pm	
7 CAMPAIGN TREASURER ADDRESS	MS / MRS / MR	FIRST	M	Receipt #	Amount \$
	Mr.	David		Date Processed	
8 CAMPAIGN TREASURER PHONE	NICKNAME	LAST	SUFFIX	Date Imaged	
		Azad			
9 REPORT TYPE	STREET ADDRESS (NO PO BOX PLEASE)				
	101 W. Renner Road, Suite 190, Richardson, Texas 75082				
10 PERIOD COVERED	(Residence or Business)				
	AREA CODE	PHONE NUMBER	EXTENSION		
11 ELECTION	(469)	443-6824			
	<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 (Off candidate Only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 5th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)				
12 OFFICE	Month	Day	Year	Month	Day
	3	25	25	4	23
13 OFFICE SOUGHT (if known)	ELECTION DATE	ELECTION TYPE			
	Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special			
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			
Additional Pages	<input checked="" type="checkbox"/> GENERAL	Keep Plano #1			
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS			
		2701 W. 15th Street, Suite 214			
		COMMITTEE CAMPAIGN TREASURER NAME			
		Warren Casteel			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
		3504 Brookshire Drive, Plano, Texas 75075			
GO TO PAGE 2					

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

Samuel "Sam" H. Johnson

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)

\$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 2,179.66

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 4,974.64

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

\$ 7,747.90


OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ 0.00

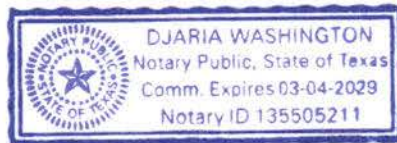
18 SIGNATURE

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.


Signature of Candidate or Officeholder

Please complete either option below:

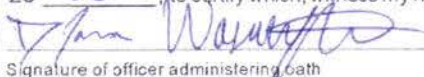
(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Samuel H. Johnson this the 25th day of April

20 25 to certify which, witness my hand and seal of office.


Signature of officer administering oath

DJaria Washington
Printed name of officer administering oath

Notary Public
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**

3 of 9

18 FILER NAME Johnson, Samuel		19 Filer ID
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,179.66
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	\$ 4,414.64
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 checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 560.00
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	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/3 Rpt: 4/9
2 FILER NAME Johnson, Samuel		3 Filer ID
4 Date 04/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beck, Karen <hr/> 6 Contributor address; City; State; Zip Code 1305 Heidi Drive Plano, TX 75025	7 Amount of Contribution (\$) \$52.37
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ElHaffar, Hani <hr/> Contributor address; City; State; Zip Code 5052 Castle Creek Lane Suite 104 Plano, TX 75093	Amount of Contribution (\$) \$104.70
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Resi Media
Date 03/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hall, Linda <hr/> Contributor address; City; State; Zip Code 1616 Azalea Lane Plano, TX 75074	Amount of Contribution (\$) \$26.34
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harmel, Warren <hr/> Contributor address; City; State; Zip Code 3705 Watercrest Drive Plano, TX 75093	Amount of Contribution (\$) \$104.70
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Helfand, Marcy <hr/> Contributor address; City; State; Zip Code 7191 Kendallwood Dr. Dallas, TX 75240	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Marcy C. Helfand, P.C.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 2/3 Rpt: 5/9

2 FILER NAME

Johnson, Samuel

3 Filer ID

4 Date
03/28/2025

5 Full name of contributor ☐ out-of-state PAC (ID#: _____)
Huffman, Dana

7 Amount of Contribution (\$)
\$200.00

6 Contributor address; City; State; Zip Code
2676 Blackberry Drive
Richardson, TX 75082

8 Principal occupation / Job title (See Instructions)
Lawyer

9 Employer (See Instructions)
Huffman Law

Date
03/27/2025

Full name of contributor ☐ out-of-state PAC (ID#: _____)
Jones, Suzanne

Amount of Contribution (\$)
\$50.00

Contributor address; City; State; Zip Code
2700 Loftsmoor Lane
Plano, TX 75025

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
03/28/2025

Full name of contributor ☐ out-of-state PAC (ID#: _____)
McCaffity, Sean

Amount of Contribution (\$)
\$1,008.00

Contributor address; City; State; Zip Code
3811 Turtle Creek Blvd.
, Suite 1400
Dallas, TX 75219

Principal occupation / Job title (See Instructions)
Lawyer

Employer (See Instructions)
Sommerman McCaffity

Date
03/27/2025

Full name of contributor ☐ out-of-state PAC (ID#: _____)
Reister, Maureen

Amount of Contribution (\$)
\$26.34

Contributor address; City; State; Zip Code
4423 Duval Drive
Frisco, TX 75034

Principal occupation / Job title (See Instructions)
Librarian

Employer (See Instructions)
Levine Academy

Date
04/16/2025

Full name of contributor ☐ out-of-state PAC (ID#: _____)
Rossouw, Marc

Amount of Contribution (\$)
\$104.70

Contributor address; City; State; Zip Code
6507 Mimms Drive
Dallas, TX 75252

Principal occupation / Job title (See Instructions)
Financial advisor

Employer (See Instructions)
Edward jones

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/3 Rpt: 6/9
2 FILER NAME Johnson, Samuel		3 Filer ID
4 Date 03/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Samuel, Anthony 6 Contributor address; City; State; Zip Code 1204 Bridgeway Lane Allen, TX 75013	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Scientist		9 Employer (See Instructions) AstraZeneca
Date 04/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shenoy, Rekha Contributor address; City; State; Zip Code 8216 Barrymoore Lane Plano, TX 75025	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions) Prism Health North Texas Dental Care
Date 04/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, James Contributor address; City; State; Zip Code 2153 Walnut Square Dr Plano, TX 75025	Amount of Contribution (\$) \$52.51
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) Plano ISD

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.

1 Total pages Schedule F1: Sch: 1/2 Rpt: 7/9		2 FILER NAME Johnson, Samuel		3 Filer ID	
4 Date 04/07/2025		5 Payee name Google			
6 Amount (\$) \$17.32		7 Payee address; City; State; Zip Code 1600 Amphitheatre Parkway #110 Mountain View, CA 94043			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email Accounts	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 04/06/2025		Payee name Keep Plano #1			
Amount (\$) \$1,300.00		Payee address; City; State; Zip Code 2701 W. 15th Street Suite 214 Plano, TX 75075			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CI Ad	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 04/18/2025		Payee name Keep Plano #1			
Amount (\$) \$3,000.00		Payee address; City; State; Zip Code 2701 W. 15th Street Suite 214 Plano, TX 75075			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mailers	
Complete ONLY 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.

1 Total pages Schedule F1: Sch: 2/2 Rpt: 8/9	2 FILER NAME Johnson, Samuel	3 Filer ID
4 Date 04/23/2025	5 Payee name Stripe	
6 Amount (\$) \$97.32	7 Payee address; City; State; Zip Code 354 Oyster Point South San Francisco, CA 94080	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant Fees
9 Complete ONLY if direct expenditure to benefit C/OH		
Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES 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
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 G: Sch: 1/1 Rpt: 9/9	2 FILER NAME Johnson, Samuel	3 Filer ID
4 Date 04/08/2025	5 Payee name USPS	
6 Amount (\$) \$560.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 475 L'Enfant Plaza SW Room 4012 Washington, DC 20260	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Stamps
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held