

# CANDIDATE / OFFICEHOLDER REPORT OF UNEXPENDED CONTRIBUTIONS

FORM C/OH-UC  
COVER SHEET PG 1

The C/OH-UC Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 CANDIDATE / OFFICEHOLDER NAME

MS/MRS/MR FIRST MI  
Mark L  
NICKNAME LAST SUFFIX  
Johnson

OFFICE USE ONLY

Date Received  
1/16/2024  
2:25 pm  
Vicki Miller

3 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
PO Box 371 Whitewright TX 75491

Date Hand-delivered or Date Postmarked  
1/16/2024

change of address

Receipt # Amount \$

4 REPORT TYPE

Annual  Final Disposition

Date Processed  
1/16/2024

5 PERIOD COVERED

Month Day Year Month Day Year  
07 16 2023 THROUGH 12 31 2023

Date Imaged

6 TOTALS

1. TOTAL AMOUNT OF UNEXPENDED POLITICAL CONTRIBUTIONS AS OF DECEMBER 31 OF THE PREVIOUS YEAR.

\$ 0

2. TOTAL AMOUNT OF INTEREST AND OTHER INCOME EARNED ON UNEXPENDED POLITICAL CONTRIBUTIONS DURING THE PREVIOUS YEAR.

\$ 0

7 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/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 Mark L. Johnson and my date of birth is 05-24-1961

My address is PO Box 371 / 13900 NW State Hwy 11 Whitewright, TX 75491 USA  
(street) (city) (state) (zip code) (country)

Executed in Fannin County, State of Texas, on the 16<sup>th</sup> day of January, 20 24  
(month) (year)

Signature of Candidate/Officeholder (Declarant)

**C/OH REPORT OF UNEXPENDED CONTRIBUTIONS:  
EXPENDITURES**

**FORM C/OH-UC  
PG 2**

**8 C/OH NAME** *Mark L. Johnson* **9 Filer ID (Ethics Commission Filers)**

<b>10 Date</b> <i>8/08/23</i>	<b>11 Payee name</b> <i>William Robertson</i>	<b>13 Amount (\$)</b> <i>\$ 1158.99</i>
<b>12 Payee address; City; State; Zip Code</b> <i>2909 Recreation Road # 3 Bonham TX 75418</i>		

**14 Purpose of expenditure (See instructions regarding type of information required.)**  
*Campaign for Sheriff*  
 Check if travel outside of Texas. Complete Schedule T.

**15 Is expenditure a contribution to a candidate, officeholder, or political committee?**  Yes  No

<b>Date</b>	<b>Payee name</b>	<b>Amount (\$)</b>
<b>Payee address; City; State; Zip Code</b>		

**Purpose of expenditure (See instructions regarding type of information required.)**  
 Check if travel outside of Texas. Complete Schedule T.

**Is expenditure a contribution to a candidate, officeholder, or political committee?**  Yes  No

<b>Date</b>	<b>Payee name</b>	<b>Amount (\$)</b>
<b>Payee address; City; State; Zip Code</b>		

**Purpose of expenditure (See instructions regarding type of information required.)**  
 Check if travel outside of Texas. Complete Schedule T.

**Is expenditure a contribution to a candidate, officeholder, or political committee?**  Yes  No

<b>Date</b>	<b>Payee name</b>	<b>Amount (\$)</b>
<b>Payee address; City; State; Zip Code</b>		

**Purpose of expenditure (See instructions regarding type of information required.)**  
 Check if travel outside of Texas. Complete Schedule T.

**Is expenditure a contribution to a candidate, officeholder, or political committee?**  Yes  No

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

# AS IF - SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM AS IF - SPAC  
COVER SHEET PG 1

The AS IF-SPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
<b>3 FILER NAME</b>	MS / MRS / MR                      FIRST                      MI <div style="text-align: center; font-size: 1.2em;">Mark                      L</div> <hr style="border-top: 1px dashed black;"/> NICKNAME                      LAST                      SUFFIX <div style="text-align: center; font-size: 1.2em;">Johnson</div>	<b>OFFICE USE ONLY</b>	
	ADDRESS / PO BOX;    APT / SUITE #;    CITY;    STATE;    ZIP CODE PO BOX 371 Whitewnght TX 75491		Date Received
<b>4 FILER ADDRESS</b>	<input type="checkbox"/> Change of Address	Date Hand-delivered or Date Postmarked	
<b>5 REPORT TYPE</b>	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff	Receipt #	Amount \$
<b>6 PERIOD COVERED</b>		Date Processed	Date Imaged
Month    Day    Year                      THROUGH                      Month    Day    Year 07   16   2023                                           12   31   2023		ELECTION DATE                      ELECTION TYPE Month    Day    Year <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other 03   05   24 <input type="checkbox"/> General <input type="checkbox"/> Special                      Description _____	

**GO TO PAGE 2**

# AS IF - SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM AS IF - SPAC  
COVER SHEET PG 2

8 FILER NAME Mark L. Johnson 9 Filer ID (Ethics Commission Filers)

<b>10 COMMITTEE PURPOSE</b> (Attach lists on plain paper to complete this report if necessary.)  <input checked="" type="checkbox"/> <b>SUPPORT</b> (Candidate or Measure)  <input type="checkbox"/> <b>OPPOSE</b> (Candidate or Measure)  <input type="checkbox"/> <b>ASSIST</b> (Officeholder)	<input checked="" type="checkbox"/> <b>CANDIDATE</b>	<b>CANDIDATE / OFFICEHOLDER NAME</b> <u>William Robertson</u>
	<input type="checkbox"/> <b>OFFICEHOLDER</b>	<b>OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)</b> <u>Shenff</u>
	<input type="checkbox"/> <b>MEASURE</b>	<b>BALLOT IDENTIFICATION / #</b>  <b>ELECTION DATE</b> Month Day Year / /
		<b>DESCRIPTION</b>

11 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	<u>0</u>
	<input type="checkbox"/> Check here if this report qualifies for the higher itemization threshold		
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	<u>0</u>
	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	<u>0</u>
CONTRIBUTION BALANCE	4. TOTAL POLITICAL EXPENDITURES	\$	<u>0</u>
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	<u>0</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	<u>0</u>

12 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 Campaign Treasurer (Declarant)

Please complete either option below:

**(1) Affidavit**

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, 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 Kathenne G. Johnson and my date of birth is 12-04-1965  
 My address is 13900 NW State Hwy 11 Whitewright TX 75491  
(street) (city) (state) (zip code)(country)

Executed in Fannin County, State of Texas, on the 16<sup>th</sup> day of January, 2024.  
(month) (year)

Kathenne G. Johnson  
Signature of Campaign Treasurer (Declarant)

**SUBTOTALS - AS IF - SPAC**

**FORM AS IF - SPAC  
COVER SHEET PG 3**

13 FILER NAME <i>Mark L. Johnson</i>	14 Filer ID (Ethics Commission Filers)
15 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>1158.99</i>
2. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <i>0</i>
3. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>0</i>

# 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: **Mark L. Johnson**      3 Filer ID (Ethics Commission Filers)

4 Date: **8/08/23**      5 Payee name: **William Robertson**

6 Amount (\$): **\$1158.99**      7 Payee address: **2909 Recreation Road #3** City: State: Zip Code  
**Bonham TX 75418**

8 PURPOSE OF EXPENDITURE: **Contribution**      (b) Description: **William Robertson campaign for Sheriff**

(c)  Check if travel outside of Texas. Complete Schedule T       Check if Austin, TX officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH      Candidate / Officeholder name: **William Robertson**      Office sought: **Sheriff**      Office held: **N/A**

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED