

# 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: <b>7</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>Mr.</b> FIRST <b>Randall</b> MI <b>S.</b> NICKNAME LAST <b>Johnson</b> SUFFIX	<b>OFFICE USE ONLY</b>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>P.O. Box 739, Forsan TX 79733</b>		Date Received <div style="border: 1px solid black; padding: 5px; text-align: center; color: blue; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="text-align: center; color: red; font-weight: bold; font-size: 1.2em;">JAN 31 2022</div> <div style="text-align: center; color: blue; font-weight: bold;">BY: <i>Judy Ayer</i></div>
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <b>(432 )</b> PHONE NUMBER <b>213-1816</b> EXTENSION	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <b>Mrs.</b> FIRST <b>Nancy</b> MI <b>B.</b> NICKNAME LAST <b>Rhodes</b> SUFFIX	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>		Date Processed	
STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>411 West 6th Street, Forsan, TX 79733</b>		Date Imaged	
8 CAMPAIGN TREASURER PHONE	AREA CODE <b>(432 )</b> PHONE NUMBER <b>466-1506</b> EXTENSION	9 REPORT TYPE	
Month Day Year <b>1 / 15 / 22</b> THROUGH Month Day Year <b>1 / 31 / 22</b>		<input type="checkbox"/> January 15 <input checked="" 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	11 ELECTION		
OFFICE HELD (if any)	OFFICE SOUGHT (if known) <b>Howard County Judge</b>		
12 OFFICE	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.		
14 NOTICE FROM POLITICAL COMMITTEE(S)  <small>Additional Pages</small>	COMMITTEE TYPE  GENERAL  SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

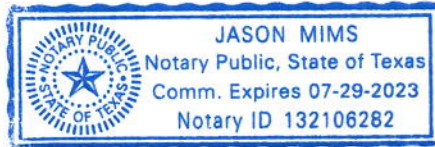
FORM C/OH  
COVER SHEET PG 2

<b>15 C/OH NAME</b> Randall S. Johnson		<b>16 Filer ID</b> (Ethics Commission Filers)
<b>17 CONTRIBUTION TOTALS</b>	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)	\$ 5,600.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,671.57
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4,928.85
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,000.00

**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.

*Randy S Johnson*  
Signature of Candidate or Officeholder

Please complete either option below:



**(1) Affidavit**

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Randall S Johnson this the 31<sup>st</sup> day of January, 2022, to certify which, witness my hand and seal of office.

[Signature] Signature of officer administering oath      Jason Mims 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**

<b>19 FILER NAME</b> Randall S. Johnson		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		<b>SUBTOTAL AMOUNT</b>
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 5,600.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS		\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 2,671.57
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12. 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>2</b>
2 FILER NAME <b>Randall S. Johnson</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>01/18/2022</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Derek Wash</b>	7 Amount of contribution (\$) <b>1,000.00</b>
6 Contributor address; City; State; Zip Code <b>1402 Wildfire RD., Big Spring, TX 79720</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>01/18/2022</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Steve Wolf</b>	Amount of contribution (\$) <b>500.00</b>
Contributor address; City; State; Zip Code <b>15002 NCR 53, Coahoma, TX 79511</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>01/18/2022</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Marcus Phillips</b>	Amount of contribution (\$) <b>3,000.00</b>
Contributor address; City; State; Zip Code <b>5010 Gail Hwy., Big Spring, TX 79720</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>01/18/2022</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Steve Wolf</b>	Amount of contribution (\$) <b>500.00</b>
Contributor address; City; State; Zip Code <b>15002 NCR 53, Coahoma, TX 79511</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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>2</b>
2 FILER NAME <b>Randall S. Johnson</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>01/18/2022</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Maxwell or Kaye Barr</b> 6 Contributor address; City; State; Zip Code <b>11000 N CR 45, Coahoma, TX 79511</b>	7 Amount of contribution (\$) <b>500.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>01/20/2022</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Mike &amp; Connie Eggleston</b> Contributor address; City; State; Zip Code <b>Big Spring, TX 79720</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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.

1. Total pages Schedule F1: <b>2</b>	2. FILER NAME <b>Randall S. Johnson</b>	3. Filer ID (Ethics Commission Filers)
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4. Date: <b>01/16/2022</b>	5. Payee name <b>Choice Media</b>
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6. Amount (\$): <b>785.00</b>	7. Payee address: <b>11805 I-27, Amarillo, TX 79119</b>	City;	State;	Zip Code
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8. PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising</b>	(b) Description <b>digital sign</b>
	(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: <b>01/16/2022</b>	Payee name <b>Texas Graphics Co.</b>
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Amount (\$): <b>695.31</b>	Payee address: <b>819 W 3rd ST, Big Spring, TX 79720</b>	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	Description <b>deposit - yard signs</b>
	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: <b>01/19/2022</b>	Payee name <b>The Home Depot</b>
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Amount (\$): <b>22.67</b>	Payee address: <b>2615 50th Street, Lubbock, TX 79416</b>	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	Description <b>T-Posts to put up signs</b>
	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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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### 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: <b>2</b>	2 FILER NAME <b>Randall S. Johnson</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>01/19/2022</b>	5 Payee name <b>Lowe's Home Centers, LLC</b>
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6 Amount (\$) <b>143.32</b>	7 Payee address; City; State; Zip Code <b>3315 North Loop 250 W., Midland, TX 79707</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Advertising</b>	(b) Description <b>T-Post to put up signs</b>
	(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 <b>01/21/2022</b>	Payee name <b>Will B. Dunn Advertising</b>
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Amount (\$) <b>300.00</b>	Payee address; City; State; Zip Code <b>609 Highland Drive, Big Spring, TX 79720</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	Description <b>digital sign</b>
	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 <b>01/21/2022</b>	Payee name <b>Texas Graphics Co.</b>
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Amount (\$) <b>725.27</b>	Payee address; City; State; Zip Code <b>819 W 3rd ST, Big Spring, TX 79720</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	Description <b>yard signs</b>
	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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