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 Mr.	FIRST Johnny	MI	OFFICE USE ONLY
NAME	NICKNAME	Myers	SUFFIX	City of Heath
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	; APT / SUITE #,	CITY; STATE; ZIP CODE	APR 0 3 2025
Change of Address				
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked April 3, 2025
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.	FIRST Karen	МІ	Part Progressed 1 2 0 201
	NICKNAME	Myers	SUFFIX	Date Imaged 13, 2025
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS ((NO PO BOX PLEASE); APT / S	SUITE #; CITY;	STATE; ZIP CODE
(Residence or Business)	CHEMPHON WILLIAM			
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
9 REPORT TYPE	January 15	30th day before	 	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before el	Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month 2	Day Year / 14 / 25	THROUGH 4	Day Year / 3 / 25
11 ELECTION	ELECTION DA	TE	ELECTION TYP	E
	Month Day	Year Primary	Runoff Other Description	
	5 / 3 /	25 General	1 	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if know Councilmen PI2	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURE	S MAY HAVE BEEN MADE WITHOUT THE CAI	MADE BY POLITICAL COMMITTEES TO SUPPORT NOIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TRE		
7		COMMITTEE CAMPAIGN TR	REASURER ADDRESS	
		до то	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Johnny Myers	16	Filer ID (Ethics Commission Filers)			
17 CONTRIBUTION TOTALS	 TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 	\$ 400.00			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$			
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,176.11			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DOF REPORTING PERIOD	SAY \$			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2,050.00			
Signature of galaxidate or Office folder NORMAE. DUNCAN My Notary ID # 129218292 Expires February 4, 2029 (1) Affidavit NOTARY STAMP/SEAL Sworn to and subscribed before me by					
OR					
(2) Unsworn Declaration					
My name is	, and my date of birth is				
My address is		·			
	(street) (city) (state	e) (zip code) (country)			
Executed in	County, State of, on the day of(month)	, 20 (year)			
	1997 1997	/Officeholder (Declarant)			

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILEI Johnn	y Myers 20	Filer ID (Ethics Com	missi	on Filers)	
	DULE SUBTOTALS E OF SCHEDULE			SUBTOTAL AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	400.00	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS				
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$		
4.	SCHEDULE E: LOANS			2,050.00	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			2,176.11	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS				
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS				
8.	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				
12.		IS RETURNED	\$		

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	1 Total pages Schedule A1:			
2 FILER NAME Johnny M	yers		3 Filer ID (Ethics Commission Filers)		
4 Date 03/21/2025	5 Full name of contributor out-of-state John & Mary Ward 6 Contributor address; City; 517 Terry Lane Heath,	State; Zip Code Tx 75032	7 Amount of contribution (\$) 400.00		
8 Principal occu Retired	pation / Job title (See Instructions)	9 Employer (See Instruction Self Employed	tions)		
Date	Full name of contributor out-of-state	PAC (ID#)	Amount of contribution (\$)		
	Contributor address; City;	State; Zip Code			
Principal occup	Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Date	Full name of contributor out-of-state Contributor address; City;		Amount of contribution (\$)		
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	tions)		
Date	Full name of contributor out-of-state Contributor address; City;	PAC (ID#:) State; Zip Code	Amount of contribution (\$)		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)		
	ATTACH ADDITIONAL COPIE	S OF THIS SCHEDUL E AS M	SEDED		
	I	· · · · · · · · · · · · · · · · · ·			

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

LOANS SCHEDULE E

If the requested	d information is not applicable, DO NO	OT include this page in the re	port.	
The	Instruction Guide explains how to comp	olete this form.	1 Total pages Schedule E:	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
Johnny Myer	S			
4 TOTAL OF UN	NITEMIZED LOANS		\$	
5 Date of loan	7 Name of lender out-of-state PAC (ID#:)		9 Loan Amount (\$)	
03/04/2025	Johnny Myers		1,050.00	
6 Is lender a financial Institution?	8 Lender address; City; State; Zip Code		10 Interest rate 0.00	
☐ Y 🔳 N			11 Maturity date 05/11/2025	
12 Principal occupation / Job title (See Instructions) Insurance Adjuster 13 Employer (See Instructions) JRM Services			J.	
14 Description of Coll	14 Description of Collateral Check if personal function account (See Instru		nds were deposited into political ctions)	
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)	
not applicable	18 Guarantor address; City;	State; Zip Code		
20 Principal Occupat	tion (See Instructions)	21 Employer (See Instructions)	I.	
Date of loan	Name of lender out-of-state PAC (ID#)		Loan Amount (\$)	
03/24/2025	Johnny Myers		1,000.00	
Is lender a financial	Lender address; City;	State; Zip Code	Interest rate 0.00	
□ y □ N	Institution?		Maturity date 05/11/2025	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Insurance Adjuster		JRM Services		
Description of Coll	ateral	Check if personal fun account (See Instruc	ds were deposited into political tions)	
GUARANTOR INFORMATION	GUARANTOR Name of guarantor		Amount Guaranteed (\$)	
	Guarantor address; City;	State; Zip Code		
not applicable				
Principal Occupati	on (See Instructions)	Employer (See Instructions)		
If le	ATTACH ADDITIONAL COF	PIES OF THIS SCHEDULE AS NEI		

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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 shove)

Other (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 2 FILER NAME 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission Filers) Johnny Myers 4 Date 5 Payee name 03/14/2025 Keepers Press 6 Amount (\$) Zip Code 7 Payee address; City; State; 520 Loma Vista 725.28 Heath, Tx 70532 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Advertising Expense PURPOSE Signs EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office held 9 Complete ONLY if direct Office sought expenditure to benefit C/OH Payee name Date Minuteman Press 03/17/2025 Amount (\$) City; Payee address; State: Zip Code 225.50 1104 B Ridge Road Rockwall, Tx 75087 Category (See Categories listed at the lop of this schedule) Description Printing Expenses Palm Cards **PURPOSE** EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 03/25/2025 Keepers Press, LLC Amount (\$) Pavee address: City; State: Zip Code 520 Loma Vista 975.33 Heath, Tx 75032 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Advertising Expense Yard Signs OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

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 Accounting/Banking Consulting Expense
Contributions/Donations Made By Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries A The Instruction Guide explains how to	Wages/Contract Labor complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Johnny Myers		3 Filer ID (Ethics Commission Filers)
4 Date 03/24/2025	5 Payee name Elections Tech		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
250.00	1515 Ripasso Way Mo	Clendon Chis	holm Tx 75032
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Voter Information	
EXPENDITURE	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	N.c.
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date 03/25/2025	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED