

**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>9</b>				
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR FIRST Ms. Holly MI NICKNAME LAST SUFFIX			<b>OFFICE USE ONLY</b>				
				Date Received <i>received JG 1/28/2026</i>				
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 2495 Brenham, Texas 77834							
<b>5 CANDIDATE/ OFFICEHOLDER PHONE</b>	AREA CODE ( 979 )	PHONE NUMBER 400-4343	EXTENSION	Date Hand-delivered or Date Postmarked <b>1/28/2026</b>				
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR FIRST MI Ms. Julie L NICKNAME LAST SUFFIX			Receipt #      Amount \$				
				Date Processed <b>1/28/2026</b>				
<b>7 CAMPAIGN TREASURER ADDRESS (Residence or Business)</b>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; 2960 Spanish Oaks Dr. Brenham, Texas 77833			STATE; ZIP CODE				
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE ( 979 )	PHONE NUMBER 277-8773	EXTENSION					
<b>9 REPORT TYPE</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)
<b>10 PERIOD COVERED</b>	Month 1	Day / 1	Year / 26	Month 1	Day / 22	Year / 26		
<b>11 ELECTION</b>	ELECTION DATE Month Day Year 3 / 3 / 26			ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special				
<b>12 OFFICE</b>	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known) <b>Justice of the Peace-Precinct 2</b>				
<b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b>  Additional Pages	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  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME						
		COMMITTEE ADDRESS						
		COMMITTEE CAMPAIGN TREASURER NAME						
		COMMITTEE CAMPAIGN TREASURER ADDRESS						

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

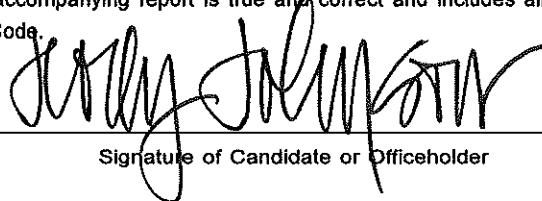
FORM C/OH  
COVER SHEET PG 2

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)	\$ 90.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,732.49
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 29.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 280.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,659.82
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 198.00
OUTSTANDING LOAN TOTALS		

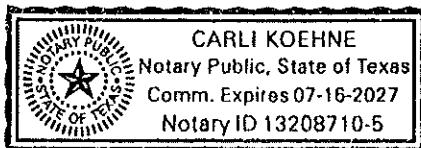
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

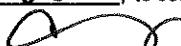
Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Holly B. Johnson this the 28 day of January, 20 26, 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 \_\_\_\_\_, 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 \_\_\_\_\_.

Signature of Candidate/Officeholder (Declarant)

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

<b>19</b> FILER NAME	<b>20</b> Filer ID (Ethics Commission Filers)
<b>21</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE	<b>SUBTOTAL AMOUNT</b>
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,923.20
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 719.29
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4. SCHEDULE E: LOANS	\$ 0.00
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 280.00
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0.00
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

**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>
<b>2 FILER NAME</b> Holly Johnson			<b>3 Filer ID (Ethics Commission Filers)</b>
<b>4 Date</b> 01/15/2026	<b>5 Full name of contributor</b> Raymond and Tina Heritage	out-of-state PAC (ID#: .....)	<b>7 Amount of contribution (\$)</b> <b>1,040.00</b>
	<b>6 Contributor address;</b> 1414 Burleseon St. Brenham, Tx, 77833	City; State; Zip Code	
<b>8 Principal occupation / Job title (See Instructions)</b> Business Owners		<b>9 Employer (See Instructions)</b> Select Furnishings	
<b>Date</b> 01/15/2026	<b>Full name of contributor</b> Jennifer Schroeder	out-of-state PAC (ID#: .....)	<b>Amount of contribution (\$)</b> <b>40.00</b>
	<b>Contributor address;</b> 1623 Salem Road Brenham, Tx. 77833	City; State; Zip Code	
<b>Principal occupation / Job title (See Instructions)</b> Dental Hygienist		<b>Employer (See Instructions)</b> Healthy Smiles	
<b>Date</b> 01/15/2026	<b>Full name of contributor</b> Julie Renken	out-of-state PAC (ID#: .....)	<b>Amount of contribution (\$)</b> <b>500.00</b>
	<b>Contributor address;</b> 2960 Spanish Oaks Brenham, Tx. 77833	City; State; Zip Code	
<b>Principal occupation / Job title (See Instructions)</b> Attorney		<b>Employer (See Instructions)</b> Self	
<b>Date</b> 01/15/2026	<b>Full name of contributor</b> Alice Birkelbach	out-of-state PAC (ID#: .....)	<b>Amount of contribution (\$)</b> <b>100.00</b>
	<b>Contributor address;</b> 1200 LJ St. Brenham, Texas 77833	City; State; Zip Code	
<b>Principal occupation / Job title (See Instructions)</b> Admissions		<b>Employer (See Instructions)</b> Brenham Nursing and Rehabilitation Center	

**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: <b>2</b>
<b>2 FILER NAME</b> Holly Johnson		3 Filer ID (Ethics Commission Filers)
<b>4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS</b>		\$
<b>5 Date</b> 01/15/2026	<b>6 Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: Jennifer Schroeder <b>7 Contributor address;</b> City; State; Zip Code 1623 Salem Road Brenham, Tx 77833	<b>8 Amount of Contribution \$</b> <b>9 In-kind contribution description</b> 99.29 Event Expenses Check if travel outside of Texas. Complete Schedule T.
<b>10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)</b> Dental Hygienist		<b>11 Employer (FOR NON-JUDICIAL)(See Instructions)</b> Healthy Smiles
<b>12 Contributor's principal occupation (FOR JUDICIAL)</b>		<b>13 Contributor's job title (FOR JUDICIAL)(See Instructions)</b>
<b>14 Contributor's employer/law firm (FOR JUDICIAL)</b>		<b>15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)</b>
<b>16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</b>		
<b>Date</b> 01/15/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: Larry and Abby Birkelback <b>Contributor address;</b> City; State; Zip Code 5300 Andreas Rd. Round Top, Tx. 78954	<b>Amount of Contribution \$</b> <b>In-kind contribution description</b> 425.00 Signs Check if travel outside of Texas. Complete Schedule T.
<b>Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)</b> Master craftsman/Envorونmental Coordinator		<b>Employer (FOR NON-JUDICIAL)(See Instructions)</b> Festival Hill
<b>Contributor's principal occupation (FOR JUDICIAL)</b>		<b>Contributor's job title (FOR JUDICIAL)(See Instructions)</b>
<b>Contributor's employer/law firm (FOR JUDICIAL)</b>		<b>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</b>
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
<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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME 1 Holly Johnson	3 Filer ID (Ethics Commission Filers)	
4 Date 01/22/2026	5 Payee name Debs Events		
6 Amount (\$) 280.00	7 Payee address; 902 Geney St. Brenham, Tx. 77833	City; State; Zip Code	
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event Expense	(b) Description  Food for Campaign Event	
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	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	
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	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	
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			