

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 JOHNSON FOR CONGRESS

ADDRESS (number and street) PO BOX 906 MARIETTA OH 45750 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00476820 3. IS THIS REPORT NEW (N) OR AMENDED (A) OH 06

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: X April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) Termination Report (TER)

(b) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on MM/DD/YYYY in the State of (c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on MM/DD/YYYY in the State of

5. Covering Period MM/DD/YYYY 01/01/2015 through MM/DD/YYYY 03/31/2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer PAUL KILGORE

Signature of Treasurer PAUL KILGORE [Electronically Filed] Date MM/DD/YYYY 05/31/2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name
JOHNSON FOR CONGRESS

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	217418.33	224038.33
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	217418.33	224038.33
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	56974.83	256308.24
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.63
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	56974.83	256307.61
8. Cash on Hand at Close of Reporting Period (from Line 27).....	500807.42	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	6000.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

JOHNSON FOR CONGRESS

Report Covering the Period: From: / / To: / /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	110600.00	113600.00
(ii) Unitemized.....	1218.33	1338.33
(iii) TOTAL of contributions from individuals ▶	111818.33	114938.33
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	105600.00	109100.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	217418.33	224038.33
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....		
	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	6000.00	6000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	6000.00	6000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....		
	0.00	0.63
15. OTHER RECEIPTS (Dividends, Interest, etc.).....		
	0.60	0.60
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶		
	223418.93	230039.56

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	56974.83	256308.24
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	1600.00	3100.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	58574.83	259408.24

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	335963.32
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	223418.93
25. SUBTOTAL (add Line 23 and Line 24).....	559382.25
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	58574.83
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	500807.42

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 83
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
JOHNSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
DAVE ARCHER

Mailing Address 319 ARCHER RD

City State Zip Code
LOWELL OH 45744

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 16 / 2015

Transaction ID : SA11AI.96661

Amount of Each Receipt this Period
5400.00

Memo Item

B. Full Name (Last, First, Middle Initial)
DAVE ARCHER

Mailing Address 319 ARCHER RD

City State Zip Code
LOWELL OH 45744

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 16 / 2015

Transaction ID : SA11AI.96662

Amount of Each Receipt this Period
-2700.00

Memo Item

REDESIGNATED TO G-2016

C. Full Name (Last, First, Middle Initial)
DAVE ARCHER

Mailing Address 319 ARCHER RD

City State Zip Code
LOWELL OH 45744

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 16 / 2015

Transaction ID : SA11AI.96663

Amount of Each Receipt this Period
2700.00

Memo Item

REDESIGNATED FROM P-2016

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5400.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 83			
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
	12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
JOHNSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ARLENE ARCHER

Mailing Address 319 ARCHER RD

City: LOWELL State: OH Zip Code: 45744

FEC ID number of contributing federal political committee: C

Name of Employer: RIVERVIEW INDUSTRIAL SUPPLY Occupation: EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 5400.00

Date of Receipt: 02 / 16 / 2015

Transaction ID : SA11AI.96664

Amount of Each Receipt this Period: 5400.00

Memo Item

B. Full Name (Last, First, Middle Initial)
ARLENE ARCHER

Mailing Address 319 ARCHER RD

City: LOWELL State: OH Zip Code: 45744

FEC ID number of contributing federal political committee: C

Name of Employer: RIVERVIEW INDUSTRIAL SUPPLY Occupation: EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 5400.00

Date of Receipt: 02 / 16 / 2015

Transaction ID : SA11AI.96665

Amount of Each Receipt this Period: -2700.00

Memo Item

REDESIGNATED TO G-2016

C. Full Name (Last, First, Middle Initial)
ARLENE ARCHER

Mailing Address 319 ARCHER RD

City: LOWELL State: OH Zip Code: 45744

FEC ID number of contributing federal political committee: C

Name of Employer: RIVERVIEW INDUSTRIAL SUPPLY Occupation: EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 5400.00

Date of Receipt: 02 / 16 / 2015

Transaction ID : SA11AI.96666

Amount of Each Receipt this Period: 2700.00

Memo Item

REDESIGNATED FROM P-2016

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5400.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 83
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOHNSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
KARUNYAN ARULANANTHAM MD

Mailing Address 2713 DESERT ROSE DR.

City LANCASTER State CA Zip Code 93536

FEC ID number of contributing federal political committee. **C**

Name of Employer ANTELOPE VALLEY COMMUNITY CLINIC Occupation PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2015

Transaction ID : SA11AI.96823

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
MR. FRED A. BADERTSCHER

Mailing Address PO BOX 187

City NEW CONCORD State OH Zip Code 43762

FEC ID number of contributing federal political committee. **C**

Name of Employer BUCKEYE WATER SERVICE CO Occupation EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 10 / 2015

Transaction ID : SA11AI.96690

Amount of Each Receipt this Period
1500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
NANTHINI BALAKRISHNAN

Mailing Address 2918 MOUNT SNOW COURT

City ELLICOTT CITY State MD Zip Code 21042

FEC ID number of contributing federal political committee. **C**

Name of Employer REQUEST LETTER SENT ON 4/14/2015 Occupation REQUEST LETTER SENT ON 4/14/2015

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2015

Transaction ID : SA11AI.96818

Amount of Each Receipt this Period
2700.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5200.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 83
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOHNSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JAMES BEARDSLEY

Mailing Address 1616 VALLEY RD

City SALEM State OH Zip Code 44460

FEC ID number of contributing federal political committee. **C**

Name of Employer BEARDSLEY'S HOLSTEINS Occupation FARMER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 24 / 2015

Transaction ID : SA11AI.96676

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
PHIL BOWMAN

Mailing Address PO BOX 109

City JACKSON State OH Zip Code 45640

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation ENGINEER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 26 / 2015

Transaction ID : SA11AI.96746

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
JOHN COREY

Mailing Address 20 HIGH POINT LANE

City CHAGRIN FALLS State OH Zip Code 44022

FEC ID number of contributing federal political committee. **C**

Name of Employer STONERIDGE Occupation EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 27 / 2015

Transaction ID : SA11AI.96680

Amount of Each Receipt this Period
2000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 83
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOHNSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CATHERINE FINLEY

Mailing Address **205 SUMMERS DRIVE**

City **ALEXANDRIA** State **VA** Zip Code **22301**

FEC ID number of contributing federal political committee. **C**

Name of Employer **THORN RUN PARTNERS** Occupation **CONSULTANT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 28 / 2015

Transaction ID : SA11AI.96741

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
PATRICK GALLAGHER

Mailing Address **ONE PGT WAY**

City **MONACA** State **PA** Zip Code **15061**

FEC ID number of contributing federal political committee. **C**

Name of Employer **PGT TRUCKING** Occupation **PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 26 / 2015

Transaction ID : SA11AI.96747

Amount of Each Receipt this Period
5000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
PATRICK GALLAGHER

Mailing Address **ONE PGT WAY**

City **MONACA** State **PA** Zip Code **15061**

FEC ID number of contributing federal political committee. **C**

Name of Employer **PGT TRUCKING** Occupation **PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 26 / 2015

Transaction ID : SA11AI.96748

Amount of Each Receipt this Period
-2300.00

Memo Item

REDESIGNATED TO G-2016

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

6000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 83
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOHNSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
PATRICK GALLAGHER

Mailing Address **ONE PGT WAY**

City **MONACA** State **PA** Zip Code **15061**

FEC ID number of contributing federal political committee. **C**

Name of Employer **PGT TRUCKING** Occupation **PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 26 / 2015

Transaction ID : SA11AI.96749

Amount of Each Receipt this Period
2300.00

Memo Item

REDESIGNATED FROM P-2016

B. Full Name (Last, First, Middle Initial)
BRIAN GASTON

Mailing Address **919 BERNARD STREET**

City **ALEXANDRIA** State **VA** Zip Code **22314**

FEC ID number of contributing federal political committee. **C**

Name of Employer **THE GLOVER PARK GROUP** Occupation **MANAGING DIRECTOR**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 27 / 2015

Transaction ID : SA11AI.96847

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
DAVID GEORGE

Mailing Address **1909 GLENDALE RD**

City **MARIETTA** State **OH** Zip Code **45750**

FEC ID number of contributing federal political committee. **C**

Name of Employer **PHYSICIANS OUTPATIENT SURGERY CTR LI** Occupation **PHYSICIAN**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 12 / 2015

Transaction ID : SA11AI.96699

Amount of Each Receipt this Period
2000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 83
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOHNSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CHARLES GEORGE

Mailing Address 491 MILLBROOK

City State Zip Code
CANFIELD OH 44406

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HAPCO, INC CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 20 / 2015

Transaction ID : SA11AI.96734

Amount of Each Receipt this Period
3000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
CHARLES GEORGE

Mailing Address 491 MILLBROOK

City State Zip Code
CANFIELD OH 44406

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HAPCO, INC CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 20 / 2015

Transaction ID : SA11AI.96735

Amount of Each Receipt this Period
-300.00

Memo Item

REDESIGNATED TO G-2016

C. Full Name (Last, First, Middle Initial)
CHARLES GEORGE

Mailing Address 491 MILLBROOK

City State Zip Code
CANFIELD OH 44406

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HAPCO, INC CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 20 / 2015

Transaction ID : SA11AI.96736

Amount of Each Receipt this Period
300.00

Memo Item

REDESIGNATED FROM P-2016

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 83
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOHNSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CHARLES GERHARDT

Mailing Address 700 WALNUT ST
SUITE 450

City CINCINNATI State OH Zip Code 45202

FEC ID number of contributing federal political committee. **C**

Name of Employer GOVERNMENT STRATEGIES GROUP Occupation CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2015

Transaction ID : SA11AI.96817

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
CHRISTOPHER GIBLIN

Mailing Address 1304 CHANCEL PLACE

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C**

Name of Employer OGILVY GOVERNMENT RELATIONS Occupation EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 27 / 2015

Transaction ID : SA11AI.96846

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
JACK HILL

Mailing Address 10008 MAGNOLIA BEND DR

City BONITA SPRINGS State FL Zip Code 34135

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 27 / 2015

Transaction ID : SA11AI.96681

Amount of Each Receipt this Period
5400.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	6900.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 83
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOHNSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JACK HILL

Mailing Address 10008 MAGNOLIA BEND DR

City State Zip Code
BONITA SPRINGS FL 34135

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
NONE RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 27 / 2015

Transaction ID : SA11AI.96683

Amount of Each Receipt this Period
-2700.00

Memo Item

REATTRIBUTED TO HILL, BEVERLY

B. Full Name (Last, First, Middle Initial)
BEVERLY HILL

Mailing Address 10008 MAGNOLIA BEND DR

City State Zip Code
BONITA SPRINGS FL 34135

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 27 / 2015

Transaction ID : SA11AI.96684

Amount of Each Receipt this Period
2700.00

Memo Item

REATTRIBUTED FROM HILL, JACK

C. Full Name (Last, First, Middle Initial)
BONNY HUFFMAN

Mailing Address 1210 HIRAM W RD

City State Zip Code
WELLSTON OH 45692

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 13 / 2015

Transaction ID : SA11AI.96737

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 83
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOHNSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JERRY JAMES

Mailing Address 375 ASHTON LN

City: LOWELL State: OH Zip Code: 45744

FEC ID number of contributing federal political committee: C

Name of Employer: JAMES ENGINEERING INC Occupation: ENGINEER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 5400.00

Date of Receipt: 03 / 30 / 2015

Transaction ID : SA11AI.96947

Amount of Each Receipt this Period: 5400.00

Memo Item

B. Full Name (Last, First, Middle Initial)
JERRY JAMES

Mailing Address 375 ASHTON LN

City: LOWELL State: OH Zip Code: 45744

FEC ID number of contributing federal political committee: C

Name of Employer: JAMES ENGINEERING INC Occupation: ENGINEER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 5400.00

Date of Receipt: 03 / 30 / 2015

Transaction ID : SA11AI.96948

Amount of Each Receipt this Period: -2700.00

Memo Item

REDESIGNATED TO G-2016

C. Full Name (Last, First, Middle Initial)
JERRY JAMES

Mailing Address 375 ASHTON LN

City: LOWELL State: OH Zip Code: 45744

FEC ID number of contributing federal political committee: C

Name of Employer: JAMES ENGINEERING INC Occupation: ENGINEER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 5400.00

Date of Receipt: 03 / 30 / 2015

Transaction ID : SA11AI.96949

Amount of Each Receipt this Period: 2700.00

Memo Item

REDESIGNATED FROM P-2016

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5400.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 83
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOHNSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
SHANTHINI JAYANTHAN

Mailing Address 35 TURNBERRY RD

City WALLINGFORD State CT Zip Code 06492

FEC ID number of contributing federal political committee. **C**

Name of Employer REQUEST LETTER SENT 4/14/2015 Occupation REQUEST LETTER SENT 4/14/2015

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2015

Transaction ID : SA11AI.96819

Amount of Each Receipt this Period
 2700.00

Memo Item

B. Full Name (Last, First, Middle Initial)
DAVID JOHNSON

Mailing Address 570 HIGHLAND AVE

City SALEM State OH Zip Code 44460

FEC ID number of contributing federal political committee. **C**

Name of Employer SUMMITVILLE TILE Occupation CHIEF EXECUTIVE OFFICER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 01 / 2015

Transaction ID : SA11AI.96667

Amount of Each Receipt this Period
 2700.00

Memo Item

C. Full Name (Last, First, Middle Initial)
JOSEPH KEROLA

Mailing Address 420 RAVINE

City HUBBARD State OH Zip Code 44425

FEC ID number of contributing federal political committee. **C**

Name of Employer PI&I MOTOR EXPRESS Occupation EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 26 / 2015

Transaction ID : SA11AI.96750

Amount of Each Receipt this Period
 5000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

10400.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 83
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOHNSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JOSEPH KEROLA

Mailing Address 420 RAVINE

City HUBBARD State OH Zip Code 44425

FEC ID number of contributing federal political committee. **C**

Name of Employer PI&I MOTOR EXPRESS Occupation EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 26 / 2015

Transaction ID : SA11AI.96751

Amount of Each Receipt this Period
-2300.00

Memo Item

REDESIGNATED TO G-2016

B. Full Name (Last, First, Middle Initial)
JOSEPH KEROLA

Mailing Address 420 RAVINE

City HUBBARD State OH Zip Code 44425

FEC ID number of contributing federal political committee. **C**

Name of Employer PI&I MOTOR EXPRESS Occupation EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 26 / 2015

Transaction ID : SA11AI.96752

Amount of Each Receipt this Period
2300.00

Memo Item

REDESIGNATED FROM P-2016

C. Full Name (Last, First, Middle Initial)
LARRY KIDD

Mailing Address 2502 FIVE POINTS RD

City JACKSON State OH Zip Code 45640

FEC ID number of contributing federal political committee. **C**

Name of Employer RELIABLE STAFFING SERVICES Occupation EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 26 / 2015

Transaction ID : SA11AI.96753

Amount of Each Receipt this Period
1200.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1200.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 83
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOHNSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
BLAIR C LARKINS

Mailing Address 3101 N HAMPTON DR.
APT 101

City State Zip Code
ALEXANDRIA VA 22302

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
BOCKORNY GROUP DIRECTOR OF POLICY

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 06 / 2015

Transaction ID : SA11AI.96693

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
THOMAS LOVE

Mailing Address 807 MASONIC PARK RD

City State Zip Code
MARIETTA OH 45750

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MAGNUM MAGNETICS EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 15 / 2015

Transaction ID : SA11AI.96658

Amount of Each Receipt this Period
5400.00

Memo Item

C. Full Name (Last, First, Middle Initial)
THOMAS LOVE

Mailing Address 807 MASONIC PARK RD

City State Zip Code
MARIETTA OH 45750

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MAGNUM MAGNETICS EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 15 / 2015

Transaction ID : SA11AI.96659

Amount of Each Receipt this Period
-2700.00

Memo Item

REDESIGNATED TO G-2016

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5900.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 83
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOHNSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
THOMAS LOVE

Mailing Address 807 MASONIC PARK RD

City MARIETTA State OH Zip Code 45750

FEC ID number of contributing federal political committee. **C**

Name of Employer MAGNUM MAGNETICS Occupation EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 15 / 2015

Transaction ID : SA11AI.96660

Amount of Each Receipt this Period
2700.00

Memo Item

REDESIGNATED FROM P-2016

B. Full Name (Last, First, Middle Initial)
DENISE MACKALL

Mailing Address PO BOX 567

City NORTH LIMA State OH Zip Code 44452

FEC ID number of contributing federal political committee. **C**

Name of Employer VALLEY FORGE INC Occupation CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 01 / 2015

Transaction ID : SA11AI.96671

Amount of Each Receipt this Period
5400.00

Memo Item

C. Full Name (Last, First, Middle Initial)
DENISE MACKALL

Mailing Address PO BOX 567

City NORTH LIMA State OH Zip Code 44452

FEC ID number of contributing federal political committee. **C**

Name of Employer VALLEY FORGE INC Occupation CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 01 / 2015

Transaction ID : SA11AI.96672

Amount of Each Receipt this Period
-2700.00

Memo Item

REDESIGNATED TO G-2016

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5400.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 83
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOHNSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
DENISE MACKALL

Mailing Address **PO BOX 567**

City **NORTH LIMA** State **OH** Zip Code **44452**

FEC ID number of contributing federal political committee. **C**

Name of Employer **VALLEY FORGE INC** Occupation **CONSULTANT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 01 / 2015

Transaction ID : SA11AI.96673

Amount of Each Receipt this Period
2700.00

Memo Item

REDESIGNATED FROM P-2016

B. Full Name (Last, First, Middle Initial)
W THOMAS MACKALL

Mailing Address **10900 SOUTH AVE**

City **NORTH LIMA** State **OH** Zip Code **44452**

FEC ID number of contributing federal political committee. **C**

Name of Employer **EAST FAIRFIELD COAL COMPANY** Occupation **PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 01 / 2015

Transaction ID : SA11AI.96668

Amount of Each Receipt this Period
5400.00

Memo Item

C. Full Name (Last, First, Middle Initial)
W THOMAS MACKALL

Mailing Address **10900 SOUTH AVE**

City **NORTH LIMA** State **OH** Zip Code **44452**

FEC ID number of contributing federal political committee. **C**

Name of Employer **EAST FAIRFIELD COAL COMPANY** Occupation **PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 01 / 2015

Transaction ID : SA11AI.96669

Amount of Each Receipt this Period
-2700.00

Memo Item

REDESIGNATED TO G-2016

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5400.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 83
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
JOHNSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
W THOMAS MACKALL

Mailing Address 10900 SOUTH AVE

City NORTH LIMA State OH Zip Code 44452

FEC ID number of contributing federal political committee. **C**

Name of Employer EAST FAIRFIELD COAL COMPANY Occupation PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 01 / 2015

Transaction ID : SA11AI.96670

Amount of Each Receipt this Period
2700.00

Memo Item

REDESIGNATED FROM P-2016

B. Full Name (Last, First, Middle Initial)
JEFFREY MACKINNON

Mailing Address 3763 OLIVER STREET NW

City WASHINGTON State DC Zip Code 20015

FEC ID number of contributing federal political committee. **C**

Name of Employer RYAN, MACKINNON, VASAPOLI & BERZOK Occupation EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 27 / 2015

Transaction ID : SA11AI.96845

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
RANJAN MANORANJAN

Mailing Address 3935 TARRINGTON LANE

City COLUMBUS State OH Zip Code 43220

FEC ID number of contributing federal political committee. **C**

Name of Employer 3SG Occupation CPA

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 20 / 2015

Transaction ID : SA11AI.96726

Amount of Each Receipt this Period
2700.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3700.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 21 OF 83
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
JOHNSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
GEORGE R MCCUE

Mailing Address 4598 BRIDLE PATH LANE

City DUBLIN State OH Zip Code 43017

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
BEST EFFORTS REQUEST SENT ON 4/14/20 BEST EFFORTS REQUEST SENT ON 4/14/20

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 20 / 2015

Transaction ID : SA11AI.96728

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
MARY MONTGOMERY

Mailing Address 206 WATTS BLEVINS RD.

City JACKSON State OH Zip Code 45640

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MONTGOMERY MACHINE & FABRICATION, II EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2015

Transaction ID : SA11AI.96976

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
GERALD ROACH

Mailing Address 418 4TH AVE

City GALLIPOLIS State OH Zip Code 45631

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
THE WISEMAN AGENCY INSURANCE AGENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 13 / 2015

Transaction ID : SA11AI.96738

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 83
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOHNSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
WAYLAND RUSSELL

Mailing Address 89 TIMBER RUN

City State Zip Code
CANFIELD OH 44406

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
NOAH PARTNERS EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 21 / 2015

Transaction ID : SA11AI.96652

Amount of Each Receipt this Period
2500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
MARK SCHWENDEMAN

Mailing Address 427 4TH ST

City State Zip Code
MARIETTA OH 45750

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SCHWENDEMAN AGENCY INSURANCE AGENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 08 / 2015

Transaction ID : SA11AI.96685

Amount of Each Receipt this Period
2700.00

Memo Item

C. Full Name (Last, First, Middle Initial)
BETH ANN SCHWENDEMAN

Mailing Address 427 4TH STREET

City State Zip Code
MARIETTA OH 45750

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 08 / 2015

Transaction ID : SA11AI.96686

Amount of Each Receipt this Period
2700.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

7900.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 83
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOHNSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JOHN SEBO

Mailing Address 1790 QUAKER LN

City SALEM State OH Zip Code 44460

FEC ID number of contributing federal political committee. **C**

Name of Employer PAYCHEX Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 13 / 2015

Transaction ID : SA11AI.96704

Amount of Each Receipt this Period
5400.00

Memo Item

B. Full Name (Last, First, Middle Initial)
JOHN SEBO

Mailing Address 1790 QUAKER LN

City SALEM State OH Zip Code 44460

FEC ID number of contributing federal political committee. **C**

Name of Employer PAYCHEX Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 13 / 2015

Transaction ID : SA11AI.96743

Amount of Each Receipt this Period
-2700.00

Memo Item

REDESIGNATED TO G-2016

C. Full Name (Last, First, Middle Initial)
JOHN SEBO

Mailing Address 1790 QUAKER LN

City SALEM State OH Zip Code 44460

FEC ID number of contributing federal political committee. **C**

Name of Employer PAYCHEX Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 13 / 2015

Transaction ID : SA11AI.96744

Amount of Each Receipt this Period
2700.00

Memo Item

REDESIGNATED FROM P-2016

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5400.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 83
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
JOHNSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ALAN STOCKMEISTER

Mailing Address 213 REDONDO DR

City JACKSON State OH Zip Code 45640

FEC ID number of contributing federal political committee. **C**

Name of Employer OHIO PRECIOUS METALS Occupation EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2015

Transaction ID : SA11AI.96950

Amount of Each Receipt this Period
 1500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
SUSAN STOCKMEISTER

Mailing Address 213 REDONDO DR

City JACKSON State OH Zip Code 45640

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2015

Transaction ID : SA11AI.96951

Amount of Each Receipt this Period
 1500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
SUSHEELA D SUGUNESS

Mailing Address 4340 MANOR CT E

City DUBLIN State OH Zip Code 43017

FEC ID number of contributing federal political committee. **C**

Name of Employer BEST EFFORTS LETTER SENT 04/05/2015 Occupation BEST EFFORTS LETTER SENT 04/05/2015

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 20 / 2015

Transaction ID : SA11AI.96724

Amount of Each Receipt this Period
 500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 83
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOHNSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MARK K TERAMANA

Mailing Address 905 BRADY AVENUE

City State Zip Code
STEUBENVILLE OH 43952

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
TOYOTA ALBERT MOTORS INC EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2015

Transaction ID : SA11AI.96938

Amount of Each Receipt this Period
5400.00

Memo Item

B. Full Name (Last, First, Middle Initial)
MARK K TERAMANA

Mailing Address 905 BRADY AVENUE

City State Zip Code
STEUBENVILLE OH 43952

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
TOYOTA ALBERT MOTORS INC EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2015

Transaction ID : SA11AI.96939

Amount of Each Receipt this Period
-2700.00

Memo Item

REDESIGNATED TO G-2016

C. Full Name (Last, First, Middle Initial)
MARK K TERAMANA

Mailing Address 905 BRADY AVENUE

City State Zip Code
STEUBENVILLE OH 43952

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
TOYOTA ALBERT MOTORS INC EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2015

Transaction ID : SA11AI.96940

Amount of Each Receipt this Period
2700.00

Memo Item

REDESIGNATED FROM P-2016

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5400.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 83
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOHNSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
GEARY TERAMANA

Mailing Address **4 CERVO TRACE**

City **STEUBENVILLE** State **OH** Zip Code **43952**

FEC ID number of contributing federal political committee. **C**

Name of Employer **TERAMANA ENTERPRISES** Occupation **EXECUTIVE**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2015

Transaction ID : SA11AI.96935

Amount of Each Receipt this Period
5400.00

Memo Item

B. Full Name (Last, First, Middle Initial)
GEARY TERAMANA

Mailing Address **4 CERVO TRACE**

City **STEUBENVILLE** State **OH** Zip Code **43952**

FEC ID number of contributing federal political committee. **C**

Name of Employer **TERAMANA ENTERPRISES** Occupation **EXECUTIVE**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2015

Transaction ID : SA11AI.96936

Amount of Each Receipt this Period
-2700.00

Memo Item

REDESIGNATED TO G-2016

C. Full Name (Last, First, Middle Initial)
GEARY TERAMANA

Mailing Address **4 CERVO TRACE**

City **STEUBENVILLE** State **OH** Zip Code **43952**

FEC ID number of contributing federal political committee. **C**

Name of Employer **TERAMANA ENTERPRISES** Occupation **EXECUTIVE**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2015

Transaction ID : SA11AI.96937

Amount of Each Receipt this Period
2700.00

Memo Item

REDESIGNATED FROM P-2016

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5400.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 27 OF 83
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
JOHNSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
PATRICIA TINGLE

Mailing Address 41234 SPRINGHILL DR

City State Zip Code
LEETONIA OH 44431

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 10 / 2015

Transaction ID : SA11AI.96687

Amount of Each Receipt this Period
5200.00

Memo Item

B. Full Name (Last, First, Middle Initial)
PATRICIA TINGLE

Mailing Address 41234 SPRINGHILL DR

City State Zip Code
LEETONIA OH 44431

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 10 / 2015

Transaction ID : SA11AI.96688

Amount of Each Receipt this Period
-2500.00

Memo Item

REDESIGNATED TO G-2016

C. Full Name (Last, First, Middle Initial)
PATRICIA TINGLE

Mailing Address 41234 SPRINGHILL DR

City State Zip Code
LEETONIA OH 44431

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 10 / 2015

Transaction ID : SA11AI.96689

Amount of Each Receipt this Period
2500.00

Memo Item

REDESIGNATED FROM P-2016

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5200.00

110600.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 83
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOHNSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ALLIED PILOTS ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 14600 TRINITY BLVD
SUITE 500

City State Zip Code
FORT WORTH TX 76155

FEC ID number of contributing federal political committee. **C** C00267849

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 27 / 2015

Transaction ID : SA11C.96675

Amount of Each Receipt this Period
2500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS PAC

Mailing Address PALLADIAN 1
220 LEIGH FARM RD

City State Zip Code
DURHAM NC 27707

FEC ID number of contributing federal political committee. **C** C00077321

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 26 / 2015

Transaction ID : SA11C.96745

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 25 MASSACHUSETTS AVE, NW
SUITE 600

City State Zip Code
WASHINGTON DC 20001

FEC ID number of contributing federal political committee. **C** C00000422

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 20 / 2015

Transaction ID : SA11C.96731

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 83
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOHNSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
AMERICAN NURSES ASSOCIATION PAC

Mailing Address 8515 GEORGIA AVENUE
SUITE 400

City State Zip Code
SILVER SPRING MD 20910

FEC ID number of contributing federal political committee. **C** C00017525

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 27 / 2015

Transaction ID : SA11C.96678

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
AMERICAS HEALTH INSURANCE PLANS PAC (AHIP PAC)

Mailing Address 601 PENNSYLVANIA AVENUE, NW
SOUTH BUILDING, SUITE 500

City State Zip Code
WASHINGTON DC 20004

FEC ID number of contributing federal political committee. **C** C00106740

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 06 / 2015

Transaction ID : SA11C.96700

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
ANTHEM, INC ANTHEMPAC

Mailing Address 120 MONUMENT CIRCLE

City State Zip Code
INDIANAPOLIS IN 46204

FEC ID number of contributing federal political committee. **C** C00197228

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 27 / 2015

Transaction ID : SA11C.96677

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 83
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOHNSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CBS CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 601 PENNSYLVANIA AVE NW
SUITE 540

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C C00423442**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 27 / 2015

Transaction ID : SA11C.96841

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
CENTRUS ENERGY CORP PAC

Mailing Address 6903 ROCKLEDGE DRIVE

City BETHESDA State MD Zip Code 20817

FEC ID number of contributing federal political committee. **C C00355719**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 27 / 2015

Transaction ID : SA11C.96829

Amount of Each Receipt this Period
2500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION (LETTER CARRIERS POLITICAL ACTION FUND)

Mailing Address 100 INDIANA AVE., N. W.

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00023580**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 06 / 2015

Transaction ID : SA11C.96698

Amount of Each Receipt this Period
2500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

6000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 83
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOHNSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
DLA PIPER LLP (US) POLITICAL ACTION COMMITTEE (DLA PIPER PAC)

Mailing Address 500 8TH STREET, NW

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C C00151340**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2015

Transaction ID : SA11C.96851

Amount of Each Receipt this Period
1500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
DOMINION RESOURCES, INC. POLITICAL ACTION COMMITTEE - DOMINION PAC

Mailing Address ONE JAMES RIVER PLAZA, 20TH FLOOR
P.O. BOX 26666

City RICHMOND State VA Zip Code 23261

FEC ID number of contributing federal political committee. **C C00108209**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 13 / 2015

Transaction ID : SA11C.96703

Amount of Each Receipt this Period
2500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
DTE ENERGY CO. PAC - FEDERAL

Mailing Address ONE ENERGY PLAZA
ROOM 1583 WCB

City DETROIT State MI Zip Code 48226

FEC ID number of contributing federal political committee. **C C00081547**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 27 / 2015

Transaction ID : SA11C.96674

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 83
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOHNSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
DUKE ENERGY CORPORATION PAC

Mailing Address 550 SOUTH TRYON STREET

City State Zip Code
CHARLOTTE NC 28202

FEC ID number of contributing federal political committee. **C** C00083535

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 06 / 2015

Transaction ID : SA11C.96692

Amount of Each Receipt this Period
 2500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
ECOLAB INC. POLITICAL ACTION COMMITTEE

Mailing Address 370 WABASH STREET N.

City State Zip Code
ST. PAUL MN 55102

FEC ID number of contributing federal political committee. **C** C00101485

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2015

Transaction ID : SA11C.96854

Amount of Each Receipt this Period
 2000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
ELECTRICAL CONTRACTORS POLITICAL ACTION COMMITTEE

Mailing Address 3 BETHESDA METRO CENTER
SUITE 1100

City State Zip Code
BETHESDA MD 20814

FEC ID number of contributing federal political committee. **C** C00113811

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2015

Transaction ID : SA11C.96850

Amount of Each Receipt this Period
 2500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

7000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 83
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOHNSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
EMPLOYEES OF NORTHROP GRUMMAN CORPORATION PAC

Mailing Address 2980 FAIRVIEW PARK DRIVE

City Falls Church State VA Zip Code 22042

FEC ID number of contributing federal political committee. **C** C00088591

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 27 / 2015

Transaction ID : SA11C.96827

Amount of Each Receipt this Period
 1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
ENGINEERS POLITICAL EDUCATION COMMITTEE (EPEC)/INTERNATIONAL UNION OF OPERATING ENGINEERS

Mailing Address 1125 17TH ST, NW

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00029504

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 27 / 2015

Transaction ID : SA11C.96830

Amount of Each Receipt this Period
 5000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
EXELON CORPORATION POLITICAL ACTION COMMITTEE (EXELON PAC)

Mailing Address 101 CONSTITUTION AVENUE NW
SUITE 400 EAST

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00141218

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2015

Transaction ID : SA11C.96857

Amount of Each Receipt this Period
 2000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

8000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 83
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOHNSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
EXPRESS SCRIPTS INC. POLITICAL FUND (A/K/A EXPRESS SCRIPTS PAC)

Mailing Address **ONE EXPRESS WAY**

City **ST. LOUIS** State **MO** Zip Code **63121**

FEC ID number of contributing federal political committee. **C C00365072**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 11 / 2015

Transaction ID : SA11C.96694

Amount of Each Receipt this Period
2500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
FORD MOTOR COMPANY CIVIC ACTION FUND

Mailing Address **P.O. BOX 75000, PAC SVS MC 2250**

City **DETROIT** State **MI** Zip Code **48275**

FEC ID number of contributing federal political committee. **C C00046474**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2015

Transaction ID : SA11C.96852

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
GENERAL ELECTRIC COMPANY POLITICAL ACTION COMMITTEE (GEPAC)

Mailing Address **1299 PENNSYLVANIA AVE NW
SUITE 900**

City **WASHINGTON** State **DC** Zip Code **20004**

FEC ID number of contributing federal political committee. **C C00024869**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 19 / 2015

Transaction ID : SA11C.96656

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 36 OF 83
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
JOHNSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
GENERIC PHARMACEUTICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address **777 6TH STREET, NW
SUITE 510**

City **WASHINGTON** State **DC** Zip Code **20001**

FEC ID number of contributing federal political committee. **C C00383463**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 27 / 2015

Transaction ID : SA11C.96834

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
GRIDIRON-PAC

Mailing Address **345 PARK AVENUE**

City **NEW YORK** State **NY** Zip Code **10154**

FEC ID number of contributing federal political committee. **C C00451153**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2015

Transaction ID : SA11C.96853

Amount of Each Receipt this Period
2500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
HUNTINGTON BANCSHARES INC. POLITICAL ACTION COMMITTEE (HBI-PAC)

Mailing Address **41 S. HIGH ST**

City **COLUMBUS** State **OH** Zip Code **43287**

FEC ID number of contributing federal political committee. **C C00165589**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2015

Transaction ID : SA11C.96820

Amount of Each Receipt this Period
2000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 37 OF 83
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
JOHNSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
LOWE'S COMPANIES, INC. POLITICAL ACTION COMMITTEE

Mailing Address 1000 LOWE'S BOULEVARD

City State Zip Code
MOORESVILLE NC 28117

FEC ID number of contributing federal political committee. **C** C00251751

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 26 / 2015

Transaction ID : SA11C.96653

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
MARATHON PETROLEUM CORPORATION EMPLOYEES POLITICAL ACTION COMMITTEE (MPAC)

Mailing Address P.O. BOX 75000
MC2250

City State Zip Code
DETROIT MI 48275

FEC ID number of contributing federal political committee. **C** C00496307

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 27 / 2015

Transaction ID : SA11C.96826

Amount of Each Receipt this Period
2500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF BROADCASTERS POLITICAL ACTION COMMITTEE (NABPAC)

Mailing Address 1771 N STREET NW

City State Zip Code
WASHINGTON DC 20036

FEC ID number of contributing federal political committee. **C** C00009985

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 27 / 2015

Transaction ID : SA11C.96828

Amount of Each Receipt this Period
2500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

6000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 83
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOHNSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF REALTORS POLITICAL ACTION COMMITTEE

Mailing Address 430 NORTH MICHIGAN AVENUE

City State Zip Code
CHICAGO IL 60611

FEC ID number of contributing federal political committee. **C** C00030718

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 27 / 2015

Transaction ID : SA11C.96838

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
NATIONAL RETAIL FEDERATION PAC

Mailing Address 325 7TH STREET NW SUITE 1100

City State Zip Code
WASHINGTON DC 20004

FEC ID number of contributing federal political committee. **C** C00040329

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 04 / 2015

Transaction ID : SA11C.96510

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
NATIONAL RURAL LETTER CARRIERS' ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1630 DUKE STREET
2ND FLOOR

City State Zip Code
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C** C00072025

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 13 / 2015

Transaction ID : SA11C.96710

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 83
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOHNSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
NATIONWIDE MUTUAL INSURANCE COMPANY POLITICAL ACTION COMMITTEE

Mailing Address **ONE NATIONWIDE PLAZA**
1-32-301

City **COLUMBUS** State **OH** Zip Code **43215**

FEC ID number of contributing federal political committee. **C C00076174**

Name of Employer _____ Occupation _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 20 / 2015

Transaction ID : SA11C.96732

Amount of Each Receipt this Period
2500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
NETJETS ASSOCIATION OF SHARED AIRCRAFT PILOTS PAC; NJASAP PAC

Mailing Address **630 MORRISON ROAD**
SUITE 110

City **GAHANNA** State **OH** Zip Code **43230**

FEC ID number of contributing federal political committee. **C C00488262**

Name of Employer _____ Occupation _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2015

Transaction ID : SA11C.96855

Amount of Each Receipt this Period
2500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
NUCLEAR ENERGY INSTITUTE FEDERAL POLITICAL ACTION COMMITTEE

Mailing Address **1201 F ST NW**
SUITE 1100

City **WASHINGTON** State **DC** Zip Code **20004**

FEC ID number of contributing federal political committee. **C C00239848**

Name of Employer _____ Occupation _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 13 / 2015

Transaction ID : SA11C.96708

Amount of Each Receipt this Period
2500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

7500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 OF 83
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
JOHNSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
OCCIDENTAL PETROLEUM CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 10889 WILSHIRE BLVD.

City State Zip Code
LOS ANGELES CA 90024

FEC ID number of contributing federal political committee. **C C00083857**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 27 / 2015

Transaction ID : SA11C.96831

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
OHIO COAL PAC

Mailing Address 17 S HIGH ST

City State Zip Code
COLUMBUS OH 43215

FEC ID number of contributing federal political committee. **C C00381277**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 16 / 2015

Transaction ID : SA11C.96945

Amount of Each Receipt this Period
5000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
PG&E CORPORATION EMPLOYEES ENERGYPAC

Mailing Address 77 BEALE STREET, MAIL CODE: B29H

City State Zip Code
SAN FRANCISCO CA 94105

FEC ID number of contributing federal political committee. **C C00177469**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 06 / 2015

Transaction ID : SA11C.96695

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

7000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 41 OF 83
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
JOHNSON FOR CONGRESS

Full Name (Last, First, Middle Initial)
PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION POLITICAL ACTION COMMITTEE (PCMA PAC)

A. Mailing Address 601 PENNSYLVANIA AVENUE NW STE 740

City State Zip Code
WASHINGTON DC 20004

FEC ID number of contributing federal political committee. **C C00388819**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date
 2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 27 / 2015

Transaction ID : SA11C.96839

Amount of Each Receipt this Period
 2600.00
 Memo Item

Full Name (Last, First, Middle Initial)
POLITICAL ACTION COMMITTEE OF THE AMERICAN ASSOCIATION OF ORTHOPAEDIC SURGEONS

B. Mailing Address 317 MASSACHUSETTS AVENUE, NE
1ST FLOOR

City State Zip Code
WASHINGTON DC 20002

FEC ID number of contributing federal political committee. **C C00343137**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 27 / 2015

Transaction ID : SA11C.96840

Amount of Each Receipt this Period
 1000.00
 Memo Item

Full Name (Last, First, Middle Initial)
POWERPAC OF THE EDISON ELECTRIC INSTITUTE

C. Mailing Address 701 PENNSYLVANIA AVENUE N W

City State Zip Code
WASHINGTON DC 20004

FEC ID number of contributing federal political committee. **C C00095869**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date
 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 27 / 2015

Transaction ID : SA11C.96832

Amount of Each Receipt this Period
 2000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....

5600.00

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 83
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOHNSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
QUEST DIAGNOSTICS INCORPORATED POLITICAL ACTION COMMITTEE

Mailing Address 1401 K STREET, NW
SUITE 803

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00329185**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 27 / 2015

Transaction ID : SA11C.96833

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
REPUBLICAN MAINSTREET PARTNERSHIP PAC

Mailing Address 325 7TH ST NW
SUITE 610

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C C00165159**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 27 / 2015

Transaction ID : SA11C.96679

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
REPUBLICAN MAINSTREET PARTNERSHIP PAC

Mailing Address 325 7TH ST NW
SUITE 610

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C C00165159**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 27 / 2015

Transaction ID : SA11C.96848

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 83
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOHNSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
SEMPRA ENERGY EMPLOYEES POLITICAL ACTION COMMITTEE- FEDERAL

Mailing Address 101 ASH STREET, HQ08C

City SAN DIEGO State CA Zip Code 92101

FEC ID number of contributing federal political committee. **C C00008748**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2015

Transaction ID : SA11C.96856

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
SHEET METAL WORKERS' INTERNATIONAL ASSOCIATION POLITICAL ACTION LEAGUE

Mailing Address 1750 NEW YORK AVENUE, NW

City WASHINGTON State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C C00007542**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 07 / 2015

Transaction ID : SA11C.96657

Amount of Each Receipt this Period
2500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
SOUTHERN COMPANY - SOUTHERN NUCLEAR OPERATING COMPANY, INC. PAC

Mailing Address 42 INVERNESS CENTER

City BIRMINGHAM State AL Zip Code 35242

FEC ID number of contributing federal political committee. **C C00250407**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 27 / 2015

Transaction ID : SA11C.96843

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 44 OF 83
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
JOHNSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
SOUTHERN COMPANY EMPLOYEES PAC

Mailing Address 241 RALPH MCGILL BLVD, NE
BIN 10111

City ATLANTA State GA Zip Code 30308

FEC ID number of contributing federal political committee. **C** C00144774

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 27 / 2015

Transaction ID : SA11C.96844

Amount of Each Receipt this Period
1500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
SOUTHWEST AIRLINES PILOTS' ASSOCIATION POLITICAL ACTION COMMITTEE (SWAPA PAC)

Mailing Address 1450 EMPIRE CENTRAL DR SUITE 737

City DALLAS State TX Zip Code 75247

FEC ID number of contributing federal political committee. **C** C00360669

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 16 / 2015

Transaction ID : SA11C.96655

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
THE AMERICAN ELECTRIC POWER COMMITTEE FOR RESPONSIBLE GOVERNMENT

Mailing Address 1 RIVERSIDE PLAZA - 26TH FLOOR

City COLUMBUS State OH Zip Code 43215

FEC ID number of contributing federal political committee. **C** C00096842

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 13 / 2015

Transaction ID : SA11C.96709

Amount of Each Receipt this Period
2500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 83
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOHNSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
THE BOEING COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 1200 WILSON BLVD

City ARLINGTON State VA Zip Code 22209

FEC ID number of contributing federal political committee. **C** C00142711

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2015

Transaction ID : SA11C.96816

Amount of Each Receipt this Period
 1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
THE BRINK'S COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 1801 BAYBERRY COURT
SUITE 400

City RICHMOND State VA Zip Code 23226

FEC ID number of contributing federal political committee. **C** C00207472

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 03 / 2015

Transaction ID : SA11C.96814

Amount of Each Receipt this Period
 1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
THE PROCTOR & GAMBLE COMPANY GOOD GOVERNMENT COMMITTEE

Mailing Address ONE PROCTOR & GAMBLE PLAZA

City CINCINNATI State OH Zip Code 45202

FEC ID number of contributing federal political committee. **C** C00257329

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 06 / 2015

Transaction ID : SA11C.96697

Amount of Each Receipt this Period
 2500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 83
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
JOHNSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
THE WALT DISNEY PRODUCTIONS EMPLOYEES PAC

Mailing Address 425 3RD STREET SW, SUITE 1100

City	State	Zip Code
WASHINGTON	DC	20024

FEC ID number of contributing federal political committee. **C** C00197749

Name of Employer	Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 27 / 2015

Transaction ID : SA11C.96842

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
TIME WARNER CABLE INC. FEDERAL POLITICAL ACTION COMMITTEE

Mailing Address 901 F STREET, NW
SUITE 800

City	State	Zip Code
WASHINGTON	DC	20004

FEC ID number of contributing federal political committee. **C** C00431551

Name of Employer	Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 27 / 2015

Transaction ID : SA11C.96824

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
TUESDAY GROUP POLITICAL ACTION COMMITTEE

Mailing Address 209 PENNSYLVANIA AVENUE, S.E.

City	State	Zip Code
WASHINGTON	DC	20003

FEC ID number of contributing federal political committee. **C** C00433060

Name of Employer	Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 27 / 2015

Transaction ID : SA11C.96835

Amount of Each Receipt this Period
2500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 83
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
JOHNSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
TWENTY-FIRST CENTURY FOX, INC. PAC (FOX PAC)

Mailing Address 444 N CAPITOL STREET - SUITE 740

City	State	Zip Code
WASHINGTON	DC	20001

FEC ID number of contributing federal political committee. **C** C00330019

Name of Employer	Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 27 / 2015

Transaction ID : SA11C.96825

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
UNITEDHEALTH GROUP INCORPORATED PAC (UNITED FOR HEALTH)

Mailing Address 9900 BREN ROAD EAST

City	State	Zip Code
MINNETONKA	MN	55343

FEC ID number of contributing federal political committee. **C** C00274431

Name of Employer	Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 06 / 2015

Transaction ID : SA11C.96701

Amount of Each Receipt this Period
2500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
VIACOM INTERNATIONAL, INC. POLITICAL ACTION COMMITTEE

Mailing Address 1501 M STREET
SUITE 1100

City	State	Zip Code
WASHINGTON	DC	20005

FEC ID number of contributing federal political committee. **C** C00167759

Name of Employer	Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 27 / 2015

Transaction ID : SA11C.96837

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 48 OF 83
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
JOHNSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
WALGREEN CO PAC

Mailing Address 104 WILMOT ROAD MS #1447

City DEERFIELD State IL Zip Code 60015

FEC ID number of contributing federal political committee. **C** C00160770

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2015

Transaction ID : SA11C.96849

Amount of Each Receipt this Period
 2500.00

Memo Item

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2500.00

105600.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 83
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOHNSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
BILL JOHNSON

Mailing Address 519 FIFTH STREET

City State Zip Code
MARIETTA OH 45750

FEC ID number of contributing federal political committee. **C** H00H06189

Name of Employer Occupation
US GOVERNMENT CONGRESSMAN

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
6000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 28 / 2015

Transaction ID : SA13A.96944

Amount of Each Receipt this Period
6000.00

Memo Item
LOAN FROM CANDIDATE

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

6000.00

6000.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 50 OF 83	
	<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
JOHNSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. 814 CONSULTING LLC		Date of Disbursement MM / DD / YYYY 01 / 08 / 2015
Mailing Address 5827 COLFAX AVE.		Amount of Each Disbursement this Period 5000.00 <input type="checkbox"/> Memo Item
City ALEXANDRIA	State VA	
Zip Code 22311	Purpose of Disbursement FUNDRAISER RETAINER	Transaction ID : SB17.96712
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. 814 CONSULTING LLC		Date of Disbursement MM / DD / YYYY 02 / 23 / 2015
Mailing Address 5827 COLFAX AVE.		Amount of Each Disbursement this Period 5000.00 <input type="checkbox"/> Memo Item
City ALEXANDRIA	State VA	
Zip Code 22311	Purpose of Disbursement FUNRAISER RETAINER	Transaction ID : SB17.96720
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. 814 CONSULTING LLC		Date of Disbursement MM / DD / YYYY 02 / 23 / 2015
Mailing Address 5827 COLFAX AVE.		Amount of Each Disbursement this Period 5000.00 <input type="checkbox"/> Memo Item
City ALEXANDRIA	State VA	
Zip Code 22311	Purpose of Disbursement FUNDRAISER RETAINER	Transaction ID : SB17.96721
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	15000.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 51 OF 83	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JOHNSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. AMERICAN AIRLINES		Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2015
Mailing Address 4333 AMON CARTER BLVD		Amount of Each Disbursement this Period 748.88
City FT WORTH State TX Zip Code 76155	Purpose of Disbursement CAMPAIGN TRAVEL - AIR FARE Category/Type 002	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: House Senate President	Disbursement For: Primary General Other (specify)	Transaction ID : SB17.96785
State: District:		

Full Name (Last, First, Middle Initial) B. AMERICAN AIRLINES		Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2015
Mailing Address 4333 AMON CARTER BLVD		Amount of Each Disbursement this Period 862.70
City FT WORTH State TX Zip Code 76155	Purpose of Disbursement CAMPAIGN TRAVEL - AIR FARE Category/Type 002	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: House Senate President	Disbursement For: Primary General Other (specify)	Transaction ID : SB17.96786
State: District:		

Full Name (Last, First, Middle Initial) C. AMTRAK		Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2015
Mailing Address 60 MASSACHUSETTS AVENUE NE		Amount of Each Disbursement this Period 196.00
City WASHINGTON State DC Zip Code 20004	Purpose of Disbursement CAMPAIGN TRAVEL - TRANSPORTATION COSTS Category/Type 002	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: House Senate President	Disbursement For: Primary General Other (specify)	Transaction ID : SB17.96782
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1807.58
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 52 OF 83	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JOHNSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CAPITOL HILL CLUB		Date of Disbursement MM / DD / YYYY 01 / 26 / 2015
Mailing Address 300 FIRST ST, SE		Amount of Each Disbursement this Period 147.36
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement CAMPAIGN MEETING MEALS	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	Transaction ID : SB17.96781
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. CAPITOL HILL CLUB		Date of Disbursement MM / DD / YYYY 02 / 26 / 2015
Mailing Address 300 FIRST ST, SE		Amount of Each Disbursement this Period 672.48
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement CAMPAIGN MEETING MEALS	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	Transaction ID : SB17.96799
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. CAPITOL HILL CLUB		Date of Disbursement MM / DD / YYYY 03 / 16 / 2015
Mailing Address 300 FIRST ST, SE		Amount of Each Disbursement this Period 201.64
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement CAMPAIGN MEALS	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	Transaction ID : SB17.96909
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1021.48
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 53 OF 83	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JOHNSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CHARLIE DENT		Date of Disbursement M M / D D / Y Y Y Y 01 / 08 / 2015
Mailing Address 101 NORTH CAROLINA AVE, SE, APT F		Amount of Each Disbursement this Period 225.00 <input type="checkbox"/> Memo Item
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement FUNDRAISING NETWORKING GROUP Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.96713
State: District:		

Full Name (Last, First, Middle Initial) B. DISTRICT PROVISIONS		Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2015
Mailing Address 550 PENN ST. NE		Amount of Each Disbursement this Period 506.00 <input type="checkbox"/> Memo Item
City WASHINGTON State DC Zip Code 20002	Purpose of Disbursement CAMPAIGN FUNDRAISER MEALS Category/Type 003	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.96797
State: District:		

Full Name (Last, First, Middle Initial) C. ELECTEKUSA		Date of Disbursement M M / D D / Y Y Y Y 01 / 24 / 2015
Mailing Address P.O. BOX 23715		Amount of Each Disbursement this Period 800.00 <input type="checkbox"/> Memo Item
City CHAGRIN FALLS State OH Zip Code 44023	Purpose of Disbursement CAMPAIGN SOFTWARE FEES Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.96715
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1531.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 54 OF 83	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JOHNSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ELECTEKUSA		Date of Disbursement MM / DD / YYYY 02 / 07 / 2015
Mailing Address P.O. BOX 23715		Amount of Each Disbursement this Period 800.00 <input type="checkbox"/> Memo Item
City CHAGRIN FALLS	State OH	
Zip Code 44023	Purpose of Disbursement CAMPAIGN SOFTWARE FEES	Transaction ID : SB17.96716
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. ELECTEKUSA		Date of Disbursement MM / DD / YYYY 03 / 14 / 2015
Mailing Address P.O. BOX 23715		Amount of Each Disbursement this Period 800.00 <input type="checkbox"/> Memo Item
City CHAGRIN FALLS	State OH	
Zip Code 44023	Purpose of Disbursement CAMPAIGN SOFTWARE FEES	Transaction ID : SB17.96883
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. ENTERPRISE RENT-A-CAR CO. OF KENTUCKY		Date of Disbursement MM / DD / YYYY 01 / 19 / 2015
Mailing Address 832 PIKE ST		Amount of Each Disbursement this Period 129.28 <input type="checkbox"/> Memo Item
City MARIETTA	State OH	
Zip Code 45750	Purpose of Disbursement CAMPAIGN TRAVEL - CAR RENTAL	Transaction ID : SB17.96770
Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1729.28
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 55 OF 83	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JOHNSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. AMANDA FINN		Date of Disbursement MM / DD / YYYY 02 / 12 / 2015
Mailing Address 428 6TH STREET		Amount of Each Disbursement this Period 843.54
City MARIETTA State OH Zip Code 45750	Purpose of Disbursement CAMPAIGN TRAVEL EXPENSE REIMBURSEMENT Category/Type 001	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.96869

Full Name (Last, First, Middle Initial) B. AT&T		Date of Disbursement MM / DD / YYYY 01 / 30 / 2015
Mailing Address 208 S AKARD		Amount of Each Disbursement this Period 86.42
City DALLAS State TX Zip Code 75202	Purpose of Disbursement CAMPAIGN PHONE REIMBURSEMENT Category/Type 001	
Candidate Name		<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.96878

Full Name (Last, First, Middle Initial) C. AMANDA FINN		Date of Disbursement MM / DD / YYYY 02 / 26 / 2015
Mailing Address 428 6TH STREET		Amount of Each Disbursement this Period 448.76
City MARIETTA State OH Zip Code 45750	Purpose of Disbursement CAMPAIGN TRAVEL EXPENSE REIMBURSEMENT Category/Type 002	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.96722

SUBTOTAL of Disbursements This Page (optional).....	1292.30
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 56 OF 83	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JOHNSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. AT&T		Date of Disbursement MM / DD / YYYY 02 / 26 / 2015
Mailing Address 208 S AKARD		Amount of Each Disbursement this Period 86.42
City DALLAS State TX Zip Code 75202	Purpose of Disbursement CAMPAIGN PHONE REIMBURSEMENT Category/Type 001	
Candidate Name		<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.96723
State: District:		

Full Name (Last, First, Middle Initial) B. HARVEST PIZZERIA		Date of Disbursement MM / DD / YYYY 01 / 14 / 2015
Mailing Address 495 S. 4TH STREET		Amount of Each Disbursement this Period 149.70
City COLUMBUS State OH Zip Code 43215	Purpose of Disbursement CAMPAIGN FUNDRAISING MEAL Category/Type 003	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.96766
State: District:		

Full Name (Last, First, Middle Initial) C. HARVEST PIZZERIA		Date of Disbursement MM / DD / YYYY 01 / 14 / 2015
Mailing Address 495 S. 4TH STREET		Amount of Each Disbursement this Period 114.68
City COLUMBUS State OH Zip Code 43215	Purpose of Disbursement CAMPAIGN FUNDRAISING MEALS Category/Type 003	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.96767
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	264.38
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 57 OF 83	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JOHNSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. HILL COUNTRY BARBEQUE		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2015
Mailing Address 410 7TH STREET		Amount of Each Disbursement this Period 631.54
City WASHINGTON	State DC	
Zip Code 20004	Purpose of Disbursement CAMPAIGN FUNDRAISER MEALS	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	Transaction ID : SB17.96901
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. HILL COUNTRY BARBEQUE		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2015
Mailing Address 410 7TH STREET		Amount of Each Disbursement this Period 1660.05
City WASHINGTON	State DC	
Zip Code 20004	Purpose of Disbursement CAMPAIGN FUNDRAISER MEALS	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	Transaction ID : SB17.96919
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. HYDE BROTHERS PRINTING CO.		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2015
Mailing Address 101 RATHBONE ROAD, PO BOX 586		Amount of Each Disbursement this Period 188.60
City MARIETTA	State OH	
Zip Code 45750	Purpose of Disbursement CAMPAIGN PRINTING - LETTERHEAD	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	Transaction ID : SB17.96787
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2480.19
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 83			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
JOHNSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. HYDE BROTHERS PRINTING CO.			Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2015		
Mailing Address 101 RATHBONE ROAD, PO BOX 586			Amount of Each Disbursement this Period 206.19		
City MARIETTA	State OH	Zip Code 45750	Memo Item <input type="checkbox"/>		
Purpose of Disbursement CAMPAIGN PRINTING - ENVELOPES		Category/ Type 001	Transaction ID : SB17.96788		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) B. HYDE BROTHERS PRINTING CO.			Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2015		
Mailing Address 101 RATHBONE ROAD, PO BOX 586			Amount of Each Disbursement this Period 206.19		
City MARIETTA	State OH	Zip Code 45750	Memo Item <input type="checkbox"/>		
Purpose of Disbursement CAMPAIGN PRINTING - RETURN ENVELOPES		Category/ Type 001	Transaction ID : SB17.96789		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) C. HYDE BROTHERS PRINTING CO.			Date of Disbursement M M / D D / Y Y Y Y 02 / 23 / 2015		
Mailing Address 101 RATHBONE ROAD, PO BOX 586			Amount of Each Disbursement this Period 32.18		
City MARIETTA	State OH	Zip Code 45750	Memo Item <input type="checkbox"/>		
Purpose of Disbursement CAMPAIGN PRINTING - BUSINESS CARDS		Category/ Type 001	Transaction ID : SB17.96801		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....	444.56
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 59 OF 83	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JOHNSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. WILLIAM LLOYD		Date of Disbursement MM / DD / YYYY 03 / 05 / 2015
Mailing Address 5301 ARYSHIRE DR.		Amount of Each Disbursement this Period 382.84
City DUBLIN	State OH	
Zip Code 43017	Purpose of Disbursement CAMPAIGN EXPENSE REIMBURSEMENT	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	Transaction ID : SB17.96885
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. UNITED STATES POSTAL SERVICE - MARIETTA		Date of Disbursement MM / DD / YYYY 03 / 03 / 2015
Mailing Address 100 POST ST		Amount of Each Disbursement this Period 98.00
City MARIETTA	State OH	
Zip Code 45750	Purpose of Disbursement CAMPAIGN POSTAGE	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	Transaction ID : SB17.96888
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. M RESTAURANT		Date of Disbursement MM / DD / YYYY 03 / 01 / 2015
Mailing Address TWO MIRANOVA PLACE		Amount of Each Disbursement this Period 202.00
City COLUMBUS	State OH	
Zip Code 43215	Purpose of Disbursement CAMPAIGN TRAVEL - MEALS	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	Transaction ID : SB17.96900
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	584.84
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 60 OF 83	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JOHNSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. OCCASIONS CATERERS		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2015
Mailing Address 5458 3RD STREET, NE		Amount of Each Disbursement this Period 246.12
City WASHINGTON State DC Zip Code 20011	Purpose of Disbursement FUNDRAISING MEALS 001 Category/Type	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.96884
State: District:		

Full Name (Last, First, Middle Initial) B. OHIO BUREAU OF WORKERS COMPENSATION		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2015
Mailing Address CORPORATE PROCESSING DEPARTMENT		Amount of Each Disbursement this Period 30.00
City COLUMBUS State OH Zip Code 43271	Purpose of Disbursement CAMPAIGN PAYROLL TAXES 001 Category/Type	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.96904
State: District:		

Full Name (Last, First, Middle Initial) C. OHIO BUREAU OF WORKERS COMPENSATION		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2015
Mailing Address CORPORATE PROCESSING DEPARTMENT		Amount of Each Disbursement this Period 317.13
City COLUMBUS State OH Zip Code 43271	Purpose of Disbursement CAMPAIGN PAYROLL TAXES 001 Category/Type	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.96905
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	593.25
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 83		
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JOHNSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. OHIO BUREAU OF WORKERS COMPENSATION		Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2015
Mailing Address CORPORATE PROCESSING DEPARTMENT		Amount of Each Disbursement this Period 50.00
City COLUMBUS State OH Zip Code 43271	Purpose of Disbursement CAMPAIGN STAFF PAYROLL TAXES Category/Type 001	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.96933
State: District:		

Full Name (Last, First, Middle Initial) B. OLD MARKET HOUSE INN		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2015
Mailing Address 424 MARKET STREET		Amount of Each Disbursement this Period 241.41
City ZANESVILLE State OH Zip Code 43701	Purpose of Disbursement CAMPAIGN MEALS Category/Type 001	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.96921
State: District:		

Full Name (Last, First, Middle Initial) C. PAYCHEX		Date of Disbursement M M / D D / Y Y Y Y 01 / 14 / 2015
Mailing Address 101 E HINES HILL ROAD		Amount of Each Disbursement this Period 2537.91
City HUDSON State OH Zip Code 44236	Purpose of Disbursement CAMPAIGN STAFF PAYROLL EXPENSES Category/Type 001	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.96810
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2829.32
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 62 OF 83	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JOHNSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. AMANDA FINN		Date of Disbursement MM / DD / YYYY 01 / 14 / 2015
Mailing Address 428 6TH STREET		Amount of Each Disbursement this Period 2123.07
City MARIETTA	State OH	
Zip Code 45750	Purpose of Disbursement CAMPAIGN SALARY EXPENSE	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.96952
State: District:		

Full Name (Last, First, Middle Initial) B. DANIEL HALLIBURTON		Date of Disbursement MM / DD / YYYY 01 / 14 / 2015
Mailing Address PO BOX 544		Amount of Each Disbursement this Period 414.84
City RANDOLPH	State OH	
Zip Code 44265	Purpose of Disbursement CAMPAIGN STAFF SALARY	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.96953
State: District:		

Full Name (Last, First, Middle Initial) C. PAYCHEX		Date of Disbursement MM / DD / YYYY 01 / 15 / 2015
Mailing Address 101 E HINES HILL ROAD		Amount of Each Disbursement this Period 169.98
City HUDSON	State OH	
Zip Code 44236	Purpose of Disbursement CAMPAIGN PAYROLL PROCESSING EXPENSE	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.96809
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	169.98
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 63 OF 83	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JOHNSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PAYCHEX		Date of Disbursement MM / DD / YYYY 01 / 15 / 2015
Mailing Address 101 E HINES HILL ROAD		Amount of Each Disbursement this Period 1390.84
City HUDSON State OH Zip Code 44236	Purpose of Disbursement CAMPAIGN STAFF PAYROLL TAXES Category/Type 001	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.96811
State: District:		

Full Name (Last, First, Middle Initial) B. PAYCHEX		Date of Disbursement MM / DD / YYYY 01 / 22 / 2015
Mailing Address 101 E HINES HILL ROAD		Amount of Each Disbursement this Period 419.97
City HUDSON State OH Zip Code 44236	Purpose of Disbursement CAMPAIGN STAFF PAYROLL TAXES Category/Type 001	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.96812
State: District:		

Full Name (Last, First, Middle Initial) C. PAYCHEX		Date of Disbursement MM / DD / YYYY 01 / 23 / 2015
Mailing Address 101 E HINES HILL ROAD		Amount of Each Disbursement this Period 110.86
City HUDSON State OH Zip Code 44236	Purpose of Disbursement CAMPAIGN PAYROLL PROCESSING EXPENSE Category/Type 001	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.96815
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1921.67
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 64 OF 83	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JOHNSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PAYCHEX		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2015
Mailing Address 101 E HINES HILL ROAD		Amount of Each Disbursement this Period 2996.67
City HUDSON State OH Zip Code 44236	Purpose of Disbursement CAMPAIGN STAFF PAYROLL	
Candidate Name	Category/Type 001	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.96806
State: District:		

Full Name (Last, First, Middle Initial) B. AMANDA FINN		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2015
Mailing Address 428 6TH STREET		Amount of Each Disbursement this Period 2123.07
City MARIETTA State OH Zip Code 45750	Purpose of Disbursement CAMPAIGN STAFF SALARY	
Candidate Name	Category/Type 001	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.96954
State: District:		

Full Name (Last, First, Middle Initial) C. DANIEL HALLIBURTON		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2015
Mailing Address PO BOX 544		Amount of Each Disbursement this Period 414.84
City RANDOLPH State OH Zip Code 44265	Purpose of Disbursement CAMPAIGN STAFF SALARY	
Candidate Name	Category/Type 001	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.96955
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2996.67
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 65 OF 83	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JOHNSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. MICHAEL SMULLEN			Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2015	
Mailing Address 529 N. PAXTON STREET			Amount of Each Disbursement this Period 458.76	
City ALEXANDRIA	State VA	Zip Code 22304	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.96956	
Purpose of Disbursement CAMPAIGN ADVISOR SALARY		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) B. PAYCHEX			Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2015	
Mailing Address 101 E HINES HILL ROAD			Amount of Each Disbursement this Period 1493.33	
City HUDSON	State OH	Zip Code 44236	<input type="checkbox"/> Memo Item Transaction ID : SB17.96807	
Purpose of Disbursement CAMPAIGN PAYROLL TAX EXPENSE		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) C. PAYCHEX			Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2015	
Mailing Address 101 E HINES HILL ROAD			Amount of Each Disbursement this Period 57.36	
City HUDSON	State OH	Zip Code 44236	<input type="checkbox"/> Memo Item Transaction ID : SB17.96808	
Purpose of Disbursement CAMPAIGN PAYROLL PROCESSING EXPENSE		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

SUBTOTAL of Disbursements This Page (optional)	1550.69
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 66 OF 83	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JOHNSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PAYCHEX		Date of Disbursement MM / DD / YYYY 02 / 12 / 2015
Mailing Address 101 E HINES HILL ROAD		Amount of Each Disbursement this Period 2768.12
City HUDSON State OH Zip Code 44236	Purpose of Disbursement CAMPAIGN STAFF PAYROLL EXPENSE Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Memo Item Transaction ID : SB17.96858
State: District:		

Full Name (Last, First, Middle Initial) B. AMANDA FINN		Date of Disbursement MM / DD / YYYY 02 / 12 / 2015
Mailing Address 428 6TH STREET		Amount of Each Disbursement this Period 2123.07
City MARIETTA State OH Zip Code 45750	Purpose of Disbursement CAMPAIGN STAFF SALARY Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.96957
State: District:		

Full Name (Last, First, Middle Initial) C. DANIEL HALLIBURTON		Date of Disbursement MM / DD / YYYY 02 / 12 / 2015
Mailing Address PO BOX 544		Amount of Each Disbursement this Period 414.84
City RANDOLPH State OH Zip Code 44265	Purpose of Disbursement CAMPAIGN STAFF SALARY Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.96958
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2768.12
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 83			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
JOHNSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. MICHAEL SMULLEN			Date of Disbursement MM / DD / YYYY 02 / 12 / 2015		
Mailing Address 529 N. PAXTON STREET			Amount of Each Disbursement this Period 230.21		
City ALEXANDRIA	State VA	Zip Code 22304	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.96959		
Purpose of Disbursement CAMPAIGN ADVISOR SALARY		Category/ Type 001			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) B. PAYCHEX			Date of Disbursement MM / DD / YYYY 02 / 13 / 2015		
Mailing Address 101 E HINES HILL ROAD			Amount of Each Disbursement this Period 1429.26		
City HUDSON	State OH	Zip Code 44236	<input type="checkbox"/> Memo Item Transaction ID : SB17.96859		
Purpose of Disbursement CAMPAIGN STAFF PAYROLL TAXES		Category/ Type 001			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) C. PAYCHEX			Date of Disbursement MM / DD / YYYY 02 / 13 / 2015		
Mailing Address 101 E HINES HILL ROAD			Amount of Each Disbursement this Period 57.36		
City HUDSON	State OH	Zip Code 44236	<input type="checkbox"/> Memo Item Transaction ID : SB17.96860		
Purpose of Disbursement CAMPAIGN PAYROLL PROCESSING FEES		Category/ Type 001			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....	1486.62
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 68 OF 83	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JOHNSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PAYCHEX		Date of Disbursement MM / DD / YYYY 02 / 26 / 2015
Mailing Address 101 E HINES HILL ROAD		Amount of Each Disbursement this Period 2478.64
City HUDSON State OH Zip Code 44236	Purpose of Disbursement CAMPAIGN STAFF PAYROLL Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Memo Item Transaction ID : SB17.96861
State: District:		

Full Name (Last, First, Middle Initial) B. AMANDA FINN		Date of Disbursement MM / DD / YYYY 02 / 26 / 2015
Mailing Address 428 6TH STREET		Amount of Each Disbursement this Period 1071.22
City MARIETTA State OH Zip Code 45750	Purpose of Disbursement CAMPAIGN STAFF SALARY Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.96960
State: District:		

Full Name (Last, First, Middle Initial) C. DANIEL HALLIBURTON		Date of Disbursement MM / DD / YYYY 02 / 26 / 2015
Mailing Address PO BOX 544		Amount of Each Disbursement this Period 414.84
City RANDOLPH State OH Zip Code 44265	Purpose of Disbursement CAMPAIGN STAFF SALARY Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.96961
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2478.64
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 69 OF 83	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JOHNSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. WILLIAM LLOYD			Date of Disbursement MM / DD / YYYY 02 / 26 / 2015	
Mailing Address 5301 ARYSHIRE DR.			Amount of Each Disbursement this Period 762.36	
City DUBLIN	State OH	Zip Code 43017	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.96962	
Purpose of Disbursement CAMPAIGN STAFF SALARY		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. MICHAEL SMULLEN			Date of Disbursement MM / DD / YYYY 02 / 26 / 2015	
Mailing Address 529 N. PAXTON STREET			Amount of Each Disbursement this Period 230.22	
City ALEXANDRIA	State VA	Zip Code 22304	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.96963	
Purpose of Disbursement CAMPAIGN ADVISOR SALARY		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. PAYCHEX			Date of Disbursement MM / DD / YYYY 02 / 27 / 2015	
Mailing Address 101 E HINES HILL ROAD			Amount of Each Disbursement this Period 829.49	
City HUDSON	State OH	Zip Code 44236	<input type="checkbox"/> Memo Item Transaction ID : SB17.96862	
Purpose of Disbursement CAMPAIGN STAFF PAYROLL TAXES		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	829.49
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 70 OF 83	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JOHNSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PAYCHEX		Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2015
Mailing Address 101 E HINES HILL ROAD		Amount of Each Disbursement this Period 75.02
City HUDSON State OH Zip Code 44236	Purpose of Disbursement CAMPAIGN PAYROLL PROCESSING FEE	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.96863
State: District:	Category/Type 001	

Full Name (Last, First, Middle Initial) B. PAYCHEX		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2015
Mailing Address 101 E HINES HILL ROAD		Amount of Each Disbursement this Period 1103.16
City HUDSON State OH Zip Code 44236	Purpose of Disbursement CAMPAIGN STAFF PAYROLL EXPENSE	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.96891
State: District:	Category/Type 001	

Full Name (Last, First, Middle Initial) C. DANIEL HALLIBURTON		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2015
Mailing Address PO BOX 544		Amount of Each Disbursement this Period 414.84
City RANDOLPH State OH Zip Code 44265	Purpose of Disbursement CAMPAIGN STAFF SALARY	
Candidate Name		<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.96964
State: District:	Category/Type 001	

SUBTOTAL of Disbursements This Page (optional).....	1178.18
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 71 OF 83	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JOHNSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. WILLIAM LLOYD			Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2015	
Mailing Address 5301 ARYSHIRE DR.			Amount of Each Disbursement this Period 458.11	
City DUBLIN	State OH	Zip Code 43017	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.96965	
Purpose of Disbursement CAMPAIGN STAFF SALARY		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) B. MICHAEL SMULLEN			Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2015	
Mailing Address 529 N. PAXTON STREET			Amount of Each Disbursement this Period 230.21	
City ALEXANDRIA	State VA	Zip Code 22304	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.96966	
Purpose of Disbursement CAMPAIGN ADVISOR SALARY		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) C. PAYCHEX			Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2015	
Mailing Address 101 E HINES HILL ROAD			Amount of Each Disbursement this Period 299.97	
City HUDSON	State OH	Zip Code 44236	<input type="checkbox"/> Memo Item Transaction ID : SB17.96892	
Purpose of Disbursement CAMPAIGN STAFF PAYROLL TAXES		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

SUBTOTAL of Disbursements This Page (optional)	299.97
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 72 OF 83	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JOHNSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PAYCHEX		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2015
Mailing Address 101 E HINES HILL ROAD		Amount of Each Disbursement this Period 64.85
City HUDSON State OH Zip Code 44236	Purpose of Disbursement CAMPAIGN PAYROLL PROCESSING EXPENSE Category/Type 001	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.96893
State: District:		

Full Name (Last, First, Middle Initial) B. PAYCHEX		Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2015
Mailing Address 101 E HINES HILL ROAD		Amount of Each Disbursement this Period 1103.17
City HUDSON State OH Zip Code 44236	Purpose of Disbursement CAMPAIGN STAFF PAYROLL EXPENSE Category/Type 001	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.96894
State: District:		

Full Name (Last, First, Middle Initial) C. DANIEL HALLIBURTON		Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2015
Mailing Address PO BOX 544		Amount of Each Disbursement this Period 414.84
City RANDOLPH State OH Zip Code 44265	Purpose of Disbursement CAMPAIGN STAFF SALARY Category/Type 001	
Candidate Name		<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.96967
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1168.02
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 73 OF 83	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JOHNSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. WILLIAM LLOYD			Date of Disbursement MM / DD / YYYY 03 / 30 / 2015	
Mailing Address 5301 ARYSHIRE DR.			Amount of Each Disbursement this Period 458.11	
City DUBLIN	State OH	Zip Code 43017	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.96968	
Purpose of Disbursement CAMPAIGN STAFF SALARY		Category/Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) B. MICHAEL SMULLEN			Date of Disbursement MM / DD / YYYY 03 / 30 / 2015	
Mailing Address 529 N. PAXTON STREET			Amount of Each Disbursement this Period 230.22	
City ALEXANDRIA	State VA	Zip Code 22304	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.96969	
Purpose of Disbursement CAMPAIGN ADVISOR SALARY		Category/Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) C. PAYCHEX			Date of Disbursement MM / DD / YYYY 03 / 31 / 2015	
Mailing Address 101 E HINES HILL ROAD			Amount of Each Disbursement this Period 278.71	
City HUDSON	State OH	Zip Code 44236	<input type="checkbox"/> Memo Item Transaction ID : SB17.96895	
Purpose of Disbursement CAMPAIGN PAYROLL TAXES		Category/Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

SUBTOTAL of Disbursements This Page (optional)	278.71
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 74 OF 83	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JOHNSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PAYCHEX		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2015
Mailing Address 101 E HINES HILL ROAD		Amount of Each Disbursement this Period 75.02
City HUDSON State OH Zip Code 44236	Purpose of Disbursement CAMPAIGN PAYROLL PROCESSING EXPENSE Category/Type 001	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.96896
State: District:		

Full Name (Last, First, Middle Initial) B. PIRYX		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2015
Mailing Address 144 2ND STREET, 1ST FLOOR		Amount of Each Disbursement this Period 60.00
City SAN FRANCISCO State CA Zip Code 94105	Purpose of Disbursement ONLINE FUNDRAISING FEES Category/Type 003	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.96924
State: District:		

Full Name (Last, First, Middle Initial) C. SALT FORK STATE PARK LODGE & CONFERENCE CENTER		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2015
Mailing Address ROUTE 22 EAST P.O. BOX 7		Amount of Each Disbursement this Period 465.01
City CAMBRIDGE State OH Zip Code 43725	Purpose of Disbursement CAMPAIGN LODGING & MEALS Category/Type 002	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.96922
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	600.03
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 83			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
JOHNSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. SECOND FREEDOM, LLC		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015
Mailing Address PO BOX 5306		Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Memo Item
City POLAND State OH Zip Code 44514	Purpose of Disbursement ACCOUNTING & COMPLIANCE SERVICES Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.96803
State: District:		

Full Name (Last, First, Middle Initial) B. SECOND FREEDOM, LLC		Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2015
Mailing Address PO BOX 5306		Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Memo Item
City POLAND State OH Zip Code 44514	Purpose of Disbursement ACCOUNTING & COMPLIANCE SERVICES Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.96804
State: District:		

Full Name (Last, First, Middle Initial) C. SECOND FREEDOM, LLC		Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2015
Mailing Address PO BOX 5306		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Memo Item
City POLAND State OH Zip Code 44514	Purpose of Disbursement ACCOUNTING & COMPLIANCE SERVICES Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.96718
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2000.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 83			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
JOHNSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. SECOND FREEDOM, LLC			Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2015		
Mailing Address PO BOX 5306			Amount of Each Disbursement this Period 1000.00		
City POLAND	State OH	Zip Code 44514	Memo Item <input type="checkbox"/>		
Purpose of Disbursement ACCOUNTING AND COMPLIANCE SERVICES		Category/ Type 001	Transaction ID : SB17.96881		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: _____	District: _____				

Full Name (Last, First, Middle Initial) B. SONOMA RESTAURANT			Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2015		
Mailing Address 233 PENNSYLVANIA AVE			Amount of Each Disbursement this Period 229.20		
City WASHINGTON	State DC	Zip Code 20003	Memo Item <input type="checkbox"/>		
Purpose of Disbursement CAMPAIGN FUNDRAISER MEALS		Category/ Type 001	Transaction ID : SB17.96791		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: _____	District: _____				

Full Name (Last, First, Middle Initial) C. SONOMA RESTAURANT			Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2015		
Mailing Address 233 PENNSYLVANIA AVE			Amount of Each Disbursement this Period 187.00		
City WASHINGTON	State DC	Zip Code 20003	Memo Item <input type="checkbox"/>		
Purpose of Disbursement CAMPAIGN FUNDRAISER MEALS		Category/ Type 003	Transaction ID : SB17.96910		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: _____	District: _____				

SUBTOTAL of Disbursements This Page (optional)	1416.20
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 77 OF 83	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JOHNSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. SONOMA RESTAURANT			Date of Disbursement M M / D D / Y Y Y Y 03 / 23 / 2015	
Mailing Address 233 PENNSYLVANIA AVE			Amount of Each Disbursement this Period 252.90	
City	State	Zip Code		
WASHINGTON	DC	20003	<input type="checkbox"/> Memo Item	
Purpose of Disbursement FUNDRAISER MEALS		003		
Candidate Name		Category/ Type	Transaction ID : SB17.96914	
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) B. SONOMA RESTAURANT			Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2015	
Mailing Address 233 PENNSYLVANIA AVE			Amount of Each Disbursement this Period 260.00	
City	State	Zip Code		
WASHINGTON	DC	20003	<input type="checkbox"/> Memo Item	
Purpose of Disbursement CAMPAIGN FUNDRAISER MEALS		001		
Candidate Name		Category/ Type	Transaction ID : SB17.96918	
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) C. THE RITZ-CARLTON			Date of Disbursement M M / D D / Y Y Y Y 02 / 15 / 2015	
Mailing Address 455 GRAND BAY DRIVE			Amount of Each Disbursement this Period 419.44	
City	State	Zip Code		
KEY BISCAIYNE	FL	33149	<input type="checkbox"/> Memo Item	
Purpose of Disbursement CAMPAIGN TRAVEL - LODGING		002		
Candidate Name		Category/ Type	Transaction ID : SB17.96793	
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

SUBTOTAL of Disbursements This Page (optional).....	932.34
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 78 OF 83	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JOHNSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. THE RITZ-CARLTON			Date of Disbursement M M / D D / Y Y Y Y 02 / 15 / 2015	
Mailing Address 455 GRAND BAY DRIVE			Amount of Each Disbursement this Period 33.30	
City KEY BISCAYNE	State FL	Zip Code 33149	Memo Item <input type="checkbox"/>	
Purpose of Disbursement CAMPAIGN TRAVEL - MEAL		Category/ Type 002		
Candidate Name			Transaction ID : SB17.96794	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) B. UNITED STATES POSTAL SERVICE - MARIETTA			Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2015	
Mailing Address 100 POST ST			Amount of Each Disbursement this Period 89.50	
City MARIETTA	State OH	Zip Code 45750	Memo Item <input type="checkbox"/>	
Purpose of Disbursement CAMPAIGN POSTAGE		Category/ Type 001		
Candidate Name			Transaction ID : SB17.96757	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) C. UNITED STATES POSTAL SERVICE - MARIETTA			Date of Disbursement M M / D D / Y Y Y Y 01 / 08 / 2015	
Mailing Address 100 POST ST			Amount of Each Disbursement this Period 6.96	
City MARIETTA	State OH	Zip Code 45750	Memo Item <input type="checkbox"/>	
Purpose of Disbursement CAMPAIGN POSTAGE		Category/ Type 001		
Candidate Name			Transaction ID : SB17.96756	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

SUBTOTAL of Disbursements This Page (optional).....	129.76
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 79 OF 83	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JOHNSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. US AIRWAYS		Date of Disbursement MM / DD / YYYY 02 / 02 / 2015
Mailing Address 4000 E SKY HARBOR BLVD		Amount of Each Disbursement this Period 255.10
City PHOENIX	State AZ Zip Code 85034	
Purpose of Disbursement CAMPAIGN TRAVEL - AIR FARE	Category/Type 002	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.96784
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. US AIRWAYS		Date of Disbursement MM / DD / YYYY 03 / 18 / 2015
Mailing Address 4000 E SKY HARBOR BLVD		Amount of Each Disbursement this Period 185.10
City PHOENIX	State AZ Zip Code 85034	
Purpose of Disbursement CAMPAIGN TRAVEL - AIRFARE	Category/Type 001	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.96911
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. WESTIN COLUMBUS		Date of Disbursement MM / DD / YYYY 03 / 01 / 2015
Mailing Address 310 SOUTH HIGH STREET		Amount of Each Disbursement this Period 204.43
City COLUMBUS	State OH Zip Code 43215	
Purpose of Disbursement CAMPAIGN TRAVEL - LODGING	Category/Type 001	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.96899
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	644.63
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 80 OF 83	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JOHNSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. WESTIN DC CITY CENTER		Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2015
Mailing Address 1400 M STREET NW		Amount of Each Disbursement this Period 419.53
City WASHINGTON	State DC	
Zip Code 20005	Purpose of Disbursement CAMPAIGN TRAVEL - LODGING	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 002	Transaction ID : SB17.96762
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. WESTIN DC CITY CENTER		Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2015
Mailing Address 1400 M STREET NW		Amount of Each Disbursement this Period 191.96
City WASHINGTON	State DC	
Zip Code 20005	Purpose of Disbursement CAMPAIGN TRAVEL - LODGING	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 002	Transaction ID : SB17.96764
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. WESTIN NATIONAL HARBOR		Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2015
Mailing Address 171 WATERFRONT STREET		Amount of Each Disbursement this Period 941.28
City NATIONAL HARBOR	State MD	
Zip Code 20745	Purpose of Disbursement CAMPAIGN TRAVEL - LODGING	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	Transaction ID : SB17.96758
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1552.77
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 83			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
JOHNSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. WORLDWIDE TRANSPORTATION			Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2015		
Mailing Address P.O. BOX 260007			Amount of Each Disbursement this Period 122.60		
City MIAMI	State FL	Zip Code 33126	Memo Item <input type="checkbox"/>		
Purpose of Disbursement CAMPAIGN TRAVEL - TRANSPORTATION COSTS		Category/ Type 001			
Candidate Name			Transaction ID : SB17.96792		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: _____	District: _____				

Full Name (Last, First, Middle Initial) B. WORLDWIDE TRANSPORTATION			Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2015		
Mailing Address P.O. BOX 260007			Amount of Each Disbursement this Period 122.60		
City MIAMI	State FL	Zip Code 33126	Memo Item <input type="checkbox"/>		
Purpose of Disbursement CAMPAIGN TRAVEL - TRANSPORTATION		Category/ Type 002			
Candidate Name			Transaction ID : SB17.96795		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: _____	District: _____				

Full Name (Last, First, Middle Initial) C. WORLDWIDE TRANSPORTATION			Date of Disbursement M M / D D / Y Y Y Y 02 / 18 / 2015		
Mailing Address P.O. BOX 260007			Amount of Each Disbursement this Period 116.60		
City MIAMI	State FL	Zip Code 33126	Memo Item <input type="checkbox"/>		
Purpose of Disbursement CAMPAIGN TRAVEL - TRANSPORTATION		Category/ Type 002			
Candidate Name			Transaction ID : SB17.96796		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: _____	District: _____				

SUBTOTAL of Disbursements This Page (optional).....	361.80
TOTAL This Period (last page this line number only).....	54342.47

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 82 OF 83	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JOHNSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. MAKING AMERICA PROSPEROUS PAC		Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2015
Mailing Address PO BOX 2485		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Memo Item Transaction ID : SB21.96864
City SPRINGFIELD State VA Zip Code 22152	Purpose of Disbursement POLITICAL CONTRIBUTION Category/Type 011	
Candidate Name MAKING AMERICA PROSPEROUS PAC	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. ROPES YOUTH BASEBALL		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2015
Mailing Address 26214 SEMINOLE HILL LANE		Amount of Each Disbursement this Period 600.00 <input type="checkbox"/> Memo Item Transaction ID : SB21.96882
City KATY State TX Zip Code 77494	Purpose of Disbursement YOUTH BASEBALL DONATION Category/Type 012	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period <input type="checkbox"/> Memo Item
City State Zip Code	Purpose of Disbursement Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1600.00
TOTAL This Period (last page this line number only).....	1600.00

**SCHEDULE C (FEC Form 3)
LOANS**

NAME OF COMMITTEE (In Full) **JOHNSON FOR CONGRESS** Transaction ID : **SC/10.96944**

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** Memo Item
BILL JOHNSON

Election: 2016
 Primary
 General
 Other (specify) ▼

Mailing Address
 519 FIFTH STREET

City State ZIP Code
 MARIETTA OH 45750

Original Amount of Loan 6000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 6000.00
------------------------------------	------------------------------------	--------------------------------------------------------

TERMS

Date Incurred: M 03 / D 28 / Y 2015
 Date Due: M / D / Y 12/31/15
 Interest Rate: 0.00 % (apr)
 Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	6000.00
TOTALS This Period (last page in this line only).....	6000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.