

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

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

1 Filer ID (Ethics Commission Filers)

2 Total pages filed: **9**

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR Mr. FIRST Johnny MI W
NICKNAME LAST Fusilier Jr SUFFIX

OFFICE USE ONLY

Date Received

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
Change of Address

ADDRESS / PO BOX, APT / SUITE # CITY STATE ZIP CODE
4416 Young Street Pasadena, TX 77504

Date Hand-delivered / Date Postmarked

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(713) 822-8994

Receipt # Amount \$

6 CAMPAIGN TREASURER NAME

MS / MRS / MR Mrs. FIRST Theresa MI
NICKNAME LAST Fusilier SUFFIX

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE # CITY STATE ZIP CODE
4416 Young Street Pasadena, TX 77504

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(713) 857-3442

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)
 July 15 8th day before election Exceeded Modified Reporting Limit Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year Month Day Year
04 / 24 / 25 THROUGH 05 / 28 / 25

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff Other Description
06 / 07 / 25 General Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Pasadena City Council, District G

14 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

Additional Pages

COMMITTEE TYPE COMMITTEE NAME
 GENERAL COMMITTEE ADDRESS
 SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME
COMMITTEE CAMPAIGN TREASURER ADDRESS

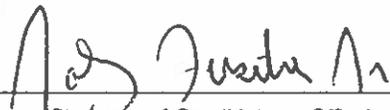
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Johnny Fusilier Jr		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1 TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6,550
EXPENDITURE TOTALS	3 TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,098.88
CONTRIBUTION BALANCE	5 TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 8,791.28
OUTSTANDING LOAN TOTALS	6 TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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



 Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Johnny Fusilier Jr and my date of birth is [REDACTED]
 My address is 4002 Paraguay Circle Paradise TX 77504 USA
(street) (city) (state) (zip code) (country)
 Executed in Harris County, State of Texas, on the 28 day of May, 2025
(month) (year)

 Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME Johnny Fusilier Jr		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 6,550
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 4,098.88
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1.
2 FILER NAME Johnny Fusilier Jr		3 Filer ID (Ethics Commission Filers)
4 Date 5/7/25	5 Full name of contributor out-of-state PAC (ID# _____) Mark Gowen 6 Contributor address, City, State, Zip Code 5829 W Sam Houston Pkwy N Ste 1209 Houston, TX 77041	7 Amount of contribution (\$) 250
8 Principal occupation / Job title (See Instructions) healthcare		9 Employer (See Instructions) Angel Medical
Date 5/7/25	Full name of contributor out-of-state PAC (ID# _____) Larry Cernosek Contributor address, City, State, Zip Code 17605 Kingsdale Dr Deer Park, TX 77546	Amount of contribution (\$) 250
Principal occupation / Job title (See Instructions) owner		Employer (See Instructions) Cernosek Wrecker
Date 5/12/25	Full name of contributor out-of-state PAC (ID# _____) Emmanuel Guerrero Contributor address, City, State, Zip Code 1039 Willow Oaks Circle Pasadena, TX 77506	Amount of contribution (\$) 500
Principal occupation / Job title (See Instructions) senior consultant		Employer (See Instructions) MPACT Strategic Consultants
Date 5/14/25	Full name of contributor out-of-state PAC (ID# _____) Juan Solitaire Contributor address, City, State, Zip Code 904 Joseph St Pasadena, TX 77506	Amount of contribution (\$) 5,000
Principal occupation / Job title (See Instructions) owner		Employer (See Instructions) Integrated Specialty Services
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Johnny Fusilier Jr		3 Filer ID (Ethics Commission Filers)
4 Date 5/22/25	5 Full name of contributor out-of-state PAC (ID# _____) Irene Tamayo	7 Amount of contribution (\$) 50
6 Contributor address: City, State, Zip Code 712 Nevada St South Houston, TX 77587		
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) retired
Date 5/22/25	Full name of contributor out-of-state PAC (ID# _____) Roy Mease	Amount of contribution (\$) 500
Contributor address; City, State, Zip Code 4008 Vista Road #101A Pasadena, TX 77504		
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) Roy D. Mease & Associates
Date	Full name of contributor out-of-state PAC (ID# _____)	Amount of contribution (\$)
Contributor address; City, State, Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID# _____)	Amount of contribution (\$)
Contributor address; City, State, Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1		2 FILER NAME Johnny Fusilier Jr		3 Filer ID (Ethics Commission Filers)	
4 Date 4/28/25		5 Payee name Johnny Fusilier Sr			
6 Amount (\$) 259.78		7 Payee address; City; State; Zip Code 4416 Young St Pasadena, TX 77504			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) polling expense		(b) Description reimbursement for tents		
	(c) Check if travel outside of Texas Complete Schedule T		Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 5/5/25		Candidate / Officeholder name UZ Marketing			
Amount (\$) 667.34		Payee address; City; State; Zip Code 5900 Bingle Rd, Houston, TX 77092			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising expense		Description yard signs		
	Check if travel outside of Texas Complete Schedule T		Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 5/5/25		Candidate / Officeholder name Good Party LLC			
Amount (\$) 57.68		Payee address; City; State; Zip Code 916 Silver Spur Rd, #310 Rolling Hills Estates, CA 90274			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising expense		Description text program		
	Check if travel outside of Texas Complete Schedule T		Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
		Candidate / Officeholder name			
		Office sought			
		Office held			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Johnny Fusilier Jr	3 Filer ID (Ethics Commission Filers)
4 Date 5/12/25	5 Payee name Ornaldo Ybarra Campaign	
6 Amount (\$) 1,500	7 Payee address; City, State, Zip Code Pasadena, TX 77504	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) other	(b) Description donation
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 5/14/25	Payee name Wal-Mart	
Amount (\$) 130.95	Payee address; City, State, Zip Code 5200 Fairmont Pkwy, Pasadena, TX 77505	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) other	Description mail supplies
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 5/19/25	Payee name Wal-Mart	
Amount (\$) 89.54	Payee address; City, State, Zip Code 5200 Fairmont Pkwy, Pasadena, TX 77505	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) other	Description mail supplies
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1	2 FILER NAME Johnny Fusilier Jr	3 Filer ID (Ethics Commission Filers)
4 Date 5/20/25	5 Payee name Absolute Color Mailplex	
6 Amount (\$) 680.62	7 Payee address; City; State; Zip Code 11101 Ella Blvd, Houston, TX 77067	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) printing expense	(b) Description mailer
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 5/20/25	Payee name USPS	
Amount (\$) 584.00	Payee address; City; State; Zip Code 310 Morningside Dr, Friendswood, TX 77546	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) other	Description postage
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 5/23/25	Payee name Good Party LLC	
Amount (\$) 119.49	Payee address; City; State; Zip Code 916 Silver Spur Rd, #310 Rolling Hills Estates, CA 90274	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising expense	Description text program
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1	2 FILER NAME Johnny Fusilier Jr	3 Filer ID (Ethics Commission Filers)
4 Date 5/30/25	5 Payee name AB Merchant Services	
6 Amount (\$) 9.48	7 Payee address: City, State, Zip Code 366 Summer Street, Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) fees	(b) Description service/credit card fee
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address, City, State, Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address, City, State, Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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