

# ESD Reporting Form - Jan. 1, 2019

Information in this form satisfies reporting requirements under Chapter 775 of the Health and Safety Code. Submit this form directly to the Texas Division of Emergency management at SOC2@dps.texas.gov.

## ESD Name (i.e., Buffalo County ESD No. 99) \*

Johnson County ESD # 1

## County or Counties in Which ESD is Located \*

Johnson

## ESD Business Address \*

2451 Service Dr

Street Address

Street Address Line 2

Cleburne

City

76033

Postal / Zip Code

Texas

State / Province

United States

Country

## ESD email \*

ap@johnsoncountyfire.org

example@example.com

## ESD phone \*

817 556-2212

Area Code Phone Number

**ESD website**

www.johnsoncountyfire.org

**Type of ESD \***

- Fire
- Emergency Medical Service
- Both

**Annual ESD Budget \***

4,754,234.15

**Tax rate (most recently adopted; i.e., \$0.10/\$100) \***

\$0.06/100

**Population of ESD**

137,071

**Area (sq. miles) of ESD**

666.47

**Does your ESD collect a sales tax?**

- Yes
- No

**If your ESD collects a sales tax, what is the rate of the sales tax? (i.e. 1/2 percent)**

N/A

**Name of Person Completing this Form \***

Amy Lanciano

First Name Last Name

**E-mail \***

alanciano@johnsoncountyfire.org

example@example.com

**Phone Number \***

817	556-2212
-----	----------

Area Code Phone Number

**Name of ESD President (Commissioner No. 1) \***

Gerald	Miller
--------	--------

First Name Last Name

**E-mail \***

ap@johnsoncountyfire.org
--------------------------

example@example.com

**Term Expires (example: 12/31/16) \***

12/31/2020
------------

**Name of ESD Vice President (Commissioner No. 2) \***

Rick	Cumins
------	--------

First Name Last Name

**E-mail \***

ap@johnsoncountyfire.org
--------------------------

example@example.com

**Term Expires (example: 12/31/16) \***

12/31/2019
------------

**Name of ESD Secretary (Commissioner No. 3) \***

Darren	Yancy
--------	-------

First Name Last Name

**E-mail \***

ap@johnsoncountyfire.org
--------------------------

example@example.com

**Term Expires (example: 12/31/16) \***

12/31/2020

**Name of ESD Treasurer (Commissioner No. 4) \***

Wes

Shiple

First Name

Last Name

**E-mail \***

ap@johnsoncountyfire.org

example@example.com

**Term Expires (example: 12/31/16) \***

12/31/2019

**Name of ESD Commissioner (Commissioner No. 5) \***

Jon

Puryear

First Name

Last Name

**E-mail \***

ap@johnsoncountyfire.org

example@example.com

**Term Expires (example: 12/31/16) \***

12/31/2020

**Name of ESD's legal counsel \***

Ken

Campbell

First Name

Last Name

## Address

PO Box 26300

Street Address

Street Address Line 2

Austin

City

78755

Postal / Zip Code

Texas

State / Province

United States

Country

## Phone Number

512

338-5322

Area Code Phone Number

## E-mail \*

kcampbell@bajb.com

example@example.com

## Name of ESD's general manager, executive director or administrator (N/A if none)

Tom

Foster

First Name

Last Name

## E-mail

tfoster@johnsoncountyfire.org

example@example.com

## Name of fire chief or EMS CEO

Tom

Foster

First Name

Last Name

## E-mail

tfoster@johnsoncountyfire.org

example@example.com

**Names of Other Consultant**

Melody	Armstrong
--------	-----------

First Name      Last Name

**Service provided (i.e. audit)**

Audit
-------

**E-mail**

melodyarmstrong@eaecpa.com
----------------------------

example@example.com

**Names of Other Consultant**

--	--

First Name      Last Name

**Service provided (i.e. audit)**

--

**E-mail**

--

example@example.com

--

SUBMIT BUTTON IS INACTIVE  
IN THIS FORM.  
EMAIL COMPLETED FORM TO  
SOC2@dps.texas.gov

Submit

Print Form