CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to complet		1 Filer ID (Ethics Commi 00080580		2 Total pages fi	led: 13
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY
OFFICEHOLDER NAME	The Honorable	Jarvis			Date Received ELECTRONIC	
	NICKNAME I	LAST		SUFFIX	07/12/2023	
		Johnson				
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / S	SUITE#; CIT	Y;	ZIP CODE	Date Hand-delivered o	or Date Postmarked
MAILING ADDRESS	1051 Cottage Oak				Receipt #	Amount
Change of Address	Houston, TX 77091					
	Tiousion, TX TTOSE				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR F	IRST		MI		
TREASURER NAME	Ms.	Cleo Glenn				
	NICKNAME L	 -AST		SUFFIX		
		Johnson		301117		
		Johnson				
6 CAMPAIGN	STREET ADDRESS (NO PO B	OX PLEASE);	AP ⁻	Γ / SUITE #; CITY	; ST/	ATE; ZIP CODE
TREASURER ADDRESS	1051 Cottage Oak Ln.					
(Residence or Business)	Houston, TX 77091					
7 CAMPAIGN		NUMBER E	XTENSION			
TREASURER PHONE	(832) 890-4130					
8 REPORT TYPE	January 15	30th day before	election	Runoff		mpaign treasurer
				_	appointment (offi	ceholder only)
	X July 15	8th day before e	election	Exceeded modified reporting limit	Final Report (Atta	ach C/OH-FR)
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/01/2023	TH	ROUGH	06/30/202	23	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	Pr	rimary	Runoff	Other	
		□G	eneral	Special		
				<u> </u>		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGH	Γ (if known)	
	State Representative Distric	ct 139 Harris				
				I		
		GO T	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 43

13 C / OH NAME	Johnson, Jarvis (The	Honorable)	14 Filer ID 00080580	(Ethics Com	mission Filers)
This box is for notice of political contributions accepted or political expenditures made by political concepts of candidate / officeholder. These expenditures may have been made without the candidate's or officeholders are required to report this information only if they receive notice consent. Candidates and officeholders are required to report this information only if they receive notice consent.				ceholder's kn	owledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
_	GENERAL				
	SPECIFIC	COMMITTEE ADDRESS			
	SFECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRI	ESS		
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS (OTHER THES OF LOANS, OR CONTRIBUTIONS MADE EL		\$ \$	157.86
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	NS)	\$	4,898.58
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES		\$	0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$	21,253.10
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE RIOD	LAST DAY OF THE	\$	73,080.99
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS A TING PERIOD	S OF THE LAST DAY	\$	0.00
17 AFFIDAVIT					
		I swear, or affirm, under pena true and correct and includes under Title 15, Election Code	all information required		
		The Ho	norable Jarvis Johns	on	
			of Candidate or Officeho		
AFFIX NO	TARY STAMP / SEAL ABO	OVE			
Sworn to and subs	cribed before me, by the s	aid	, this the		day
		ertify which, witness my hand and seal of office.			
Signature of office	cer administering	Printed name of officer administering	Title of offic	er administer	ng oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

			CC	OVER SHE	ET PG 3 3 of 43
18 FILER NAME Johnson, Jarvis (The Honorable) 19 Filer ID 00080580					ssion Filers)
20 S	CHEDUL	E SUBTOTALS			
Ν	AME OF	SCHEDULE		SUBTOTA	L AMOUNT
1	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	3,800.00
2	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	1,098.58
3		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4		SCHEDULE E: LOANS		\$	
5	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	6	\$	21,253.10
6		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
1	D. 🔲	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
1	1.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
1	2.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this fo	1	Total pages Schedule A1: Sch: 1/2 Rpt: 4/43		
2	FILER NAME Johnson, Ja	rvis (The Honorable)		3	Filer ID (Ethics Commission 00080580	on Filers)
4	Date 06/29/2023			7	Amount of Contribution (\$)	\$2,000.00
_	Dringing! goog	Austin, TX 78701	0 Employer (Coo Instructions			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date Full name of contributor out-of-state PAC (ID#:) 06/19/2023 Branch, John Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00	
	Dringing agg	Houton, TX 77022	Employer (See Instructions			
Principal occupation / Job title (See Instructions) Unemployed Employer (See Instruction)		
	Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
		Houston, TX 77040				
	Principal occu Unemployed	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 06/22/2023	Full name of contributor out-of-state PAC (ID#:_IBAT PAC Contributor address; City; State; Zip Code Austin, TX 78701)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 06/21/2023	Full name of contributor out-of-state PAC (ID#:_ McGuire Woods Federal PAC Contributor address; City; State; Zip Code Richmond , VA 23219			Amount of Contribution (\$)	\$250.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)						

Ν	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHI	EDULE A1
Т	he Instru	ction Guide explains how to complete this	1 Total pages Schedule Sch: 2/2 Rpt: 5/43	A1:	
	ILER NAME ohnson, Ja	rvis (The Honorable)		3 Filer ID (Ethics Com 00080580	ımission Filers)
4 D		 Full name of contributor		7 Amount of Contributio	n (\$) \$1,000.00
		Austin, TX 78701			
8 Pi	rincipal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	ns)	

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.				Total pages Sch Sch: 1/3 Rpt:		
2 FILER NAME			3	Filer ID (Ethic	s Commission Filers)	
	arvis (The Honorable)			00080580		
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$		157.86	
5 Date	6 Full name of contributor out-of-state PAC (ID#:)	8	Amount of contribution (\$)	9 In-kind contribution description	
06/28/2023					Cost of the Austin Club	
	7 Contributor address; City; State; Zip Code				Reception	
	Austin, TX 78701			Check if travel of	loutside of Texas. Complete Schedule T.	
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	I-JU		nstructions)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FC	R JUDICIAL)	(See instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contribute	or's	spouse (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
10 ii contributor						
Date	Full name of contributor out-of-state PAC (ID#:)	Π	Amount of	In-kind contribution	
06/28/2023	Blackridge	,		contribution (\$)	•	
	Contributor address; City; State; Zip Code		1		I Email Invitation Distribution	
					l	
	Austin, TX 78701				 	
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	 - 1		outside of Texas. Complete Schedule T.	
1 molpai occi	apadon / oob tide (i ere were oob er / eee were eee)	Employer (FOR NOR		DIOI/IE) (FFF	,	
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FC	R JUDICIAL)	(See instructions)	
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	or's	spouse (if any) (FOR JUDICIAL)	
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of	In-kind contribution	
06/28/2023	IBAT PAC			contribution (\$)	description Cost of the Austin Club	
	Contributor address; City; State; Zip Code				Reception	
	Austin, TX 78701				 	
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	l I-JU		outside of Texas. Complete Schedule T.	
Contributor's	Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See instructions)					
Contributor's	Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL)					
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
						

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A2: Sch: 2/3 Rpt: 7/43				
2 FILER NAME				s Commission Filers)		
Johnson, Ja	arvis (The Honorable)		00080580			
4	CUNITED IN TANK BOUTTON CONTRIB	LITIONIO	Φ.	157.86		
TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$	137.80		
5 Date 06/28/2023	6 Full name of contributor ☐ out-of-state PAC (ID#: Legislative Solutions)	contribution (\$)	In-kind contribution description Event Coordination Fee		
	7 Contributor address; City; State; Zip Code		Ψ213.00	Levent Goordination i ee		
	Austin, TX 78763					
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON		outside of Texas. Complete Schedule T.		
10 Principal occi	apation / Job title (POR NON-JODICIAL) (See instructions)	TI Employer (FOR NON	-JUDICIAL) (See II	istructions		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL)	(See instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)		
16 If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date	Full name of contributor ut-of-state PAC (ID#:)	Amount of	In-kind contribution		
06/28/2023	Martinez, Mario		contribution (\$)	description cost of the Austin Club		
	Contributor address; City; State; Zip Code		φ52.02	Reception		
	TX		Check if travel o	outside of Texas. Complete Schedule T.		
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	-JUDICIAL) (See in	nstructions)		
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL)	(See instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)		
If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date	Full name of contributor ut-of-state PAC (ID#:)	Amount of	In-kind contribution		
06/28/2023	Rice, Chuck		contribution (\$)	description cost of the Austin Club		
	Contributor address; City; State; Zip Code		Ψ32.02	Reception		
			_			
	TX	i		outside of Texas. Complete Schedule T.		
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	-JUDICIAL) (See ir	nstructions)		
0						
Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See instructions)						
Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL)						
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 3/3 Rpt: 8/43 3 Filer ID (Ethics Commission Filers) FILER NAME Johnson, Jarvis (The Honorable) 00080580 \$ 157.86 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor In-kind contribution Date out-of-state PAC (ID#: Amount of contribution (\$) description 06/28/2023 The Schlueter Group \$52.62 cost of the Austin Club 7 Contributor address; City; State; Zip Code Reception TX Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) (See instructions) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) Date Full name of contributor out-of-state PAC (ID#: Amount of In-kind contribution contribution (\$) description 06/28/2023 Wholesale Beer Distributors of Texas PAC \$52.62 cost of the Austin Club Contributor address; City; State; Zip Code Reception Austin, TX 78701 Check if travel outside of Texas. Complete Schedule T. (See instructions) Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See instructions) Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/35 Rpt: 9/43	Johnson, Jarvis (The Honorable) 00080580
4	Date	5 Payee name
	01/03/2023	Academy Sports
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$75.81	1800 N. Mason Road
		Katy, TX 77449
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense
		Check if Austin, TX, officeholder living expense event supplies
		everit supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
⊨	Date	Davida nama
		Payee name
	02/10/2023	Aloft Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$133.38	109 E 7th St
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		x Check if Austin, TX, officeholder living expense Austin hotel
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Payee name
	02/21/2023	Aloft Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$210.12	109 E 7th St
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	LAI LINDITORE	X Check if Austin, TX, officeholder living expense
		Austin hotel
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
1		

SCHEDULE F1

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)

Cr	edit Card Payment	The Instruction Guide explains how to co	mpl	ete this form.		
1 Tot	tal pages Schedule F1:	2 FILER NAME		3 Filer	ID	(Ethics Commission Filers)
So	ch: 2/35 Rpt: 10/43	Johnson, Jarvis (The Honorable)		0008	30580	
4 Da	te	5 Payee name		-		
06	/14/2023	Amazon				
6 Am	nount (\$)	7 Payee address; City; State; Zip Co	de			
	\$71.46	440 Terry Ave N,				
		Seattle, WA 98109				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description		
E'	OF XPENDITURE	Advertising Expense		Check if travel outside of T	exas. Com	plete Schedule T.
	AFENDITORE			Check if Austin, TX, officeh	older living	g expense
				campaign shirts		
•	and the ONLY if direct	Outside to 10th as hald as a second			Off: I-	-1.4
	mplete <u>ONLY</u> if direct penditure to benefit C/O	Candidate/Officeholder name Office sou H	ignt	(Office h	eia
Da		Payee name				
	/30/2023	Austin Southpark Hotel				
Am	nount (\$)	Payee address; City; State; Zip Co	de			
	\$347.49	4140 Governors Row				
		Austin, TX 78744				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description		
E	OF XPENDITURE	Travel Out of District		Check if travel outside of To Check if Austin, TX, officeh		
				Austin Living expense		g expense
				r toethir <u>-</u> irmig expense		
Co	mplete ONLY if direct	Candidate/Officeholder name Office sou	<u>l</u> ight		Office he	eld
	penditure to benefit C/O		3			
Da	 te	Payee name				
	/13/2023	B.B Butchers				
	ount (\$)	Payee address; City; State; Zip Co	nde			
7 (11)	\$164.51	1814 Washington Ave	uc			
	¥2002					
		Houston, TX 77007				
	DUDDOCE		(h)	Description		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(n)	Description Check if travel outside of To	exas. Com	plete Schedule T.
E	XPENDITURE	FOOU/Beverage Expense		Check if Austin, TX, officeh		•
				Food expense		
	mplete ONLY if direct	Candidate/Officeholder name Office sou	ght	(Office h	eld
exp	penditure to benefit C/O	1				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

ement Solicitation/Fundraising Expense
ense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 3/35 Rpt: 11/43	2 FILER NAME Johnson, Jarvis (The Honorable) 3 Filer ID (Ethics Commission Filers) 00080580	
4	· .	5 Payee name Callfire	_
6	Amount (\$) \$10.66	7 Payee address; City; State; Zip Code 1901 Kramer Ln Austin, TX 78758	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Phone call service	
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
	Date 02/06/2023	Payee name Callfire	
	Amount (\$) \$10.66	Payee address; City; State; Zip Code 1901 Kramer Ln Austin, TX 78758	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Advertising	_
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date 03/06/2023	Payee name Callfire	
	Amount (\$) \$10.66	Payee address; City; State; Zip Code 1901 Kramer Ln	
		Austin, TX 78758	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Advertising	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	_

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to compl	ete this form.		
1	Total pages Schedule F1:	2 FILER NAME	3	Filer ID	(Ethics Commission Filers)
	Sch: 4/35 Rpt: 12/43	Johnson, Jarvis (The Honorable)		00080580	
4	Date	5 Payee name			
	04/04/2023	Callfire			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$10.66	1901 Kramer Ln			
		Austin, TX 78758			
8	PURPOSE OF	,	Description	side of Texas. Com	nlete Schedule T
	EXPENDITURE	Advertising Expense	_	X, officeholder living	
			Robocall service	e	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought		Office he	eld
	experialitire to benefit C/Oi	'			
	Date	Payee name			
	01/30/2023	Canva			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$12.95	75 East Santa Clara Street			
		San Jose, CA 95113			
	PURPOSE OF	, ,	Description	nide of Tayon Com	plata Cabadula T
	EXPENDITURE	Advertising Expense	—	side of Texas. Com X, officeholder living	
			graphic design	service	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought		Office he	eld
	experialiture to benefit C/Oi	1			
	Date	Payee name			
	02/28/2023	Canva			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$12.95	75 East Santa Clara Street			
		San Jose, CA 95113			
	PURPOSE OF	, , ,	Description	side of Texas. Com	nlete Schedule T
	EXPENDITURE	Advertising Expense		X, officeholder living	
			Graphic design	service	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought		Office he	eld
	experiulture to beliefft C/OI	1			

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/35 Rpt: 13/43	Johnson, Jarvis (The Honorable) 00080580
4	Date	5 Payee name
	03/28/2023	Canva
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$12.95	75 East Santa Clara Street
		San Jose, CA 95113
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense graphic design service
		graphic design service
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Date	Payee name
	01/30/2023	Capital One
	Amount (\$)	
	\$200.00	1680 Capital One Dr
		McLean, VA 22102
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fees
		1 663
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Payee name
	01/31/2023	Payee name Capital One
		· · · · · · · · · · · · · · · · · · ·
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,000.00	1680 Capital One Dr
		McLean, VA 22102
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fees
		1 663
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commit

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category not listed above)

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/35 Rpt: 14/43	Johnson, Jarvis (The Honorable) 00080580
4	Date	5 Payee name
	02/28/2023	Capital One
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,608.04	1680 Capital One Dr
		McLean, VA 22102
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	03/01/2023	Capital One
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	1680 Capital One Dr
		' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '
		McLean, VA 22102
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	03/29/2023	Capital One
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,500.00	1680 Capital One Dr
		McLean, VA 22102
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	ZAI ZABITORZ	Check if Austin, TX, officeholder living expense Fees
		rees
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
I		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/35 Rpt: 15/43	Johnson, Jarvis (The Honorable) 00080580
4	Date	5 Payee name
	03/29/2023	Capital One
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$200.00	1680 Capital One Drive
		McLean, VA 22102
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		fees
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	experiantare to benefit Gree	
	Date	Payee name
	05/01/2023	Capital One
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	1680 Capital One Drive
		McLean, VA 22102
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Fees
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experiulture to beliefit C/O	7
	Date	Payee name
	05/30/2023	Capital One
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	1680 Capital One Drive
		McLean, VA 22102
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Fees
_		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Candidate/Officeholder/Politica			Legal Services		Salaries/Wa		e /Contract Labor		OTHER (enter a	strict i category not listed a	bove)
	Credit Card Payment			The Instruction Gu	iide explains ho	w to con	nple	te this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commiss	sion Filers)
	Sch: 8/35 Rpt: 16/43		Johnson, Ja	rvis (The Honor	able)					00080580		
4	Date	5	Payee name									
	06/29/2023		Capital One									
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Coc	de					
	\$200.00		1680 Capita	l One Drive								
			McLean, VA	22102								
8	PURPOSE	(a)			4 446		(b)	Description				
ľ	OF	(")	Fees	e Categories listed at th	ne top of this scheat	uie)	(~)	_ `	outsi	de of Texas. Con	plete Schedule T.	
	EXPENDITURE							Check if Austin	, TX,	officeholder living	g expense	
								Fees				
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	Offi	ice soug	ght			Office h	eld	
	experialitate to beliefit crof											
	Date		Payee name									
	02/09/2023		Capitol Grill									
	Amount (\$)		Payee addres	ss; City;	State;	Zip Cod	de					
	\$24.90		1400 Congr	ess Ave								
			Austin, TX 7	8701								
	PURPOSE	(a)	Category (Se	e Categories listed at th	ne top of this schedu	ule)	(b)	Description				
	OF EXPENDITURE			age Expense	·			-			plete Schedule T.	
	EXI ENDITORE									officeholder living	g expense	
								Food expens	е			
	Complete ONLY if direct	<u> </u>	Candidate/Offic	poholder name	Offi	ice soug	ht			Office h	old	
	expenditure to benefit C/OI		Januluale/Onic	centituer frame	Oili	ice soug	JIIL			Office II	eiu	
_		_										
	Date		Payee name	ntoorioto								
	01/23/2023		Casa De Mo									
	Amount (\$)		Payee addres		State;	Zip Cod	de					
	\$101.45		15655 John	F Kennedy Blv	a							
			Houston, TX	(77032								
	PURPOSE OF	(a)		e Categories listed at th	ne top of this schedu	ule)	(b)	Description				
	EXPENDITURE		Food/Bevera	age Expense				브		officeholder living	nplete Schedule T.	
								Food expens		omeenede avan	g oxponed	
								, -				
	Complete ONLY if direct		 Candidate/Offic	ceholder name	Offi	ice soug	ght			Office h	eld	
	expenditure to benefit C/OI					3						
I												

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commit

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnet/Contract Labor

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 9/35 Rpt: 17/43	Johnson, Jarvis (The Honorable) 00080580
4	Date	5 Payee name
	01/23/2023	CenterPoint Energy
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$81.90	P.O. Box 4567
		Houston, TX 77210
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Utility payment
		Otility payment
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Dete	<u> </u>
	Date	Payee name
	02/22/2023	CenterPoint Energy
	Amount (\$)	Payee address; City; State; Zip Code
	\$41.36	P.O. Box 4567
		Houston, TX 77210
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fees
		rees
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date 03/23/2023	Payee name
		CenterPoint Energy
	Amount (\$)	Payee address; City; State; Zip Code
	\$45.51	P.O. Box 4567
		Houston, TX 77210
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense Utility fees
		Otility lees
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 10/35 Rpt: 18/43	Johnson, Jarvis (The Honorable) 00080580
4	Date	5 Payee name
	04/21/2023	CenterPoint Energy
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$27.45	P.O. Box 4567
		Houston, TX 77210
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Utility fees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	05/22/2023	CenterPoint Energy
		· · · · · · · · · · · · · · · · · · ·
	Amount (\$) \$22.27	Payee address; City; State; Zip Code P.O. Box 4567
	Φ22.21	P.O. BOX 4307
		Houston, TX 77210
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Utility Fees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Payee name
	06/21/2023	CenterPoint Energy
	Amount (\$) \$21.43	Payee address; City; State; Zip Code P.O. Box 4567
	Φ21.43	P.O. BOX 4307
		Houston, TX 77210
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Utility fees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contribution/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 11/35 Rpt: 19/43	Johnson, Jarvis (The Honorable) 00080580
4	Date	5 Payee name
	01/10/2023	Chevron
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$69.03	6530 W 43rd St
		Houston, TX 77091
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Expense Check if Austin, TX, officeholder living expense Transportation cost for in district travel
		Transportation cost for in district dayor
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	01/31/2023	Chevron
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$165.00	6530 W 43rd St
		Houston, TX 77091
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense Gas cost
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	01/31/2023	City of Houston
	Amount (\$)	Payee address; City; State; Zip Code
	\$256.33	901 Bagby
		Houston, TX 77002
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORE	Check if Austin, TX, officeholder living expense
		Utility Fees
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	· · · · · · · · · · · · · · · · · · ·
\vdash		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Legal Services Salaries/Wages/Contract Labor

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 12/35 Rpt: 20/43	Johnson, Jarvis (The Honorable) 00080580
4	Date	5 Payee name
	01/09/2023	Constant Contact
6	Amount (\$) \$207.87	7 Payee address; City; State; Zip Code 1601 Trapelo Rd Ste 329
_		Waltham, MA 02451
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Online newsletter service
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/07/2023	Constant Contact
	Amount (\$) \$207.87	Payee address; City; State; Zip Code 1601 Trapelo Rd Ste 329 Waltham, MA 02451
	DUDDOCE	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Enewsletter subscription
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/07/2023	Constant Contact
	Amount (\$) \$207.87	Payee address; City; State; Zip Code 1601 Trapelo Rd Ste 329
		Waltham, MA 02451
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Enewsletter subscription
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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)

	Credit Cara r dyment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 13/35 Rpt: 21/43	Johnson, Jarvis (The Honorable)	00080580
4	Date	5 Payee name	
	04/07/2023	Constant Contact	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$239.85	1601 Trapelo Rd Ste 329	
	l	Waltham, MA 02451	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense	vel outside of Texas. Complete Schedule T.
		,	stin, TX, officeholder living expense r subscription
	l		ousespao
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
_	Date	Payee name	
	05/22/2023	Constant Contact	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$239.85	1601 Trapelo Rd Ste 329	
	7-33	1001 114500 114 515 525	
		Waltham, MA 02451	
	PURPOSE		
	OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if trave	vel outside of Texas. Complete Schedule T.
	EXPENDITURE	Travertising Expense	stin, TX, officeholder living expense
		Enewsletter	r subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
	Date	Payee name	
	06/08/2023	Constant Contact	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$239.85	1601 Trapelo Rd Ste 329	
		Waltham, MA 02451	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense	vel outside of Texas. Complete Schedule T.
	LAI LINDITORE		stin, TX, officeholder living expense
		Enewsietter	r subscription
	Complete ONLY if direct	Condidate/Officeholder name Office cought	Office hold
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought H	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
<u> </u>		
1	Total pages Schedule F1:	
	Sch: 14/35 Rpt: 22/43	Johnson, Jarvis (The Honorable) 00080580
4	Date	5 Payee name
	03/06/2023	Courtyard
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$134.08	12330 N Interstate Hwy 35,
		Austin, TX 78753
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	X Check if Austin, TX, officeholder living expense
		Austin Hotel
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
L	experiorare to benefit C/Of	
	Date	Payee name
	03/23/2023	Courtyard
	Amount (\$)	Payee address; City; State; Zip Code
	\$57.00	12330 N Interstate Hwy 35,
		Austin, TX 78753
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	X Check if Austin, TX, officeholder living expense
		Austin Hotel
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	06/23/2023	Cummings Jr., Claude
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	
	,	
		TX
_	PURPOSE	I
	OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
		Campaign donation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				
_	T	· · · · · · · · · · · · · · · · · · ·			
1	Total pages Schedule F1: Sch: 15/35 Rpt: 23/43	2 FILER NAME Johnson, Jarvis (The Honorable) 3 Filer ID (Ethics Commission Filers) 00080580			
4	Date	5 Payee name			
	03/31/2023	Datazapp			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$210.00	555 W Granada Blvd.			
		Ormond Beach, FL 32174			
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense			
		call list			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI	1			
	Date	Payee name			
	01/17/2023	Del Frisco's Double Eagle Steakhouse			
	Amount (\$)	Payee address; City; State; Zip Code			
	• •				
	\$148.41	5061 Westheimer Rd			
		Houston, TX 77056			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF	Food/Beverage Expense			
	EXPENDITURE	Check if Austin, TX, officeholder living expense			
		Food expense			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI	1			
_	Date	Payeo namo			
	03/02/2023	Payee name Fairfield Inn & Suites			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$52.86	959 Reinli St			
		Austin, TX 78751			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF	Travel Out of District Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE	X Check if Austin, TX, officeholder living expense			
		Austin hotel			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI				
H					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:		_
•	Sch: 16/35 Rpt: 24/43	Johnson, Jarvis (The Honorable) 00080580	
4	Date	5 Payee name	
	04/27/2023	Fairfield Inn & Suites	
6	Amount (\$) \$52.92	7 Payee address; City; State; Zip Code 959 Reinli St Austin, TX 78751	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Austin hotel	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	05/01/2023	Fairfield Inn & Suites	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$52.92	959 Reinli St	
	2022	Austin, TX 78751	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Austin Hotel	
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	01/09/2023	HEB	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$108.14	646 S Flores St	
		San Antonio, TX 78204	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Food beverages for office	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	_

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 17/35 Rpt: 25/43	Johnson, Jarvis (The Honorable) 00080580
4	Date	5 Payee name
	01/09/2023	HEB
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$103.18	646 S Flores St
		San Antonio, TX 78204
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Food for office
		1 ood for office
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
٠	expenditure to benefit C/OI	
	Date	Payee name
	01/06/2023	Harris County Toll Road Authority
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.00	7701 Wilshire PI Dr
	Ψ40.00	TOT WISHING LIDI
		Houston, TX 77040
	DUDDOCE	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Transportation Equipment & Related Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		toll fees for district travel
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	03/02/2023	Harris County Toll Road Authority
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.00	7701 Wilshire PI Dr
		Houston, TX 77040
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense Toll fees
		Toll lees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 18/35 Rpt: 26/43	Johnson, Jarvis (The Honorable)		00080580
4	Date	5 Payee name		•
	04/13/2023	Harris County Toll Road Authority		
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode	
	\$40.00	7701 Wilshire PI Dr		
		Houston, TX 77040		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Transportation Equipment & Related		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Expense		Check if Austin, TX, officeholder living expense
				Toll fees
_	0 1 0 0 1 1 1 1	0.51.40%	<u> </u>	0.5
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ight	Office held
	Date	Payee name		
	05/30/2023	Harris County Toll Road Authority		
	Amount (\$)	Payee address; City; State; Zip Co	ode	
	\$10.00	7701 Wilshire PI Dr		
		Houston, TX 77040		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Transportation Equipment & Related		Check if travel outside of Texas. Complete Schedule T.
		Expense		Check if Austin, TX, officeholder living expense Toll fees
				Toll iccs
	Complete ONLY if direct	Candidate/Officeholder name Office sou	l laht	Office held
	expenditure to benefit C/OI		giic	Since hold
	Date	Payee name		
	02/06/2023	Holiday Inn Express		
			ndo.	
	Amount (\$) \$11.00	Payee address; City; State; Zip Co 805 Neches St	oue	
	Φ11.00	ous Neches St		
		A T.V. 70704		
		Austin, TX 78701		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description Charlest travel autoide of Taylor Complete Schoolule T
	EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Food expense
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ıght	Office held
	expenditure to benefit C/OI			

SCHEDULE F1

Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	
L	Sch: 19/35 Rpt: 27/43	Johnson, Jarvis (The Honorable) 00080580
4	Date	5 Payee name
	01/18/2023	Houston Livestock Show and Rodeo
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	NRG Pkwy
		Houston, TX 77054
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	EM EMBITORE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
		Scholarship Donation
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	
	Date	Payee name
	03/16/2023	JW Marriot Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$244.63	110 E 2nd St
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment & Related
		Expense X Check if Austin, TX, officeholder living expense
		Austin Hotel
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	y
\vdash	Data	Davies and a
	Date 03/20/2023	Payee name NW Marriot Austin
	03/20/2023	JW Marriot Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$127.75	110 E 2nd St
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Austin Hotel
		Austin Hotel
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 20/35 Rpt: 28/43	Johnson, Jarvis (The Honorable) 00080580
4 Date	5 Payee name
04/05/2023	JW Marriot Austin
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$122.32	110 E 2nd St
	Austin, TX 78701
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX, officeholder living expense
	X Check if Austin, TX, officeholder living expense Austin Hotel
	, additivities.
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Dete	T -
Date	Payee name
01/17/2023	Kroger Fuel
Amount (\$)	Payee address; City; State; Zip Code
\$65.08	1352 W 43rd St
	Houston, TX 77018
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Transportation Equipment & Related
	Expense Check if Austin, TX, officeholder living expense
	Gas
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/O	
Date	Payee name
01/20/2023	La Quinta
Amount (\$)	Payee address; City; State; Zip Code
\$101.44	300 E 11th St
	Austin, TX 78701
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
LAFENDITORE	X Check if Austin, TX, officeholder living expense
	Austin living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experialitate to benefit 6/6	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Cor Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment			gal Services	s Expense	Salaries/M		e /Contract Labor		OTHER (enter a	strict a category not listed ab	ove)
			Т	he Instruction G	uide explains	how to co	mple	te this form.				
1	Total pages Schedule F1:	2 FII	LER NAME						3	Filer ID	(Ethics Commissi	on Filers)
	Sch: 21/35 Rpt: 29/43	Jo	ohnson, Jar	is (The Hono	rable)					00080580		
4	Date	5 Pa	ayee name									
	02/06/2023	l	egislative St	udy Group								
6	Amount (\$)	7 Pa	ayee address	; City;	State;	Zip Co	de					
	\$1,000.00	P.	.O. Box 129	43								
		l Au	ustin, TX 78	711								
8	PURPOSE					\	(b)	Description				
ľ	OF	l	ees	Categories listed at t	ine top of this sch	edule)	(~)	`	outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE	'`	000					Check if Austin,	, TX,	officeholder livin	g expense	
								membership	due	es		
9	Complete ONLY if direct		ndidate/Office	holder name	C	Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	H										
	Date	Pa	ayee name									
	01/10/2023	M-	-N-J Grocer	у								
	Amount (\$)	Pa	ayee address	; City;	State	Zip Co	de					
	\$74.84	16	606 US-290									
		М	cDade, TX	78650								
	PURPOSE	(a) Ca	ategory (See	Categories listed at t	the ton of this sch	edule)	(b)	Description				
	OF			n Equipment		ouu.o,		`	outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE		xpense					Check if Austin,	, TX,	officeholder livin	g expense	
								Gas				
	Complete ONLY if direct expenditure to benefit C/OH		ndidate/Office	holder name	C	Office sou	ght			Office h	eld	
	experialitate to belieff of of											
	Date	Pa	ayee name									
	01/17/2023	Ma	arriott									
	Amount (\$)	Pa	ayee address	; City;	State:	Zip Co	de					
	\$366.94	10	0400 Fernwo	ood Road								
		Ве	ethesda, MD	20817								
	PURPOSE	(a) Ca	ategory (See	Categories listed at t	the top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		ravel Out of					ш			nplete Schedule T.	
	LXI LINDITORE									officeholder livin	g expense	
								Austin living 6	exp	ense		
_	Complete ONLY if allower		adidata/Offi	holdor		Office and	ale.			Off:	ald	
	Complete ONLY if direct expenditure to benefit C/O		ndidate/Office	riolaer name	(Office sou	gnt			Office h	eiu	
	· · · · · · · · · · · · · · · · · · ·											

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor,

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 22/35 Rpt: 30/43	Johnson, Jarvis (The Honorable) 00080580
4	Date	5 Payee name
	04/27/2023	Marriott
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$160.60	10400 Fernwood Road
		Bethesda, MD 20817
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. \times \times \text{Check if Austin, TX, officeholder living expense}
		Austin hotel
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
⊨	Date	Douge name
	04/19/2023	Payee name Moxy Austin
		,
	Amount (\$)	Payee address; City; State; Zip Code
	\$67.04	2552 Guadalupe St
		Austin, TX 78705
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX, officeholder living expense
		x Check if Austin, TX, officeholder living expense Austin Hotel
		,
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Douge name
	04/21/2023	Payee name Moxy Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$182.79	2552 Guadalupe St
		Austin, TX 78705
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX, officeholder living expense
		Austin hotel
		, asam note.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
TTHER (order a cotogony not listed above)

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 23/35 Rpt: 31/43	Johnson, Jarvis (The Honorable) 00080580
4	Date	5 Payee name
	01/23/2023	Nu Phi - Omega Psi Phi Fraternity, Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$415.00	2615 Calumet St
		Houston, TX 77004
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Donation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
⊨		
	Date	Payee name
	06/08/2023	PNC Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$182.17	One PNC Plaza
		Pittsburgh, PA 15222
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Check printing fees
		Check philaing lees
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
⊨	D-4-	
	Date	Payee name
	01/03/2023	Public Storage
	Amount (\$)	Payee address; City; State; Zip Code
	\$159.00	701 Western Ave
		Glendale, CA 91201
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Storage for campaign supplies
1		Storage for campaign supplies
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/O	
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Cabadula F1:	· · · · · · · · · · · · · · · · · · ·
1	Total pages Schedule F1: Sch: 24/35 Rpt: 32/43	2 FILER NAME Johnson, Jarvis (The Honorable) 3 Filer ID (Ethics Commission Filers) 00080580
4	Date	5 Payee name
	02/03/2023	Public Storage
6	Amount (\$) \$159.00	7 Payee address; City; State; Zip Code 701 Western Ave Glendale, CA 91201
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Storage for campaign supplies
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/03/2023	Public Storage
	Amount (\$)	Payee address; City; State; Zip Code
	\$159.00	701 Western Ave
	DUDE - C-	Glendale, CA 91201
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Chapter if travel extends of Taxon Complete Schedule T
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Storage for campaign supplies
		Clorago for campaign cappings
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/03/2023	Public Storage
	Amount (\$)	Payee address; City; State; Zip Code
	\$159.00	701 Western Ave
		Glendale, CA 91201
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Storage for campaign supplies
		Storage for campaign supplies
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 25/35 Rpt: 33/43	Johnson, Jarvis (The Honorable) 00080580
4	Date	5 Payee name
	04/03/2023	Quik Trip
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$125.00	4705 S 129th E Ave
		Tusla, OK 74134
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense Gas
		Gas
Ļ	0 1: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0:	
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	01/13/2023	Salvation Pizza
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.75	51 Rainey St
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Food expense
		1 odd oxpolidd
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	•
┡		
	Date	Payee name
	03/09/2023	Sheraton
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.00	701 E 11th St
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
l	LXI LINDITORL	X Check if Austin, TX, officeholder living expense
		Austin hotel
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	Superioritate to bottom 0/01	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
-	Total pages Caladula 51:	<u> </u>
	Total pages Schedule F1:	
	Sch: 26/35 Rpt: 34/43	Johnson, Jarvis (The Honorable) 00080580
4	Date	5 Payee name
	03/13/2023	Sheraton
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$259.47	701 E 11th St
		Auctin TV 70701
		Austin, TX 78701
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX, officeholder living expense
		X Check if Austin, TX, officeholder living expense Austin Hotel
		Austriater
_	Complete ONU V if allow :	Condidate/Office holder name Office county
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/10/2023	Sheraton
	Amount (\$)	Payee address; City; State; Zip Code
	\$345.96	701 E 11th St
		Austin, TX 78701
_	DUDDOOF	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX, officeholder living expense
		Austin Hotel
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_		
	Date	Payee name
	04/17/2023	Sheraton
	Amount (\$)	Payee address; City; State; Zip Code
	\$377.36	701 E 11th St
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	X Check if Austin, TX, officeholder living expense
		Austin hotel
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

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)

	Credit Card Payment	The Instruction Guide explains how to complete	te this form.		
1	Total pages Schedule F1:	2 FILER NAME	3	Filer ID	(Ethics Commission Filers)
	Sch: 27/35 Rpt: 35/43	Johnson, Jarvis (The Honorable)		00080580	
4	Date	5 Payee name	I		
	06/15/2023	Sir Speedy Houston			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$148.31	13240 Hempstead Rd			
		Houston, TX 77040			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description		
	OF EXPENDITURE	Advertising Expense	Check if travel outsi		
	EXPENDITORE		Check if Austin, TX,	, officeholder living	g expense
			Car magnets		
_	Opening ONE V if direct	On distribute 10ff asked days are a		O#: I-	-1.4
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought		Office h	eia
	Date	Payee name			
	01/10/2023	Specs			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$23.64	2410 Smith Street			
		Houston, TX 77006			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description		
	OF EXPENDITURE	Food/Beverage Expense	Check if travel outsi		
		1	Check if Austin, TX, Snacks for office		g expense
			ondoks for office	,	
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	eld
	expenditure to benefit C/O	•			
	Date	Payee name			
	01/23/2023	Squarespace			
		Payee address; City; State; Zip Code			
	Amount (\$) \$19.49	Eight Clarkson Street			
	Ψ19.49	Light Clarkson Stieet			
		Now York NIV 10014			
		New York, NY 10014			
	PURPOSE OF	, ,	Description Check if travel outsi	ide of Toyon Com	unlata Cahadula T
	EXPENDITURE	Advertising Expense	Check if Austin, TX,		•
		'	ப Website domain		,
				-	
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	eld
	expenditure to benefit C/O				
_					

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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)

	Credit Card Payment	The Instruction Guide explains how to comp	lete this form.				
1	Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)	
l	Sch: 28/35 Rpt: 36/43	Johnson, Jarvis (The Honorable)			00080580		
4	Date	5 Payee name					_
l	02/22/2023	Squarespace					
6	Amount (\$)	7 Payee address; City; State; Zip Code					_
l	\$19.49	Eight Clarkson Street					
l							
l		New York, NY 10014					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				_
l	OF	Advertising Expense	_	vel outs	side of Texas. Com	plete Schedule T.	
l	EXPENDITURE		_		t, officeholder living	g expense	
l			Website do	omair	1		
Ļ							
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	İ		Office he	eld	
L	'						_
l	Date	Payee name					
L	03/22/2023	Squarespace					
l	Amount (\$)	Payee address; City; State; Zip Code					
l	\$19.49	Eight Clarkson Street					
l							
		New York, NY 10014					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b	Description				
l	OF EXPENDITURE	Advertising Expense			side of Texas. Com I, officeholder living		
l			Website do			g expense	
			11000110 010				
┝	Complete ONLY if direct	Candidate/Officeholder name Office sough	t		Office he	eld	-
	expenditure to benefit C/OI						
F	Date	Payee name					-
	04/24/2023	Squarespace					
⊢	Amount (\$)	Payee address; City; State; Zip Code					_
l	\$19.49	Eight Clarkson Street					
l							
l		New York, NY 10014					
⊢	PURPOSE) Description				_
l	OF	Advertising Expense		vel outs	side of Texas. Com	plete Schedule T.	
l	EXPENDITURE	riatorianing Experies			, officeholder living	g expense	
			Website do	omair	1		
L							_
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	İ		Office he	eld	
	The state of the s	•					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
Sch: 29/35 Rpt: 37/43	Johnson, Jarvis (The Honorable) 00080580	
4 Date	5 Payee name	
05/31/2023	Squarespace	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$19.49	Eight Clarkson Street	
	New York, NY 10014	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense Website domain	
	Website domain	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
Date	Payee name	_
06/12/2023	Squarespace	
Amount (\$)	Payee address; City; State; Zip Code	_
\$77.94	Eight Clarkson Street	
\$11.01	Light old Noon Caroot	
	New York, NY 10014	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense	
	Website domain	
		_
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held I	
Date	Payee name	_
06/22/2023		
	Squarespace	
Amount (\$)	Payee address; City; State; Zip Code	
\$19.49	Eight Clarkson Street	
	New York, NY 10014	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Advertising Expense	
EXI ENDITORE	Check if Austin, TX, officeholder living expense	
	Website domain	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OF	1	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 30/35 Rpt: 38/43	Johnson, Jarvis (The Honorable) 00080580	
4	Date	5 Payee name	
	03/28/2023	Sunoco	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$223.29	2221 Ella Blvd	
		Houston, TX 77008	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T. Expense Check if Austin, TX, officeholder living expense	
		Expense Check if Austin, TX, officeholder living expense Transporation costs	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H	
F	Date	Payee name	_
	01/31/2023	Tesla	
Г	Amount (\$)	Payee address; City; State; Zip Code	_
	\$250.00	1 Tesla Road	
		Austin, TX 78725	
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.	
		Expense Check if Austin, TX, officeholder living expense Car expense	
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H	
F	Date	Payee name	
	02/21/2023	Tesla	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$17.70	1 Tesla Road	
		Austin, TX 78725	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.	
		Expense Check if Austin, TX, officeholder living expense Charger	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H	
			_
1			

SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a coloropy not listed above)

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 31/35 Rpt: 39/43	Johnson, Jarvis (The Honorable) 00080580
4	Date	5 Payee name
	02/22/2023	Tesla
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$7.75	1 Tesla Road
		Austin, TX 78725
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense Charger
		Sharger
Ļ	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	
	Date	Payee name
	02/22/2023	Tesla
	Amount (\$)	Payee address; City; State; Zip Code
	\$2.52	1 Tesla Road
		Austin, TX 78725
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense Charger
		Charger
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	02/22/2023	Tesla
	Amount (\$)	Payee address; City; State; Zip Code
	\$6.30	1 Tesla Road
		Austin, TX 78725
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment & Related
	EXPENDITORE	Expense Check if Austin, TX, officeholder living expense
		Charger
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	CAPETIGITATE TO DETICITE C/OF	1
1		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 32/35 Rpt: 40/43	Johnson, Jarvis (The Honorable) 00080580
4	Date	5 Payee name
	02/24/2023	Tesla
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$16.43	1 Tesla Road
		Austin, TX 78725
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment & Related
	LAI LINDITORE	Expense Chergor
		Charger
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	the state of the s
_	Data	
	Date	Payee name
	02/27/2023	Tesla
	Amount (\$)	Payee address; City; State; Zip Code
	\$14.25	1 Tesla Road
		Austin, TX 78725
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment & Related Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/21/2023	Tesla
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.81	1 Tesla Road
		Austin, TX 78725
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Expense Check if Austin, TX, officeholder living expense
		transportation expense
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	ponditare to benefit 6/01	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 33/35 Rpt: 41/43	Johnson, Jarvis (The Honorable)	00080580
4	Date	5 Payee name	
	03/31/2023	Tesla	
6	Amount (\$) \$167.63	7 Payee address; City; State; Zip Code 1 Tesla Road Austin, TX 78725	
8	PURPOSE OF EXPENDITURE	Transportation Equipment & Related	outside of Texas. Complete Schedule T. 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	
	04/21/2023	Tesla	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$10.81	1 Tesla Road Austin, TX 78725	
	PURPOSE OF EXPENDITURE	Transportation Equipment & Related	outside of Texas. Complete Schedule T. TX, officeholder living expense n fees
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	01/09/2023	Tommy's Express	
	Amount (\$) \$18.00	Payee address; City; State; Zip Code 12303 Will Clayton Pkwy	
		Atascocita, TX 77338	
	PURPOSE OF EXPENDITURE	Transportation Equipment & Related	outside of Texas. Complete Schedule T. TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions' Donations Made By Candidate/Officeholder/Political Co

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributing Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 34/35 Rpt: 42/43	Johnson, Jarvis (The Honorable) 00080580
4	Date	5 Payee name
	01/09/2023	Tommy's Express
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$18.00	12303 Will Clayton Pkwy
		Atascocita, TX 77338
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment & Related
	LXI LINDITORL	Expense Check if Austin, TX, officeholder living expense
		Car service
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/16/2023	Towneplace Suites
	Amount (\$)	Payee address; City; State; Zip Code
	\$51.65	901 Little Texas
	Ψ31.03	301 Ettile 16Ad3
		Austin, TX 78745
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		X Check if Austin, TX, officeholder living expense Austin Hotel
		Austili i lotei
	Operation ONLY if allowed	One districts (Office healths grown and the control of the control
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/31/2023	Towneplace Suites
	Amount (\$)	Payee address; City; State; Zip Code
	\$108.55	901 Little Texas
		Austin, TX 78745
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	X Check if Austin, TX, officeholder living expense
		Austin Hotel
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Cabadula F1:	
1	Total pages Schedule F1: Sch: 35/35 Rpt: 43/43	2 FILER NAME Johnson, Jarvis (The Honorable) 3 Filer ID (Ethics Commission Filers) 00080580
4	Date	5 Payee name
	01/12/2023	Vinaigrette
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$74.98	2201 College Ave
		Austin, TX 78704
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Food expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/O	
	Date	Payee name
	04/24/2023	W Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$139.23	200 Lavaca St
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		X Check if Austin, TX, officeholder living expense Austin hotel
		Austin Hotel
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
H	Date	Payee name
	03/27/2023	Westin
	Amount (\$)	Payee address; City; State; Zip Code
	\$675.63	310 E 5th St
	ψυ 1 3.03	
		Austin, TX 78701
	DUDDOCE	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX, officeholder living expense
		Austin Hotel
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1