CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers) 00082035	2 Total pages filed: 28
3 CANDIDATE /	MS / MRS / MR FIRST	MI	OFFICE USE ONLY
OFFICEHOLDER NAME	The Honorable Julie		Date Received
			ELECTRONICALLY FILED
			01/08/2024
	NICKNAME LAST Johnson	SUFFIX	01100/2024
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / SUITE #; CI	TY; ZIP CODE	Date Hand-delivered or Date Postmarked
MAILING	3441 Golfing Green Drive		Receipt # Amount
ADDRESS			
Change of Address	Farmers Branch, TX 75234		Date Processed
			Date Imaged
5 CAMPAIGN	MS / MRS / MR FIRST	MI	
TREASURER NAME	Amelia		
	NICKNAME LAST	SUFFIX	
	Anderson		
6 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE)	; APT / SUITE #; CITY;	STATE; ZIP CODE
TREASURER ADDRESS	624 Inglenook Ct.		
(Residence or Business)			
	Coppell, TX 75019		
7 CAMPAIGN	AREA CODE PHONE NUMBER	EVTENSION	
TREASURER	(602) 717-1966	EXTENSION	
PHONE	(002) / 17-1900		
8 REPORT			
TYPE	X January 15 30th day befo	re election Runoff	15th day after campaign treasurer
			appointment (officeholder only)
	July 15 Sth day before	e election Exceeded modified reporting limit	Final Report (Attach C/OH-FR)
9 PERIOD COVERED	Month Day Year 07/01/2023	Month Day THROUGH 12/31/202	Year
	07/01/2023	12/31/202	5
10 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year	Primary Runoff	Other
		General Special	
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT	(if known)
	State Representative District 115 Dallas	Legacy Only	
	GO	TO PAGE 2	
Forms provided by Te	xas Ethics Commission www.e	ethics.state.tx.us	Version V3.5.1.f1b8c3f1

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH **COVER SHEET PG 2** 2 of 28

13 C / OH NAME	C / OH NAME Johnson, Julie (The Honorable) 14 Filer ID 00082035								
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	oolitical contributions accepted or political expen These expenditures may have been made without officeholders are required to report this information	out the candidate's or office	holder's knowledge or					
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME							
	GENERAL								
		COMMITTEE ADDRESS							
	SPECIFIC								
		COMMITTEE CAMPAIGN TREASURER NAM	E						
		COMMITTEE CAMPAIGN TREASURER ADD	RESS						
16 CONTRIBUTION TOTALS		L ZED POLITICAL CONTRIBUTIONS (OTHER T ES OF LOANS, OR CONTRIBUTIONS MADE E		\$ 0.00					
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LO	ANS)	\$ 0.00					
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 541.55					
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 42,492.25					
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF TH RIOD	E LAST DAY OF THE	\$ 79,853.74					
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS TING PERIOD	AS OF THE LAST DAY	\$ 0.00					
17 AFFIDAVIT									
		I swear, or affirm, under per true and correct and include under Title 15, Election Cod	s all information required to						
		The F	Ionorable Julie Johnsor						
			e of Candidate or Officehol						
AFFIX NO	TARY STAMP / SEAL ABO	DVE							
Sworn to and subso	ribed before me, by the s	aid	, this the	day					
		ertify which, witness my hand and seal of office.	, this the	uuy					
Signature of offic	er administering	Printed name of officer administering	Title of officer	r administering oath					
Forms provided by Te	xas Ethics Commission	www.ethics.state.tx.us		Version V3.5.1.f1b8c3f1					

FORM C/OH **SUBTOTALS - C/OH COVER SHEET PG 3** 3 of 28 19 Filer ID 18 FILER NAME (Ethics Commission Filers) 00082035 Johnson, Julie (The Honorable) **20** SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS 1. \$ 0.00 2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS 0.00 \$ X SCHEDULE B: PLEDGED CONTRIBUTIONS \$ 0.00 З. 4. X SCHEDULE E: LOANS \$ 0.00 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 42,492.25 \$ X SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 0.00 6. \$ 7. X SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS 0.00 \$ X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 0.00 8. \$ X SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS 9. \$ 0.00 SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 10. \$ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 11. \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 12. \$ TO FILER

PLEDGED CONTRIBUTIONS SCHEDULE **B** 1 Total pages Schedule B: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 4/28 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Johnson, Julie (The Honorable) 00082035 4 \$ 0.00 TOTAL OF UNITEMIZED PLEDGES In-kind description 5 Date 6 Full name of pledgor out-of-state PAC (ID#: 8 Amount of 9 1 (If applicable) pledge (\$) 7 Pledgor Address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T 10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions)

LOANS		SCHEDU	LE E
The Instruction Guide explains how to complete this form.	-	ages Schedule E: /1 Rpt: 5/28	
2 FILER NAME Johnson, Julie (The Honorable)	3 Filer ID 000820	(Ethics Commission 035	Filers)
⁴ TOTAL OF UNITEMIZED LOANS		\$	0.00
5 Date of loan 7 Name of lender out-of-state PAC (ID#:)	9 Loan Amount (\$)	
6 Is lender a financial institution? 8 Lender address; City; State; Zip Code		10 Interest Rate11 Maturity Date	
12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions)	;)		
14 Description of Collateral 15 Check if personal funds we None	re deposited	d into political account (See Instructions)	
Information Information		19 Amount Guarante	ed (\$)
not applicable 18 Guarantor address; City; State; Zip Code			
20 Principal occupation 21 Employer (See Instructions))		

			EXPENDITURE CATEGOR	IES FOR	BOX 8(a)		EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Office Over Polling Exp Printing Exp Salaries/Wa	oense ages/Contract Labor		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			•	3	Filer ID (Ethics Commission Filers)										
-	Sch: 1/23 Rpt: 6/28		Johnson, Julie (The Honorable)				00082035										
4	Date	5	Payee name														
	07/25/2023		Cassandra Hernandez for Texas														
6	Amount (\$)	7	Payee address; City; State;	Zip Coo	le												
	\$2,500.00 PO Box 1289																
			Addison, TX 75001-1289														
8	PURPOSE	(a)	Category (See Categories listed at the top of this sched	dule)	b) Description												
	OF EXPENDITURE		Contributions/Donations Made By			outs	ide of Texas. Complete Schedule T.										
			Candidate/Officeholder/Political Commit	ttee		, TX	, officeholder living expense										
					Donation												
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9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name Of	ffice soug	nt		Office held										
	Date		Payee name														
	12/18/2023		Christian Manuel Campaign														
_	Amount (\$)	┝		Zip Coo													
	\$2,500.00		505 Orleans St	210 000													
	φ2,500.00																
			Beaumont, TX 77701-3222														
	PURPOSE	(a)	Category (See Categories listed at the top of this sched	dule)	b) Description												
	OF EXPENDITURE		Contributions/Donations Made By				ide of Texas. Complete Schedule T.										
			Candidate/Officeholder/Political Commit	ttee	Donation	, 1	, officeholder living expense										
					Donation												
_	Complete ONLY if direct		Candidate/Officeholder name Of	ffice soug	ht		Office held										
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-	Date		Payee name														
	09/14/2023		Collin County Democratic Party														
	Amount (\$)		Payee address; City; State;	Zip Coo	le												
	\$2,500.00		6829 K Ave														
			Ste 111														
			Plano, TX 75074-2542														
	PURPOSE	(a)	Category (See Categories listed at the top of this sched	dulo)	b) Description												
	OF		Gift/Awards/Memorials Expense	uule)		outs	ide of Texas. Complete Schedule T.										
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	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Of	ffice soug	ht		Office held										
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	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Event Exper Fees Food/Bever Gift/Awards Legal Servio	nse age Expense /Memorials Expense	Loan Re Office O Polling B Printing Salaries	epaym Iverhe Expen Exper /Wage	ent/Reimbursement ad/Rental Expense se nse es/Contract Labor		Transportat Travel in Di Travel Out o	ion Eo strict of Dist	raising Expense quipment & Related Expense trict category not listed above)
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-	Sch: 2/23 Rpt: 7/28	[Honorable)					0008203	35	(
4	Date	5		-								
4	09/04/2023		Payee name Dallas AFL									
6	Amount (\$)	7	Payee addre	ess; C	ity; S	State; Zip C	code					
	\$350.00 1408 N Washington Ave											
			Ste 240									
			Dallas, TX	75204-51	168							
8	PURPOSE	(2)						Description				
0	OF	(a)	Event Expe		s listed at the top of th	nis schedule)		Description	outs	ide of Texas.	Comr	plete Schedule T.
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9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Off	ficeholder	name	Office so	ought	t		Offic	e he	ld
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	Date		Payee name									
	09/04/2023			-	ocratic Party							
	Amount (\$)		Payee addre		ity; S	State; Zip C	code					
	\$200.00		4209 Parry	Ave								
			Dallas, TX	75223-27	755							
	PURPOSE	(a)	Category (s	See Categorie	s listed at the top of th	nis schedule)	(b)) Description				
	OF		Event Expe			· · · · · · ,			outs	ide of Texas.	Comp	blete Schedule T.
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	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense nmittee Legal Services The Instruction Guide exp	e	Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
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	Sch: 3/23 Rpt: 8/28		Johnson, Julie (The Honorable)					00082035			
4	Date	5	Payee name								
	07/01/2023		Dallas County Democratic Party								
6	Amount (\$)	7	Payee address; City;	State;	Zip Co	le					
	\$10,000.00 4209 Parry Ave										
			Dallas, TX 75223-2755								
8	PURPOSE	(a)	Category (See Categories listed at the top of	41-1	ali da Y	(b) Description					
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						Event Spons	ors	ship			
9	Complete ONLY if direct		Candidate/Officeholder name	Of	ffice sou	Iht		Office held			
	expenditure to benefit C/OI	Н									
	Date		Payee name								
	12/15/2023		Dallas Youth Athletic Organizatio	n							
	Amount (\$)		Payee address; City;	State;	Zip Co	le					
	\$500.00		2524 W Ledbetter Dr	,	1						
	+000100										
			Dallas, TX 75233-4018								
	PURPOSE	(a)	Category (See Categories listed at the top of	this schee	dule)	(b) Description					
	OF EXPENDITURE		Contributions/Donations Made By					side of Texas. Complete Schedule T.			
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	\$1,500.00		529 Malone St								
			# 119								
			Denton, TX 76201-2778								
	PURPOSE	(a)	Category (See Categories listed at the top of	this schee	dule)	(b) Description					
	OF EXPENDITURE		Gift/Awards/Memorials Expense					side of Texas. Complete Schedule T.			
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	EXPENDITURE CATEGORIES FOR BOX 8(a)												
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials E Legal Services The Instruction Guid		Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related E Travel in District Travel Out of District OTHER (enter a category not listed abo					
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commissi	on Filers)				
	Sch: 4/23 Rpt: 9/28		Johnson, Julie (The Honorab	le)				00082035					
4	Date	5	Payee name										
	11/08/2023		Foster, Amanda										
6	Amount (\$)	7	Payee address; City; State; Zip Code										
	\$223.63	3 2223 Waterloo City Ln											
			Apt 332										
			Austin, TX 78741-0009										
8	PURPOSE	(a)	Category (See Categories listed at the	top of this sch	edule)	(b) Description							
	OF EXPENDITURE		Office Overhead/Rental Expe		,		outsi	de of Texas. Complete Schedule T.					
	EXPENDITORE							officeholder living expense					
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_			and indexts (Office to a labor second										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name		Office sou	int		Office held					
	Date		Payee name										
	12/29/2023		Frost Bank										
	Amount (\$)		Payee address; City;	State;	; Zip Co	le							
	\$5.00		7859 Walnut Hill Ln										
			Dallas, TX 75230-5605										
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the Accounting/Banking	top of this sch	edule)			de of Texas. Complete Schedule T. officeholder living expense					
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			Dallas, TX 75230-5605										
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	EXPENDITURE CATEGORIES FOR BOX 8(a)											
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1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)									
	Sch: 5/23 Rpt: 10/28	Johnson, Julie (The Honorable)	00082035									
4	Date	Payee name										
	11/30/2023	Frost Bank										
6	Amount (\$) 7 Payee address; City; State; Zip Code \$5.00 7859 Walnut Hill Ln Dallas, TX 75230-5605											
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8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Image: Check if Taxel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Fees Check if Austin, TX, officeholder living expense Fees												
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held									
	Date	Payee name										
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	Amount (\$)	Payee address; City; State; Zip Code										
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	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. h, TX, officeholder living expense									
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held									
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	Amount (\$) \$5.00	Payee address; City; State; Zip Code 7859 Walnut Hill Ln										
		Dallas, TX 75230-5605										
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. I, TX, officeholder living expense									
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	EXPENDITURE CATEGORIES FOR BOX 8(a)												
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gitl/Awards/Memorials Ex nittee Legal Services The Instruction Guid		Office Ove Polling Ex Printing Ex Salaries/W	pense /ages/Contract Labor		Travel in District Travel Out of Distr	uipment & Related Expense				
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-	Sch: 6/23 Rpt: 11/28		ohnson, Julie (The Honorabl	e)				00082035					
4	Date 10/02/2023		?ayee name Frost Bank										
6	Amount (\$)	7 F	Payee address; City;	State	Zip Co	de							
ľ	\$122.25												
	Ψ122.20	'											
			Dallas, TX 75230-5605										
8	PURPOSE	(a) (Category (See Categories listed at the	top of this sch	edule)	(b) Description							
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	EXPENDITURE CATEGORIES FOR BOX 8(a)											
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1	Total pages Schedule F1:	ILER NAME	3 Filer ID (Ethics Commission Filers)									
	Sch: 7/23 Rpt: 12/28	lohnson, Julie (The Honorable)	00082035									
4	Date	Payee name										
	08/31/2023	Frost Bank										
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	Dallas, TX 75230-5605											
8	PURPOSE OF	Category (See Categories listed at the top of this schedule) (b) Description										
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9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	andidate/Officeholder name Office sought	Office held									
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	08/02/2023	Frost Bank										
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		Dallas, TX 75230-5605										
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	Amount (\$)	Payee address; City; State; Zip Code										
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		Dallas, TX 75230-5605										
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	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Con	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expl	Offic Polli Print Sala	ce Over ing Exp ting Exp aries/Wa	oense ages/Contract Labor		Solicitation/Fundraisin Transportation Equipm Travel in District Travel Out of District OTHER (enter a categ	ment & Related Expense			
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	Sch: 8/23 Rpt: 13/28		Johnson, Julie (The Honorable)					00082035	,			
4	Date	5	Payee name				<u> </u>					
	07/03/2023		Frost Bank									
6	Amount (\$)	7	Payee address; City; S	State; Zip	o Coc	le						
	\$15.00 7859 Walnut Hill Ln											
			Dallas, TX 75230-5605									
8	PURPOSE	(a)			- 1	b) Description						
ľ	OF		Category (See Categories listed at the top of th Accounting/Banking	nis schedule)	ľ		outsi	ide of Texas. Complete	Schedule T.			
	EXPENDITURE		/ coounting/ banking			Check if Austir	η, TX	, officeholder living expe	ense			
						Fees						
9	Complete ONLY if direct		andidate/Officeholder name	Office	soug	ht		Office held				
	expenditure to benefit C/OI	H										
	Date		Payee name									
	07/03/2023		Frost Bank									
	Amount (\$)		Payee address; City; S	State; Zip		le						
	\$27.50		7859 Walnut Hill Ln	June, 21p								
	φ21.50											
			Dallas, TX 75230-5605									
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of th Accounting/Banking	nis schedule)				ide of Texas. Complete , officeholder living expe				
						Fees						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office	e soug	ht		Office held				
	Date		Payee name									
	07/03/2023		Frost Bank									
	Amount (\$)		Payee address; City; S	State; Zip	o Coc	le						
	\$14.40		7859 Walnut Hill Ln									
			Dallas, TX 75230-5605									
	PURPOSE OF		Category (See Categories listed at the top of th	nis schedule)	- 1	b) Description						
	EXPENDITURE		Accounting/Banking					ide of Texas. Complete , officeholder living expe				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office	e soug	ht		Office held				

			EXPENDITURE CATEGOR	RIES FOF	BO	X 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Office Ove Polling Exp Printing Ex Salaries/W	rhead/ ense pense ages/0	Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense			
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)			
	Sch: 9/23 Rpt: 14/28		Johnson, Julie (The Honorable)					00082035				
4	Date	5	Payee name									
	12/04/2023		Funky East Dallas Democrats									
6	Amount (\$)	7	Payee address; City; State; Zip Code									
	\$1,000.00		PO Box 181734									
			Dallas, TX 75218-8734									
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b)	Description						
	OF EXPENDITURE	F Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	Office sou	ght			Office he	ld			
	Date		Payee name									
	12/06/2023		Go Daddy									
	Amount (\$)		Payee address; City; State;	Zip Co	de							
	\$51.04		14455 N Hayden Rd									
			Ste 219									
			Scottsdale, AZ 85260-6993									
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Advertising Expense	edule)	[, тх,	de of Texas. Comp officeholder living				
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	ght			Office he	ld			
	Date		Payee name									
	08/23/2023		Go Daddy									
	Amount (\$)		Payee address; City; State;	Zip Co	de							
	\$44.34		14455 N Hayden Rd									
			Ste 219									
			Scottsdale, AZ 85260-6993									
-	PURPOSE	(a)			(h) '	Description						
	OF	(a)	Category (See Categories listed at the top of this sche Advertising Expense	edule)	י (ט) ו	-	outsio	de of Texas. Com	blete Schedule T.			
	EXPENDITURE				Ī		, тх,	officeholder living				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	ght			Office he	ld			

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Con	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ove Polling Ex Printing Ex Salaries/M	kpense /ages/Contract Labor		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	· · · ·		-	3	Filer ID (Ethics Commission Filers)
-	Sch: 10/23 Rpt: 15/28		Johnson, Julie (The Honorable)			5	00082035
4	Date	5	Payee name				
	12/18/2023		Intuit Quickbooks				
6	Amount (\$)			Zip Co	de		
	\$79.95		2700 Coast Ave				
			Mountain View, CA 94043-1140				
8	PURPOSE	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description		
	OF EXPENDITURE		Accounting/Banking	ouuloj		outsi	de of Texas. Complete Schedule T.
	EXPENDITORE					ΤX,	officeholder living expense
					Subscription		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Office sou	ght		Office held
	Date		Payee name				
	11/16/2023		Intuit Quickbooks				
_	Amount (\$)		Payee address; City; State;	Zip Co	de		
	\$79.95		2700 Coast Ave	p 00			
	¢10.00						
			Mountain View, CA 94043-1140				
	PURPOSE OF		Category (See Categories listed at the top of this sch	edule)	(b) Description		
	EXPENDITURE		Accounting/Banking				de of Texas. Complete Schedule T. , officeholder living expense
					Subscription	17,	
					Cusconpuon		
	Complete ONLY if direct		andidate/Officeholder name C	Office sou	aht		Office held
	expenditure to benefit C/OF				9.12		
_	Date		Payee name				
	10/16/2023		Intuit Quickbooks				
	Amount (\$)			Zip Co	de		
	\$79.95		2700 Coast Ave	zip co	ue		
	φ <i>15.5</i> 5						
			Mountain View, CA 94043-1140				
	PURPOSE		Category (See Categories listed at the top of this sch		(b) Description		
	OF		Accounting/Banking	edule)		outsi	de of Texas. Complete Schedule T.
	EXPENDITURE		Accounting/Danking				officeholder living expense
					Subscription		
	Complete ONLY if direct		andidate/Officeholder name	Office sou	ght		Office held
	expenditure to benefit C/OF	Η					

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Con	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ove Polling Exp Printing Ex Salaries/W	pense /ages/Contract Labor		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	· · ·			3	Filer ID (Ethics Commission Filers)
Ť	Sch: 11/23 Rpt: 16/28		Johnson, Julie (The Honorable)			Ũ	00082035
4	Date		Payee name				
-	09/18/2023		Intuit Quickbooks				
6	Amount (\$)			Zip Co	de		
	\$79.95		2700 Coast Ave				
			Mountain View, CA 94043-1140				
8	PURPOSE	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description		
	OF EXPENDITURE		Accounting/Banking	,	Check if travel	outsi	de of Texas. Complete Schedule T.
	EXPENDITORE					, TX,	officeholder living expense
					Subscription		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght		Office held
	Date		Payee name				
	08/16/2023		Intuit Quickbooks				
_	Amount (\$)	<u> </u>	-	Zip Co	de		
	\$79.95		2700 Coast Ave	210 00			
	φr5.55		2100 00031700				
			Mountain View, CA 94043-1140				
	PURPOSE OF		Category (See Categories listed at the top of this sch	edule)	(b) Description		
	EXPENDITURE		Accounting/Banking				de of Texas. Complete Schedule T. , officeholder living expense
					Subscription	, 17,	
					Subscription		
	Complete ONLY if direct		candidate/Officeholder name C	Office sou	nht		Office held
	expenditure to benefit C/Oł				gint		
_	Data	_					
	Date		Payee name Intuit Quickbooks				
	07/17/2023						
	Amount (\$)			Zip Co	de		
	\$79.95		2700 Coast Ave				
			Mountain View, CA 94043-1140	_			
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description		
	OF EXPENDITURE		Accounting/Banking				de of Texas. Complete Schedule T.
						, TX,	officeholder living expense
					Subscription		
	0						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		candidate/Officeholder name C	Office sou	gnt		Office held
		·					

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Ex nmittee Legal Services The Instruction Guid		Office Over Polling Exp Printing Ex Salaries/W	head/R ense pense ages/Co	Reimbursement ental Expense ontract Labor this form.		Travel in District Travel Out of Dist	uipment & Related Expense
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 12/23 Rpt: 17/28		Johnson, Julie (The Honorab	le)					00082035	
4	Date	5	Payee name							
	11/07/2023		LGBTQ VICTORY FUND FE	DERAL P	AC					
6	Amount (\$)	7	Payee address; City;	State	; Zip Co	le				
	\$250.00		1225 I St NW							
			Ste 525							
			Washington, DC 20005-6005	i						
8	PURPOSE	(a)	Category (See Categories listed at the	top of this coh	adula)	(b) D	escription			
	OF	ľ	Event Expense		ieuuie)	Ē		outsi	de of Texas. Comp	lete Schedule T.
	EXPENDITURE		·				Check if Austin,	ΤX,	officeholder living	expense
						E	vent Ticket			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	(Office sou	jht			Office hel	d
	Date		Payee name							
	10/04/2023		Lambda Legal							
	Amount (\$)		Payee address; City;	State	; Zip Co	le				
	\$2,500.00		3500 Oak Lawn Ave							
			Ste 500							
			Dallas, TX 75219-6722							
	PURPOSE	(a)	Category (See Categories listed at the	top of this cab	adula)	(b) D	escription			
	OF		Contributions/Donations Mad		leuule)	Γ		outsi	de of Texas. Comp	lete Schedule T.
	EXPENDITURE		Candidate/Officeholder/Politic		nittee	Ē	_	ΤX,	officeholder living	expense
						D	onation			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	(Office sou	jht			Office hel	d
		_								
	Date		Payee name							
	11/03/2023		Michelle Beckley for Texas							
	Amount (\$)		Payee address; City;	State	; Zip Coo	le				
	\$2,500.00		3206 Sugarbush Dr							
			Carrollton, TX 75007-2927							
	PURPOSE OF	(a)	Category (See Categories listed at the	top of this sch	nedule)	(b) D	escription			
	EXPENDITURE		Contributions/Donations Mad		ittee	Ļ	_		de of Texas. Comp officeholder living (
			Candidate/Officeholder/Politio	cal Comm	littee		Jonation	IA,	oncenoider living (expense
						5				
-	Complete ONLY if direct	<u>ا</u>	Candidate/Officeholder name	(Office soug	iht			Office hel	d
	expenditure to benefit C/OI					,			2	-

	EXPENDITURE CATEGORIES FOR BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				
1	Total pages Cabadula F1				
T	Total pages Schedule F1: Sch: 13/23 Rpt: 18/28	2 FILER NAME 3 Filer ID (Ethics Commission Filers) Johnson, Julie (The Honorable) 00082035			
4	Date 12/04/2023	5 Payee name NGP VAN			
6	Amount (\$) \$1,599.00	7 Payee address; City; State; Zip Code 655 15th St NW Ste 850 Washington, DC 20005-5701			
8	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Software Subscription 			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held			
	Date	Payee name			
	12/04/2023	NGP VAN			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$159.90	655 15th St NW			
		Ste 850			
		Washington, DC 20005-5701			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Software Subscription			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held			
	Date	Payee name			
	11/03/2023	NGP VAN			
	Amount (\$) \$159.90	Payee address; City; State; Zip Code 655 15th St NW 558 50 50 Washington, DC 20005-5701 50 50			
	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Software Subscription 			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services 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)		
-	Total as a second state of the	The Instruction Guide explains how to complete this form.	• Files ID (Ethics Commission Filese)		
1	Total pages Schedule F1: Sch: 14/23 Rpt: 19/28	Johnson, Julie (The Honorable)	3 Filer ID (Ethics Commission Filers) 00082035		
4	Date 10/03/2023	5 Payee name NGP VAN			
6	Amount (\$) \$159.90	7 Payee address; City; State; Zip Code 655 15th St NW Ste 850 Washington, DC 20005-5701			
8	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense DSCription		
9	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	09/05/2023	NGP VAN			
	Amount (\$) \$159.90	Payee address; City; State; Zip Code 655 15th St NW Ste 850 Washington, DC 20005-5701			
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense DSCription		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	09/05/2023	NGP VAN			
	Amount (\$) \$1,599.00	Payee address; City; State; Zip Code 655 15th St NW Ste 850 Washington, DC 20005-5701			
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense DSCription		
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	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 The Instruction Guide explains how to complete this form.	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:		3 Filer ID (Ethics Commission Filers)			
1	Sch: 15/23 Rpt: 20/28	Johnson, Julie (The Honorable)	00082035			
4	Date 08/03/2023	Payee name NGP VAN				
6	Amount (\$) \$159.90	Payee address;City;State;Zip Code655 15th St NWSte 850Washington, DC 20005-5701				
8	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. I, TX, officeholder living expense DSCription			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	07/03/2023	NGP VAN				
	Amount (\$) \$159.90	Payee address;City;State; Zip Code655 15th St NWSte 850Washington, DC 20005-5701				
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. h, TX, officeholder living expense DSCription			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	12/04/2023	Pecan Lodge				
	Amount (\$) \$1,000.00	Payee address;City;State;Zip Code2702 Main St				
		Dallas, TX 75226-1412				
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. h, TX, officeholder living expense staff dinner			
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	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	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:	FILER NAME	3 Filer ID (Ethics Commission Filers)		
	Sch: 16/23 Rpt: 21/28	Johnson, Julie (The Honorable)	00082035		
4	Date 11/03/2023	Payee name Plesa for Texas			
6	Amount (\$)	Payee address; City; State; Zip Code			
	\$2,500.00	PO Box 796311			
		Dallas, TX 75379-6311			
8	PURPOSE	Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	10/19/2023	Quorum Report			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$389.70	PO Box 8 Austin, TX 78767-0008			
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense fee		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	08/07/2023	Ramos 4 Texas Campaign			
-	Amount (\$)	Payee address; City; State; Zip Code			
	\$1,000.00	PO Box 852227			
		Richardson, TX 75085-2227			
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense ES		
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held		

	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: 17/23 Rpt: 22/28	Johnson, Julie (The Honorable)	00082035		
4	Date 12/26/2023	5 Payee name ReadyRefresh by Nestle			
6	Amount (\$) \$5.19	 Payee address; City; State; Zip Code 4718 Mountain Creek Pkwy Dallas, TX 75236-4604 			
8	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense C C		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	11/27/2023	ReadyRefresh by Nestle			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$63.23	4718 Mountain Creek Pkwy Dallas, TX 75236-4604			
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense C C		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	10/26/2023	ReadyRefresh by Nestle			
	Amount (\$) \$5.19	Payee address; City; State; Zip Code 4718 Mountain Creek Pkwy			
		Dallas, TX 75236-4604			
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense C C		
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		

	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: 18/23 Rpt: 23/28	Johnson, Julie (The Honorable)	00082035	
4	Date 09/25/2023	5 Payee name ReadyRefresh by Nestle		
6	Amount (\$) \$49.79	 Payee address; City; State; Zip Code 4718 Mountain Creek Pkwy Dallas, TX 75236-4604 		
8	PURPOSE OF EXPENDITURE		uutside of Texas. Complete Schedule T. TX, officeholder living expense C C	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held	
	Date	Payee name		
	08/25/2023	ReadyRefresh by Nestle		
	Amount (\$) \$5.19	Payee address; City; State; Zip Code 4718 Mountain Creek Pkwy		
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense CC	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held	
	Date	Payee name		
	07/26/2023	ReadyRefresh by Nestle		
	Amount (\$) \$5.19	Payee address; City; State; Zip Code 4718 Mountain Creek Pkwy		
		Dallas, TX 75236-4604		
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense C C	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	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	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:	-	3 Filer ID (Ethics Commission Filers)			
-	Sch: 19/23 Rpt: 24/28	Johnson, Julie (The Honorable)	00082035			
4	Date 09/21/2023	Payee name SearchBug				
6	Amount (\$) \$278.52	Payee address; City; State; Zip Code 2101 Las Palmas Dr Ste E Carlsbad, CA 92011-1521				
8	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense Cription			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	12/11/2023	Squarespace				
	Amount (\$) \$30.91	Payee address;City;State; Zip Code225 Varick StFI 12New York, NY 10014-4383				
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense			
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	11/10/2023	Squarespace				
	Amount (\$) \$30.91	Payee address; City; State; Zip Code 225 Varick St Fl 12 New York, NY 10014-4383				
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gitt/Awards/Memorials Expense Printing Expense Legal Services 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)		
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)		
	Sch: 20/23 Rpt: 25/28	Johnson, Julie (The Honorable)	00082035		
4	Date 10/10/2023	Payee name Squarespace			
6	Amount (\$) \$30.91	Payee address; City; State; Zip Code 225 Varick St Fl 12 New York, NY 10014-4383			
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	09/11/2023	Squarespace			
	Amount (\$) \$30.91	Payee address;City;State;Zip Code225 Varick StFI 12New York, NY 10014-4383			
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	08/10/2023	Squarespace			
	Amount (\$) \$30.91	Payee address; City; State; Zip Code 225 Varick St Fl 12 New York, NY 10014-4383			
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	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:	FILER NAME	3 Filer ID (Ethics Commission Filers)		
	Sch: 21/23 Rpt: 26/28	Johnson, Julie (The Honorable)	00082035		
4	Date 07/10/2023	Payee name Squarespace			
6	Amount (\$)	Payee address; City; State; Zip Code			
ľ	\$31.39	225 Varick St			
	401.00	FI 12			
		New York, NY 10014-4383			
8	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense		
9	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	09/16/2023	Texas House of Representatives			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$275.00	PO Box 2910			
		Austin, TX 78768-2910			
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense graphy		
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	10/16/2023	Urban Stems			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$188.36	1615 L St NW			
		Ste 1230			
		Washington, DC 20036-5674			
	DUDDOOF	-			
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense ft		
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought	Office held		

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)
			3 Filer ID (Ethics Commission Filers)
1	Sch: 22/23 Rpt: 27/28	Johnson, Julie (The Honorable)	00082035
4	Date 10/16/2023	5 Payee name Urban Stems	
6	Amount (\$)	Payee address; City; State; Zip Code	
	\$188.36	1615 L St NW Ste 1230 Washington, DC 20036-5674	
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense t
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	09/08/2023	Urban Stems	
	Amount (\$) Payee address; City; State; Zip Code		
	\$147.22 1615 L St NW		
		Ste 1230	
		Washington, DC 20036-5674	
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense t
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH		Office held
	Date	Payee name	
	07/03/2023	Urban Stems	
	Amount (\$) \$138.56	Payee address; City; State; Zip Code 1615 L St NW Ste 1230 Washington, DC 20036-5674	
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense t
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held