

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) 00085969	2 Total pages filed: 14	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Ms.	FIRST Vanesia	MI	OFFICE USE ONLY Date Received ELECTRONICALLY FILED 02/25/2024
	NICKNAME	LAST Johnson	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE PO Box 2234 Sugar Land, TX 77487		Date Hand-delivered or Date Postmarked	
			Receipt #	Amount
			Date Processed	
			Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Christian	MI	
	NICKNAME	LAST Clinton	SUFFIX	
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 16106 Dawn Marie Ln. Sugar Land, TX 77498			
7 CAMPAIGN TREASURER PHONE	AREA CODE (832)	PHONE NUMBER 429-6965	EXTENSION	
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)			
	<input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)			
9 PERIOD COVERED	Month Day Year 01/26/2024	THROUGH		Month Day Year 02/24/2024
10 ELECTION	ELECTION DATE Month Day Year 03/05/2024		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known) State Representative District 76	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

2 of 14

13 C / OH NAME Johnson, Vanesia (Ms.) **14 Filer ID** (Ethics Commission Filers)
00085969

15 NOTICE FROM POLITICAL COMMITTEE(S)
 Additional Pages

This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	1,290.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	1,189.83
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	31.08
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

17 AFFIDAVIT

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

Ms. Vanesia Johnson

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

3 of 14

18 FILER NAME Johnson, Vanesia (Ms.)		19 Filer ID (Ethics Commission Filers) 00085969
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,290.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 0.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 1,125.67
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7.	<input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 64.16
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/5 Rpt: 4/14
2 FILER NAME Johnson, Vanesia (Ms.)		3 Filer ID (Ethics Commission Filers) 00085969
4 Date 02/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aikens, Constance 6 Contributor address; City; State; Zip Code Washington, DC	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bartholomew, Angelique Contributor address; City; State; Zip Code Missouri City, TX	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butts, Mijisha Contributor address; City; State; Zip Code Sulfolk, VA	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christmas, Tangela Contributor address; City; State; Zip Code Natchez, MS	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Courtney, Mary Contributor address; City; State; Zip Code Stafford, TX	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Applicable		Employer (See Instructions) Not Applicable

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/5 Rpt: 5/14
2 FILER NAME Johnson, Vanesia (Ms.)		3 Filer ID (Ethics Commission Filers) 00085969
4 Date 02/03/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cummings Education Consulting	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Sugar Land, TX		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dean, Carole	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Sugar Land, TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Enaohwo, Itivere	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Atlanta, GA		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glenn, Marion	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Sugar Land, TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Felicia	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Armes, IA		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/5 Rpt: 6/14
2 FILER NAME Johnson, Vanesia (Ms.)		3 Filer ID (Ethics Commission Filers) 00085969
4 Date 02/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Horrell, Jacqueline <hr/> 6 Contributor address; City; State; Zip Code Sugar Land, TX 77498	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson Jr., Lonnie <hr/> Contributor address; City; State; Zip Code Cypress, TX	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Larry, Tema <hr/> Contributor address; City; State; Zip Code Natchez, MS	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mose, D'Angela <hr/> Contributor address; City; State; Zip Code Splendora , TX 77372	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Opot, Kelly <hr/> Contributor address; City; State; Zip Code Houston, TX	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/5 Rpt: 7/14
2 FILER NAME Johnson, Vanesia (Ms.)		3 Filer ID (Ethics Commission Filers) 00085969
4 Date 02/24/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paige, Benita	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Greenwood, MS		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Lewis	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Dallas, TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sukhova, Jane	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Sugar Land, TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Jawanna	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Jackson, MS		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woods, Renee	Amount of Contribution (\$) \$35.00
Contributor address; City; State; Zip Code Houston, TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/5 Rpt: 8/14
2 FILER NAME Johnson, Vanesia (Ms.)		3 Filer ID (Ethics Commission Filers) 00085969
4 Date 02/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yearby, Vernica <hr/> 6 Contributor address; City; State; Zip Code Stone Mountain, GA 30083	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:
Sch: 1/1 Rpt: 9/14

2 FILER NAME
Johnson, Vanesia (Ms.)

3 Filer ID (Ethics Commission Filers)
00085969

4 TOTAL OF UNITEMIZED PLEDGES

\$ 0.00

5 Date

6 Full name of pledgor out-of-state PAC (ID#: _____)

8 Amount of
pledge (\$)

9 In-kind description
(If applicable)

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

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 1/1 Rpt: 10/14
2 FILER NAME Johnson, Vanesia (Ms.)		3 Filer ID (Ethics Commission Filers) 00085969
4 TOTAL OF UNITEMIZED LOANS		\$ 0.00
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial institution?	8 Lender address; City; State; Zip Code	10 Interest Rate
		11 Maturity Date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal occupation		21 Employer (See Instructions)

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/2 Rpt: 11/14	2 FILER NAME Johnson, Vanesia (Ms.)	3 Filer ID (Ethics Commission Filers) 00085969
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4 Date 02/18/2024	5 Payee name Act Blue
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6 Amount (\$) \$30.67	7 Payee address; City; State; Zip Code 366 Summer St. Somerville, MA 02144
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Cumulative fees charged from 12/17/2023 to 2/18/2024.
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/02/2024	Payee name Johnson, Vanesia
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Amount (\$) \$350.00	Payee address; City; State; Zip Code 16106 Dawn Marie Lane Sugar Land, TX 77498
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Repayment for use of personal funds during campaign.
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/03/2024	Payee name Johnson, Vanesia
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Amount (\$) \$100.00	Payee address; City; State; Zip Code 16106 Dawn Marie Lane Sugar Land, TX 77498
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement for use of personal funds during the campaign.
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/2 Rpt: 12/14	2 FILER NAME Johnson, Vanesia (Ms.)	3 Filer ID (Ethics Commission Filers) 00085969
4 Date 02/16/2024	5 Payee name Johnson, Vanesia	
6 Amount (\$) \$195.00	7 Payee address; City; State; Zip Code 16106 Dawn Marie Lane Sugar Land, TX 77498	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement made for use of personal funds.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/18/2024	Payee name Johnson, Vanesia	
Amount (\$) \$200.00	Payee address; City; State; Zip Code 16106 Dawn Marie Lane Sugar Land, TX 77498	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Repayment of personal funds used for campaign expenses.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/24/2024	Payee name Johnson, Vanesia	
Amount (\$) \$250.00	Payee address; City; State; Zip Code 16106 Dawn Marie Lane Sugar Land, TX 77498	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Repayment of expenses paid with personal funds.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 1/2 Rpt: 13/14	2 FILER NAME Johnson, Vanesia (Ms.)	3 Filer ID (Ethics Commission Filers) 00085969
4 Date 01/30/2024	5 Payee name Courtney, Mary	
6 Amount (\$) \$30.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 2730 Oakdale Court Stafford, TX 77477	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sign Placement Fee
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 02/23/2024	Payee name Exxon Express	
Amount (\$) \$20.02 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 15150 Bissonnet St. Houston, TX 77083	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Polling Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel to the voting polls.
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 01/30/2024	Payee name Home Depot	
Amount (\$) \$3.58 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 10419 S Texas Sugar Land, TX 77498	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Zip Ties
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 2/2 Rpt: 14/14	2 FILER NAME Johnson, Vanesia (Ms.)	3 Filer ID (Ethics Commission Filers) 00085969
4 Date 01/31/2024	5 Payee name Meta Platform	
6 Amount (\$) \$10.56 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1601 Willow Rd. Menlo Park, CA 94025	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Facebook Flyers
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held