CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to co	mplete this form.	1 Filer ID (Ethics Commission Fi 00088050		2 Total pages filed: 117	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE US	E ONLY
OFFICEHOLDER NAME	Mrs.	Chavva A.			Date Received ELECTRONICALI	Y FII FD
	NIO(ALANE				07/13/2024	
	NICKNAME	LAST Johnston		SUFFIX	01/13/2024	
	Hava	JUHISUH				
4 CANDIDATE /	ADDRESS / PO BOX;	APT / SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or Da	te Postmarked
OFFICEHOLDER MAILING ADDRESS	2230 Jaguar dr				Receipt #	Amount
Change of Address	Frisco, TX 75033					
	771300, 77773000				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER NAME	Mrs.	Dresden				
	NICKNAME	LAST		SUFFIX		
	MCRIVAIVIL	Goldberg		301117		
		Coluberg				
6 CAMPAIGN	STREET ADDRESS (NO	DO BOX DI EASE):	APT / SU	JITE#; CITY;	STATE	: ZIP CODE
TREASURER ADDRESS	3400 Columbus Dr.	r o box r llact,	Ai 1730	πτ Ε π,	STATE	., Zii GODL
(Residence or Business)						
(Nesidefice of Busiliess)	Frisco, TX 75034					
7 CAMPAIGN	AREA CODE PH	HONE NUMBER E	EXTENSION			
TREASURER	(214) 994-4782	IONE NOMBER	LATENSION			
PHONE	(214) 994-4762					
8 REPORT						
TYPE	January 15	30th day before	election Runo	ff	15th day after campa	
					appointment (officeho	
	X July 15	8th day before		eded modified ting limit	Final Report (Attach	C/OH-FR)
9 PERIOD	Month Day Ye			Month Day	Year	
COVERED	01/01/2024	T⊦	IROUGH	06/30/2024	1	
10 ELECTION	ELECTION DATE	<u> </u>	EL	ECTION TYPE		
	Month Day Ye	ar P	rimary	Runoff	Other	
	11/05/2024		eneral	Special	_	
		XG	Cherai	Jopediai		
11 OFFICE	OFFICE HELD (if any)	L	12 (OFFICE SOUGHT ((if known)	
	, , ,			State Representa		
				· 		
		GO T	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 117

13 C / OH NAME	Johnston, Chavva A.	(Mrs.)	14 Filer ID (00088050	Ethics Commission File	ers)				
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without to d officeholders are required to report this information	the candidate's or office	eholder's knowledge or					
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME							
	GENERAL								
		COMMITTEE ADDRESS							
	SPECIFIC								
		COMMITTEE CAMPAIGN TREASURER NAME							
		COMMITTEE CAMPAIGN TREASURER ADDRES	ss						
16 CONTRIBUTION	1. TOTAL UNITEM	ZED POLITICAL CONTRIBUTIONS (OTHER THA	N DI EDGES I OANS	1					
TOTALS		ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0	0.00				
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 13,016	5.50				
EXPENDITURE TOTALS		\$ 0	0.00						
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 11,068	3.85				
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 4,764	1.85				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0	0.00				
17 AFFIDAVIT		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.							
		Mar. O							
			havva A. Johnston Candidate or Officehole	der					
		Signature of	Candidate of Officerion	uci					
AFFIX NO	TARY STAMP / SEAL AB	DVE							
	Sworn to and subscribed before me, by the said, this the day								
of	, 20, to co	ertify which, witness my hand and seal of office.							
Signature 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 117
18 FILER NAME Johnston, C	E Chavva A. (Mrs.)	19 Filer ID 00088050	(Ethics Commi	ssion Filers)
20 SCHEDULE NAME OF SO	SUBTOTALS		SUBTOTA	AL AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	12,666.50
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	350.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE E: LOANS		\$	
5. X	\$	9,548.85		
6. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	1,000.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	520.00
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11. X	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	288.24
	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTRIBU	JTION	IS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete	this for	m.	1	Total pages Schedule A1: Sch: 1/30 Rpt: 4/117	
2	FILER NAME Johnston, Ch	navva A. (Mrs.)			3	Filer ID (Ethics Commission 00088050	n Filers)
4	Date 02/19/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$5.00
_	Deireirel	Frisco, TX 75034	la la	Faralassa (Ossalastasstisas			
8	Compliance	pation / Job title (See Instructions) Analyst	9	Employer (See Instructions Northrop Grumman	S) 		
	Date 05/30/2024	Full name of contributor out-of-state PA Alter, Abbie Contributor address; City; State; Zip Code Plano, TX 75093			•	Amount of Contribution (\$)	\$35.00
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Not Employed Date Full name of contributor Out-of-state PAC (ID			Not Employed			
	02/17/2024	Full name of contributor out-of-state PA Alvord, Gregory Contributor address; City; State; Zip Code	(ID#:			Amount of Contribution (\$)	\$35.00
		IDAHO FALLS, ID 83401					
	Principal occu Not Employe	pation / Job title (See Instructions) ed		Employer (See Instructions Not Employed	s)		
	Date 02/04/2024	Full name of contributor out-of-state PA Amaya, Idalia Contributor address; City; State; Zip Code Little Elm, TX 75068			-	Amount of Contribution (\$)	\$50.00
	Principal occu Manager	pation / Job title (See Instructions)		Employer (See Instructions University	5)		
	Date 02/12/2024	Full name of contributor out-of-state PA Amendola, Sally Contributor address; City; State; Zip Code Sanger, TX 76266	C (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	<u>s)</u>		
			I				

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/30 Rpt: 5/117	
2	FILER NAME Johnston, Cl	havva A. (Mrs.)		3	Filer ID (Ethics Commission 00088050	ı Filers)
4	Date 02/29/2024	 Full name of contributor out-of-state PAC (ID#:_Amendola, Sally Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$10.00
_	Drivainal	Sanger, TX 76266	D. Farriana (Con Instructions			
8	Not Employe	pation / Job title (See Instructions) ed	9 Employer (See Instructions Not Employed)		
	Date 03/29/2024	Full name of contributor out-of-state PAC (ID#:_Amendola, Sally Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
	Principal occu	Sanger, TX 76266 pation / Job title (See Instructions)	Employer (See Instructions)		
Not Employed			Not Employed	,		
	Date 04/29/2024	Full name of contributor out-of-state PAC (ID#:_ Amendola, Sally Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
		Sanger, TX 76266				
	Principal occu Not Employe	pation / Job title (See Instructions) ed	Employer (See Instructions Not Employed)		
	Date 05/29/2024	Full name of contributor out-of-state PAC (ID#:_ Amendola, Sally Contributor address; City; State; Zip Code Sanger, TX 76266			Amount of Contribution (\$)	\$10.00
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions Not Employed)		
	Date 06/29/2024	Full name of contributor out-of-state PAC (ID#:_Amendola, Sally Contributor address; City; State; Zip Code Sanger, TX 76266			Amount of Contribution (\$)	\$10.00
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions Not Employed)		

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULI	■ A1
	The Instru	ction Guide explains how	to complete this for	rm.	1	Total pages Schedule A1: Sch: 3/30 Rpt: 6/117	
2	FILER NAME Johnston, Ch	navva A. (Mrs.)			3	Filer ID (Ethics Commission Filers) 00088050	
4	Date 06/15/2024	5 Full name of contributorAnis, Mark6 Contributor address; City; State	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$12.50
8	Principal occu Not Employe	Frisco, TX 75034 pation / Job title (See Instructions)	9	Employer (See Instructions Not Employed	5)		
	Date 06/05/2024	Full name of contributor Barnes, Dale Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
	Principal occu Financial Ma	I pation / Job title (See Instructions) unager		Employer (See Instructions First Sterling Ventures 0		p	
	Date 05/30/2024	Full name of contributor Bedford, Tommy Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$12.50
	Principal occu	Savannah, TX 76227 rincipal occupation / Job title (See Instructions) Employer (See Instruction			s) 		
	Politician	pation / vob title (oce moracitons)		Self	٥,		
Date 01/19/2024		Full name of contributor Boulia, Liz Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu Insurance aç	pation / Job title (See Instructions)		Employer (See Instructions Jeff Adams Insurance A		псу	
	Date 02/19/2024	Full name of contributor Boulia, Liz Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
	Principal occu Insurance aç	pation / Job title (See Instructions) gent		Employer (See Instructions Jeff Adams Insurance A		ncy	

	MONEI	ARY POLITICAL CO	JNIRIBUTION	<u>.</u>	SCHEDULE A1		
	The Instru	ction Guide explains how to	o complete this forr	m.	1 Total pages Schedule A1: Sch: 4/30 Rpt: 7/117		
2	FILER NAME Johnston, Ch	havva A. (Mrs.)			3 Filer ID (Ethics Commission Filers) 00088050		
4	Date 03/19/2024	Full name of contributor Boulia, Liz Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code		7 Amount of Contribution (\$) \$25.00		
_	Dringing con	Pilot Point, TX 76258		Franks var (Coa Instructions			
8	Insurance aç	ipation / Job title (See Instructions) gent	3	Employer (See Instructions) Jeff Adams Insurance A			
	Date 04/19/2024	Full name of contributor Boulia, Liz Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code)	Amount of Contribution (\$) \$25.00		
	Principal occu	Pilot Point, TX 76258 upation / Job title (See Instructions)		Employer (See Instructions	-1		
	Insurance ag			Jeff Adams Insurance A			
	Date 05/19/2024	Full name of contributor Boulia, Liz Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code		Amount of Contribution (\$) \$25.00		
		Pilot Point, TX 76258					
	Principal occu Insurance ag	ipation / Job title (See Instructions) gent		Employer (See Instructions Jeff Adams Insurance A			
	Date 06/19/2024	Full name of contributor Boulia, Liz Contributor address; City; State Pilot Point, TX 76258	out-of-state PAC (ID#:e; Zip Code		Amount of Contribution (\$) \$25.00		
	Principal occu Insurance aç	upation / Job title (See Instructions)		Employer (See Instructions Jeff Adams Insurance A			
	Date 06/12/2024	Full name of contributor Brenner, Karen Contributor address; City; State Austin, TX 78731	out-of-state PAC (ID#:e; Zip Code)	Amount of Contribution (\$) \$35.00		
	Principal occu Not Employe	upation / Job title (See Instructions) ed		Employer (See Instructions Not Employed	;)		

	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to com	nplete this forr	m.	1	Total pages Schedule A1: Sch: 5/30 Rpt: 8/117	
2	FILER NAME Johnston, Ch	navva A. (Mrs.)			3	Filer ID (Ethics Commission 00088050	n Filers)
4	Date 05/22/2024	Brenner, Kyle	-state PAC (ID#:)	7	Amount of Contribution (\$)	\$20.00
		Allen, TX 75002	,				
8	Principal occu Teacher	pation / Job title (See Instructions)	9	Employer (See Instructions Melissa ISD	5)		
	Date 02/28/2024	Buchanan, Diane Contributor address; City; State; Zip C)		Amount of Contribution (\$)	\$75.00
	Principal occupation / Job title (See Instructions)			Employer (See Instructions	 ;)		
	Not Employed			Not Employed			
	Date 05/31/2024	Full name of contributor out-of-Buinger, Gene Contributor address; City; State; Zip C	-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
		Aubrey, TX 76227					
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 05/31/2024	Buinger, Gene	-state PAC (ID#:			Amount of Contribution (\$)	\$990.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 06/27/2024	Burns, Macey	-state PAC (ID#:)		Amount of Contribution (\$)	\$35.00
	Principal occu Hair stylist	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		

	MONEI	ARY POLITICAL CONTRIBU	JIION	15		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete	this for	m.	1	Total pages Schedule A1: Sch: 6/30 Rpt: 9/117	
2	FILER NAME	navva A. (Mrs.)			3	Filer ID (Ethics Commission 00088050	r Filers)
4	Date	5 Full name of contributor ut-of-state PAG	C (ID#·)	7	Amount of Contribution (\$)	
•	06/14/2024	Bustos, Georgiana 6 Contributor address; City; State; Zip Code				γ unduit of Contribution (φ)	\$25.00
		The Colony, TX 75056					
8	Principal occu Baker	pation / Job title (See Instructions)	9	Employer (See Instructions Self employed	<u>I</u> S)		
	Date	Full name of contributor ut-of-state PAG	C (ID#·)	Π	Amount of Contribution (\$)	
	06/15/2024	Bustos, Paul	O (ID#			7 and and 31 Contains auton (4)	\$20.00
		Contributor address; City; State; Zip Code			1		
		The Colony, TX 75056					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Fraud Examiner			Southwest Airlines			
	Date	Full name of contributor out-of-state PAG	C (ID#:)		Amount of Contribution (\$)	
	01/21/2024	Cannon, Jill					\$18.00
		Contributor address; City; State; Zip Code			1		
		Drovidonas Villago TV 70227					
	Drive in all accord	Providence Village, TX 76227		Francis van (Coo Instructions	<u></u>		
	Vice preside	pation / Job title (See Instructions)		Employer (See Instructions First American	s)		
			<u> </u>	T IISt American	_	A (O ii i (b)	
	Date	Full name of contributor out-of-state PAC	C (ID#:)		Amount of Contribution (\$)	ታ ርስ ስዕ
	01/23/2024	Cannon, Jill					\$50.00
		Contributor address; City; State; Zip Code					
		Providence Village, TX 76227					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>L</u> 5)		
	Vice preside	nt		First American			
	Date	Full name of contributor out-of-state PAG	C (ID#:)	Г	Amount of Contribution (\$)	
	05/31/2024	Cardell, Simon					\$12.50
		Contributor address; City; State; Zip Code			1		
		Aubrey, TX 76227					
		pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Golf Ops			Omni			

MONE	TARY POLITICAL CONTRIBUTION	ONS	SCHEDULE	A1
The Instru	uction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 7/30 Rpt: 10/117	
2 FILER NAMI Johnston, (E Chavva A. (Mrs.)		3 Filer ID (Ethics Commission F 00088050	ilers)
4 Date 01/15/2024	5 Full name of contributor out-of-state PAC (ID#: Cook, Annick 6 Contributor address; City; State; Zip Code		7 Amount of Contribution (\$)	\$15.00
8 Principal occ	savannah, TX 76227 cupation / Job title (See Instructions)	9 Employer (See Instructions	2)	
Retired	cupation 7 300 title (See Instructions)	Retired	5)	
Date 06/13/2024			Amount of Contribution (\$)	\$12.50
Principal occ	cupation / Job title (See Instructions)	Employer (See Instructions Retired	I S)	
Date 02/19/2024	Full name of contributor out-of-state PAC (ID#: Cortez, Jennifer Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$30.00
	Frisco, TX 75035			
Principal occ Marketing	cupation / Job title (See Instructions)	Employer (See Instructions Alkami	s)	
Date 05/30/2024)	Amount of Contribution (\$)	\$12.50
•	cupation / Job title (See Instructions)	Employer (See Instructions	<u> </u> (3)	
Not Employ	<u> </u>	Not Employed		
Date 03/08/2024	Contributor address; City; State; Zip Code)	Amount of Contribution (\$)	\$50.00
Principal occ	cupation / Job title (See Instructions)	Employer (See Instructions Horton controls group	I S)	
	Flower Mound, TX 75022		5)	

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE	A1
	The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 8/30 Rpt: 11/117	
2	FILER NAME Johnston, Cl	havva A. (Mrs.)		3 Filer ID (Ethics Commission F 00088050	ilers)
4		Full name of contributor		7 Amount of Contribution (\$)	\$25.00
		Suwanee, GA 30024			
8	Principal occu Teacher	pation / Job title (See Instructions)	9 Employer (See Instructions) Forsyth county school di		
	Date 01/03/2024	Full name of contributor out-of-state PAC (ID#: Duffett, Sherry Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$5.00
	Dringinal occu	Liberty, MO 64068 pation / Job title (See Instructions)	Employer (See Instructions)		
	Not Employe		Not Employed	1	
	Date 03/29/2024	Full name of contributor out-of-state PAC (ID#:_ EIShahawy, Kellene Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$35.00
		Plano, TX 75075			
	Principal occu RN	pation / Job title (See Instructions)	Employer (See Instructions) Medely		
	Date 05/30/2024	Full name of contributor out-of-state PAC (ID#:_ Ewing, Dan Contributor address; City; State; Zip Code The Colony, TX 75056		Amount of Contribution (\$)	\$50.00
	Principal occu Sales	pation / Job title (See Instructions)	Employer (See Instructions) N.A.		
	Date 02/20/2024	Full name of contributor out-of-state PAC (ID#:_ Gomez, Charles Contributor address; City; State; Zip Code Aubrey, TX 76227		Amount of Contribution (\$)	\$35.00
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions) Not Employed		

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDUI	LE A1
	The Instruc	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 9/30 Rpt: 12/117	
2	FILER NAME Johnston, Ch	navva A. (Mrs.)			3	Filer ID (Ethics Commission 00088050	on Filers)
4	Date 06/05/2024	5 Full name of contributorH Phillips, Aaron6 Contributor address; City; State	out-of-state PAC (ID#:; Zip Code		7	Amount of Contribution (\$)	\$10.00
_	Dringing Loon	Amarillo, TX 79109	lo.	Employer (Coo Instructions			
8	Classroom T	pation / Job title (See Instructions) eacher		Employer (See Instructions Amarillo ISD	5)		
	Date 02/28/2024	Full name of contributor Haran, Angela Contributor address; City; State)		Amount of Contribution (\$)	\$25.00
Principal oc		McKinney, TX 75071 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Not Employed			Not Employed			
	Date 01/15/2024	Full name of contributor Harris, Nikki Contributor address; City; State	out-of-state PAC (ID#:; ; Zip Code)		Amount of Contribution (\$)	\$50.00
		Frisco, TX 75033					
	Principal occu Sales	pation / Job title (See Instructions)		Employer (See Instructions MercedesBenz USA)		
	05/01/2024 Hayden, Marilee		out-of-state PAC (ID#:; Zip Code			Amount of Contribution (\$)	\$5,000.00
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions none)		
	Date 06/05/2024	Full name of contributor Heggen, Melissa Contributor address; City; State AUSTIN, TX 78704	out-of-state PAC (ID#:;)		Amount of Contribution (\$)	\$20.00
	Principal occu Actuary	pation / Job title (See Instructions)		Employer (See Instructions State of Texas	()		

	MONET	ARY POLITICAL C	ONTRIBUTION	S		SCHEDULI	■ A1
	The Instru	ction Guide explains how	to complete this for	n.	1	Total pages Schedule A1: Sch: 10/30 Rpt: 13/117	
2	FILER NAME Johnston, Ch	navva A. (Mrs.)			3	Filer ID (Ethics Commission 00088050	ı Filers)
4	Date 01/16/2024	5 Full name of contributor Hernandez, Roman6 Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code		7	Amount of Contribution (\$)	\$95.00
_		Richardson , TX 75080	1-				
8	Principal occu Chef	pation / Job title (See Instructions)	9	Employer (See Instructions Hop daddy	s) 		
	Date 01/16/2024	Full name of contributor Hobbs, Rashida Contributor address; City; Sta			•	Amount of Contribution (\$)	\$50.00
	Principal occu	DeSoto, TX 75115 pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Na	pano, 002 and (000 mondono).		Na	-,		
	Date 06/05/2024	Full name of contributor Hughes, Rebecca Contributor address; City; Sta	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$10.00
		Fort Worth, TX 76116					
	Principal occu Not Employe	pation / Job title (See Instructions) ed		Employer (See Instructions Not Employed	5)		
	Date 06/15/2024	Full name of contributor Humby, Irma Contributor address; City; Sta)	•	Amount of Contribution (\$)	\$10.00
	Principal occu Tech writer	Frisco, TX 75035 pation / Job title (See Instructions)		Employer (See Instructions Heat and control	<u> </u> s)		
	Date 06/16/2024	Full name of contributor Jackson, Martha Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code			Amount of Contribution (\$)	\$75.00
	Principal occu Not Employe	pation / Job title (See Instructions) ed		Employer (See Instructions Not Employed	5)		

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 11/30 Rpt: 14/117	
2	FILER NAME Johnston, Cl	havva A. (Mrs.)		3	Filer ID (Ethics Commission 00088050	n Filers)
4	Date 02/23/2024	 Full name of contributor out-of-state PAC (ID#:_ Jurgens, Gay Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$25.00
		Frisco, TX 75036				
8	Principal occu Retired	pation / Job title (See Instructions)	9 Employer (See Instructions none	i) 		
	Date 06/11/2024	Full name of contributor out-of-state PAC (ID#:_ Kao, Vicky Contributor address; City; State; Zip Code Aubrey, TX 76227			Amount of Contribution (\$)	\$12.50
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions Windstream	<u> </u>		
	Date 06/15/2024	Full name of contributor out-of-state PAC (ID#:_ Kao, Vicky Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$12.50
	Principal occu	Aubrey, TX 76227 spation / Job title (See Instructions)	Employer (See Instructions	.)		
	Data Engine	·	Windstream	,		
	Date 06/23/2024	Full name of contributor out-of-state PAC (ID#:_ Kerske, Carla Contributor address; City; State; Zip Code Springtown, TX 76082			Amount of Contribution (\$)	\$25.00
	Principal occu Teacher	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Date 05/09/2024	Full name of contributor out-of-state PAC (ID#:_Knoop, Elizabeth Contributor address; City; State; Zip Code Frisco, TX 75036			Amount of Contribution (\$)	\$100.00
	Principal occu Not Employe	upation / Job title (See Instructions) ed	Employer (See Instructions Not Employed	()		

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 12/30 Rpt: 15/117	
2	FILER NAME Johnston, Cl	havva A. (Mrs.)		3	Filer ID (Ethics Commission 00088050	n Filers)
4	Date 02/18/2024	 Full name of contributor out-of-state PAC (ID#:_Laracy, Jessica Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$35.00
0	Principal occu	Cumberland County, ME 04021	9 Employer (See Instructions			
8	Art director	pation / Job title (See Instructions)	9 Employer (See Instructions) Ethos)		
	Date 05/02/2024	Full name of contributor out-of-state PAC (ID#:_ Lemmond, byron Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5.00
		Katy, TX 77449 pation / Job title (See Instructions)	Employer (See Instructions)		
	Not Employe	ed	Not Employed			
	Date 06/02/2024	Full name of contributor out-of-state PAC (ID#:_ Lemmond, byron Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$5.00
		Katy, TX 77449				
	Principal occu Not Employe	pation / Job title (See Instructions) ed	Employer (See Instructions Not Employed)		
	Date 02/22/2024	Full name of contributor out-of-state PAC (ID#:_Lineberger, Ernest Contributor address; City; State; Zip Code Carrollton, TX 75007			Amount of Contribution (\$)	\$100.00
	Principal occu Capacity Pla	pation / Job title (See Instructions) anning	Employer (See Instructions Texas Instruments)		
	Date 05/31/2024	Full name of contributor out-of-state PAC (ID#:_Longo, Antonella Contributor address; City; State; Zip Code Highland Village, TX 75077			Amount of Contribution (\$)	\$12.50
	Principal occu Research Sc	pation / Job title (See Instructions) cientist	Employer (See Instructions UNT)		

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 13/30 Rpt: 16/117	
2	FILER NAME Johnston, Cl	havva A. (Mrs.)		3	Filer ID (Ethics Commission 00088050	ı Filers)
4	Date 05/31/2024	 Full name of contributor out-of-state PAC (ID#:_Longo, Antonella Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$25.00
0	Dringing ogg	Highland Village, TX 75077	6 Employer (See Instructions			
8	Research Sc		Employer (See Instructions UNT)		
	Date 06/06/2024	Full name of contributor out-of-state PAC (ID#:_Lusk, Fred Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$12.50
	Principal occu	Frisco, TX 75035 upation / Job title (See Instructions)	Employer (See Instructions)		
	Not Employe		Not Employed	,		
	Date 01/08/2024	Full name of contributor out-of-state PAC (ID#:_ MONDRAGON, CARLOS Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$5.00
		EULESS, TX 76039				
	Principal occu truck Driver	pation / Job title (See Instructions)	Employer (See Instructions Self)		
	Date 01/16/2024	Full name of contributor out-of-state PAC (ID#:_ Magee, Lisa Contributor address; City; State; Zip Code The Colony, TX 75056			Amount of Contribution (\$)	\$50.00
	Principal occu CPA	pation / Job title (See Instructions)	Employer (See Instructions USDG)		
	Date 02/15/2024	Full name of contributor out-of-state PAC (ID#:_ Mangarell, George Contributor address; City; State; Zip Code Aubrey, TX 76227)		Amount of Contribution (\$)	\$75.00
	Principal occu Not Employe	upation / Job title (See Instructions) ed	Employer (See Instructions Not Employed)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 14/30 Rpt: 17/117	
2	FILER NAME Johnston, Cl	havva A. (Mrs.)		3	Filer ID (Ethics Commission 00088050	ı Filers)
4	Date 01/25/2024	5 Full name of contributor out-of-state PAC (ID#:_ Mangarelli, Catherine 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$50.00
_	Deinsinal	Aubrey, TX 76227				
8	Not Employe	pation / Job title (See Instructions) ed	9 Employer (See Instructions) Not Employed)		
	Date 05/31/2024	Full name of contributor out-of-state PAC (ID#:_ Marlinski, Helene Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$12.50
	Principal occu	Frisco, TX 75036 upation / Job title (See Instructions)	Employer (See Instructions)		
	Not Employe		Not Employed	,		
	Date 02/12/2024	Full name of contributor out-of-state PAC (ID#:_ Matthews, Jeremy Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
		Plano, TX 75025				
	Principal occu Not Employe	pation / Job title (See Instructions) ed	Employer (See Instructions Not Employed)		
	Date 06/01/2024	Full name of contributor out-of-state PAC (ID#:_ Matthews, Jeremy Contributor address; City; State; Zip Code Plano, TX 75025)		Amount of Contribution (\$)	\$75.00
	Principal occu Not Employe	pation / Job title (See Instructions) ed	Employer (See Instructions Not Employed)		
	Date 01/15/2024	Full name of contributor out-of-state PAC (ID#:_McDorman, Sharon Contributor address; City; State; Zip Code Wylie, TX 75098			Amount of Contribution (\$)	\$35.00
	Principal occu Not Employe	pation / Job title (See Instructions) ed	Employer (See Instructions Not Employed)		

	MONET	ARY POLITICAL CONT	TRIBUTION	S		SCHEDULI	E A1
	The Instruc	ction Guide explains how to co	mplete this forr	n.	1	Total pages Schedule A1: Sch: 15/30 Rpt: 18/117	
2	FILER NAME Johnston, Ch	navva A. (Mrs.)			3	Filer ID (Ethics Commission 00088050	ı Filers)
4	Date 02/28/2024	McDorman, Sharon 6 Contributor address; City; State; Zip	of-state PAC (ID#: Code		7	Amount of Contribution (\$)	\$35.00
8	Principal occu	Wylie, TX 75098 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u> ;)		
	Not Employe			Not Employed	,		
	Date 06/01/2024	Full name of contributor out-out-out-out-out-out-out-out-out-out-				Amount of Contribution (\$)	\$12.50
		Carrollton, TX 75007					
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date		of-state PAC (ID#:)	Π	Amount of Contribution (\$)	
	02/28/2024	Mccarty, Cyndi Contributor address; City; State; Zip	Code				\$25.00
		Little Elm, TX 75068					
	Principal occu PS Associate	pation / Job title (See Instructions)		Employer (See Instructions NCR	5)		
	Date 01/30/2024	Metcalf, James)		Amount of Contribution (\$)	\$25.00
	Principal occu Programmin	oation / Job title (See Instructions)		Employer (See Instructions Aragorn.ai	5)		
	Date 02/29/2024	Metcalf, James	of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu Programmino	pation / Job title (See Instructions)		Employer (See Instructions Aragorn.ai	5)		
			<u>.</u>				

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 16/30 Rpt: 19/117	
2	FILER NAME Johnston, Cl	havva A. (Mrs.)		3	Filer ID (Ethics Commission 00088050	n Filers)
4	Date 03/30/2024	5 Full name of contributor out-of-state PAC (ID#:_ Metcalf, James 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$25.00
_	Driverinal	Irving, TX 75060	O Familia de (Cara le atrocatico			
8	Principal occu Programmin	pation / Job title (See Instructions)	9 Employer (See Instructions Aragorn.ai)		
	Date 04/30/2024	Full name of contributor out-of-state PAC (ID#:_ Metcalf, James Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu	Irving, TX 75060 pation / Job title (See Instructions)	Employer (See Instructions	:)		
	Programmin		Aragorn.ai	,		
	Date 05/30/2024	Full name of contributor out-of-state PAC (ID#:_ Metcalf, James Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
		Irving, TX 75060				
	Principal occu Programmin	pation / Job title (See Instructions) g	Employer (See Instructions Aragorn.ai	5)		
	Date 06/30/2024	Full name of contributor out-of-state PAC (ID#:_ Metcalf, James Contributor address; City; State; Zip Code Irving, TX 75060			Amount of Contribution (\$)	\$25.00
	Principal occu Programmin	pation / Job title (See Instructions)	Employer (See Instructions Aragorn.ai	<u> </u>		
	Date 06/17/2024	Full name of contributor out-of-state PAC (ID#:_Mims, Delia Contributor address; City; State; Zip Code lewisville, TX 75067			Amount of Contribution (\$)	\$150.00
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions Not Employed)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 17/30 Rpt: 20/117	
2	FILER NAME Johnston, Cl	havva A. (Mrs.)		3	Filer ID (Ethics Commission 00088050	on Filers)
4	Date 05/06/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$1,000.00
_		Austin, TX 78755				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date 02/17/2024	Full name of contributor out-of-state PAC (ID#:_Norris, Bonnie Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
	Principal occu	Wylie, TX 75098 upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Builder	pation 7 oob title (occ instructions)	Self	,		
	Date 01/15/2024	Full name of contributor out-of-state PAC (ID#:_ O'Reilly, Debbie Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$15.00
		PLANO, TX 75025				
	Principal occu Teacher	pation / Job title (See Instructions)	Employer (See Instructions Plano ISD)		
	Date 01/15/2024	Full name of contributor out-of-state PAC (ID#:_ Patterson, Jeanne Contributor address; City; State; Zip Code Frisco, TX 75034)		Amount of Contribution (\$)	\$35.00
	Principal occu Not Employe	upation / Job title (See Instructions) ed	Employer (See Instructions Not Employed)		
	Date 01/10/2024	Full name of contributor out-of-state PAC (ID#:_Paul, Shay Contributor address; City; State; Zip Code The Colony, TX 75056)		Amount of Contribution (\$)	\$100.00
	Principal occu Not Employe	upation / Job title (See Instructions) ed	Employer (See Instructions Not Employed)		

	MONET	ARY POLITICAL CONTRIB	UTION	IS		SCHEDULI	■ A1
	The Instru	ction Guide explains how to complete	this for	n.	1	Total pages Schedule A1: Sch: 18/30 Rpt: 21/117	
2	FILER NAME Johnston, Ch	navva A. (Mrs.)			3	Filer ID (Ethics Commission 00088050	ı Filers)
4	Date 06/15/2024	 5 Full name of contributor out-of-state PA Paul, Shay 6 Contributor address; City; State; Zip Code 	,		7	Amount of Contribution (\$)	\$25.00
_	Dein sin al acces	The Colony, TX 75056	la la	Faralassa (Osas lastavetiana			
8	Not Employe	pation / Job title (See Instructions) ed	9	Employer (See Instructions Not Employed	5)		
	Date 02/11/2024	Full name of contributor out-of-state PA Peters, Patricia Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$30.00
	D: : 1	Sanger, TX 76266		5 1 (2 1 1 1	<u></u>		
	IT App Supp	pation / Job title (See Instructions) ort		Employer (See Instructions RF	5)		
	Date 01/19/2024	Full name of contributor out-of-state PA Petroff, Suzi Contributor address; City; State; Zip Code	AC (ID#:)	•	Amount of Contribution (\$)	\$35.00
		Dallas, TX 75230					
	Principal occu Not Employe	pation / Job title (See Instructions) ed		Employer (See Instructions Not Employed	5)		
	Date 06/06/2024	Full name of contributor out-of-state PA Poer, Donald Contributor address; City; State; Zip Code Denton, TX 76209)		Amount of Contribution (\$)	\$80.00
	Principal occu Job cost acc	pation / Job title (See Instructions)		Employer (See Instructions Duraserve	<u>I</u> S)		
	Date 06/05/2024	Full name of contributor out-of-state PA PowersJames, Catherine Contributor address; City; State; Zip Code Houston, TX 77007	AC (ID#:)		Amount of Contribution (\$)	\$5.00
	Principal occu Psychologist	pation / Job title (See Instructions)		Employer (See Instructions MD Anderson	5)		
			1				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 19/30 Rpt: 22/117	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Johnston, C	havva A. (Mrs.)			00088050	
4	Date 06/20/2024	5 Full name of contributor ☐ out-of-state PAC (ID#: Raptor Roofing 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$500.00
		Frisco, TX 75036	1			
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	
	06/15/2024	Renzenbrink, Roy				\$25.00
		Contributor address; City; State; Zip Code				
		Frisco, TX 75035				
		upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Not Employe	ed	Not Employed			
	Date 01/24/2024	Full name of contributor out-of-state PAC (ID#: Ringness, Jesse Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
		Frisco, TX 75035				
	Principal occu TGSE	upation / Job title (See Instructions)	Employer (See Instructions TGSE	5)		
	Date 02/24/2024	Full name of contributor out-of-state PAC (ID#: Ringness, Jesse Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$6.00
	Dringing Loop	Prisco, TX 75035 Ipation / Job title (See Instructions)	Employer (See Instructions	·/_		
	TGSE	pation / Job title (See instructions)	Employer (See Instructions TGSE	•)		
	Date	Full name of contributor out-of-state PAC (ID#:	:)		Amount of Contribution (\$)	
	03/24/2024	Ringness, Jesse				\$6.00
		Contributor address; City; State; Zip Code Frisco, TX 75035				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>l</u>		
	TGSE	· 	TGSE			

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 20/30 Rpt: 23/117	
2	FILER NAME Johnston, Cl	havva A. (Mrs.)		3	Filer ID (Ethics Commission 00088050	Filers)
4	Date 04/24/2024	5 Full name of contributor out-of-state PAC (ID#:_ Ringness, Jesse 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$6.00
_		Frisco, TX 75035				
8	Principal occu TGSE	pation / Job title (See Instructions)	9 Employer (See Instructions TGSE)		
	Date 05/24/2024	Full name of contributor out-of-state PAC (ID#:_Ringness, Jesse Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$6.00
	Principal occu	Frisco, TX 75035 spation / Job title (See Instructions)	Employer (See Instructions)		
	Date 06/24/2024	Full name of contributor out-of-state PAC (ID#:_ Ringness, Jesse Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$6.00
	Principal occu	Frisco, TX 75035 upation / Job title (See Instructions)	Employer (See Instructions			
	TGSE	pation 7 900 title (eee motidotione)	TGSE	,		
	Date 05/08/2024	Full name of contributor out-of-state PAC (ID#:_ Rody, Hugh Contributor address; City; State; Zip Code Frisco, TX 75036)		Amount of Contribution (\$)	\$50.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions None)		
	Date 03/27/2024	Full name of contributor out-of-state PAC (ID#:_ Ruiz, Liss Contributor address; City; State; Zip Code Abilene, TX 79602			Amount of Contribution (\$)	\$20.00
	Principal occu Not Employe	upation / Job title (See Instructions) ed	Employer (See Instructions Not Employed)		

	MONET	ARY POLITICAL CONTR	RIBUTION	S		SCHEDULI	■ A1
	The Instru	ction Guide explains how to com	plete this forr	n.	1	Total pages Schedule A1: Sch: 21/30 Rpt: 24/117	
2	FILER NAME Johnston, Ch	navva A. (Mrs.)			3	Filer ID (Ethics Commission 00088050	ı Filers)
4	Date 03/05/2024	 5 Full name of contributor out-of-s S Naik, Sarah 6 Contributor address; City; State; Zip Co 			7	Amount of Contribution (\$)	\$20.00
_		Providence Village, TX 76227			<u></u>		
8	Social work	pation / Job title (See Instructions)	9	Employer (See Instructions Hcsc	5)		
	Date 06/27/2024	Full name of contributor out-of-s Scholes, Becky Contributor address; City; State; Zip Co				Amount of Contribution (\$)	\$25.00
	Principal occu	Little Elm, TX 75068		Employer (See Instructions	·/		
	Accountant	pation / Job title (See Instructions)		Smart business concept			
	Date 02/11/2024	Full name of contributor out-of-s Siver, April Contributor address; City; State; Zip Co	state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
		Sanger, TX 76266					
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 01/30/2024	Skelton, Cheryl				Amount of Contribution (\$)	\$6.00
	Principal occu Accounting	pation / Job title (See Instructions)		Employer (See Instructions Taco Bueno Corp	5)		
	Date 02/29/2024	Full name of contributor out-of-s Skelton, Cheryl Contributor address; City; State; Zip Co	state PAC (ID#:			Amount of Contribution (\$)	\$6.00
	Principal occu Accounting	pation / Job title (See Instructions)		Employer (See Instructions Taco Bueno Corp	5)		
			1				

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A		
	The Instruc	ction Guide explains how to c	complete this form	n.	1	Total pages Schedule A1: Sch: 22/30 Rpt: 25/117		
2	FILER NAME Johnston, Ch	navva A. (Mrs.)			3	Filer ID (Ethics Commission 00088050	Filers)	
4	Date 03/30/2024			7	Amount of Contribution (\$)	\$6.00		
_		Lewisville, TX 75077						
8	Principal occu Accounting	pation / Job title (See Instructions)	9	Employer (See Instructions Taco Bueno Corp	i) 			
	Date Full name of contributor out-of-state PAC (ID#:) O4/30/2024 Skelton, Cheryl Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$6.00			
		Lewisville, TX 75077						
	Principal occu Accounting	pation / Job title (See Instructions)		Employer (See Instructions Taco Bueno Corp	5)			
	Date Full name of contributor out-of-state PAC (ID#:) 05/30/2024 Skelton, Cheryl Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$6.00			
	Lewisville, TX 75077							
	Principal occu Accounting	pation / Job title (See Instructions)		Employer (See Instructions Taco Bueno Corp)			
	Date Full name of contributor out-of-state PAC (ID#:) O6/30/2024 Skelton, Cheryl Contributor address; City; State; Zip Code Lewisville, TX 75077			Amount of Contribution (\$)	\$6.00			
	Principal occu Accounting	pation / Job title (See Instructions)		Employer (See Instructions Taco Bueno Corp	5)			
	Date Full name of contributor out-of-state PAC (ID#:) 03/02/2024 Smith, Camille Contributor address; City; State; Zip Code Parker, TX 75002			Amount of Contribution (\$)	\$35.00			
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	()			
			1					

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A		
	The Instruc	ction Guide explains how to c	complete this for	n.	1	Total pages Schedule A1: Sch: 23/30 Rpt: 26/117	
2	FILER NAME Johnston, Ch	navva A. (Mrs.)			3	Filer ID (Ethics Commission 00088050	ı Filers)
4	Date 01/22/2024			7	Amount of Contribution (\$)	\$10.00	
_	Dringing Loon	Plano, TX 75075		_			
8	Political Con	pation / Job title (See Instructions) sultant	9	Employer (See Instructions self	5)		
	Date Full name of contributor out-of-state PAC (ID#:) Smith, David Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00		
	Principal occu	Plano, TX 75075 pation / Job title (See Instructions)		Employer (See Instructions	·/		
	Political Con			self	·)		
	Date Full name of contributor out-of-state PAC (ID#:) 03/22/2024 Smith, David Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00		
	Plano, TX 75075						
	Principal occu Political Con	pation / Job title (See Instructions) sultant		Employer (See Instructions self	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 04/22/2024 Smith, David Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00		
	Plano, TX 75075 Principal occupation / Job title (See Instructions) Political Consultant Employer (See Instruction self		<u> </u> 5)				
	Date Full name of contributor out-of-state PAC (ID#:) 05/22/2024 Smith, David Contributor address; City; State; Zip Code Plano, TX 75075			Amount of Contribution (\$)	\$10.00		
	Principal occu Political Con	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	. 5						

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDUL	SCHEDULE A1	
	The Instru	ction Guide explains how	to complete this fo	orm	1.	1	Total pages Schedule A1: Sch: 24/30 Rpt: 27/117	
2	FILER NAME Johnston, Ch	navva A. (Mrs.)				3	Filer ID (Ethics Commission 00088050	n Filers)
4	Date 06/22/2024			7	Amount of Contribution (\$)	\$10.00		
8		Principal occupation / Job title (See Instructions) Political Consultant 9 Employer (See Instruction self			<u> </u>			
	Date Full name of contributor out-of-state PAC (ID#:) 02/11/2024 Spikeston, J R Contributor address; City; State; Zip Code Sanger, TX 76266			Amount of Contribution (\$)	\$50.00			
			Employer (See Instructions Spikeston	<u> </u> 5)				
	Date Full name of contributor out-of-state PAC (ID#:) 06/15/2024 Stanaway, David Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00			
		flowermound, TX 75028 pation / Job title (See Instructions d Engineer)		Employer (See Instructions Hilltop Holdings	<u> </u> 5)		
	Distinguished Engineer Date O6/15/2024 Full name of contributor out-of-state PAC (ID#:) Stanaway, David Contributor address; City; State; Zip Code flowermound, TX 75028			Amount of Contribution (\$)	\$50.00			
			Employer (See Instructions Hilltop Holdings	<u>(</u>				
	Date O6/14/2024 Full name of contributor out-of-state PAC (ID#:) Streat, Charles N. Contributor address; City; State; Zip Code Frisco, TX 75035			Amount of Contribution (\$)	\$100.00			
	Principal occu Not Employe	pation / Job title (See Instructions ed)		Employer (See Instructions Not Employed	5)		
				_				

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instruc	ction Guide explains how to c	complete this forr	n.	1	Total pages Schedule A1: Sch: 25/30 Rpt: 28/117	
2	FILER NAME Johnston, Ch	avva A. (Mrs.)			3	Filer ID (Ethics Commission 00088050	Filers)
4	Date 01/01/2024	Swan, Sandy	ut-of-state PAC (ID#: ip Code		7	Amount of Contribution (\$)	\$50.00
_	Dringing Lagour	Denton, TX 76209	lo.	Francis or (Con Instructions	<u></u>		
8	Case Worker	pation / Job title (See Instructions) .	g	Employer (See Instructions IFM	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 02/01/2024 Swan, Sandy Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00		
	Denton, TX 76209						
	Principal occup Case Worker	pation / Job title (See Instructions)		Employer (See Instructions IFM	5)		
Date Full name of contributor out-of-state PAC (ID#:) 03/01/2024 Swan, Sandy Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00		
	Denton, TX 76209						
	Principal occup	pation / Job title (See Instructions)		Employer (See Instructions IFM	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 04/01/2024 Swan, Sandy Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00		
Denton, TX 76209 Principal occupation / Job title (See Instructions) Case Worker Employer (See Instructions) IFM		Employer (See Instructions	<u> </u> 5)				
	Date 05/01/2024 Full name of contributor out-of-state PAC (ID#:) Swan, Sandy Contributor address; City; State; Zip Code Denton, TX 76209			Amount of Contribution (\$)	\$50.00		
	Principal occup	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			I				

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDUL	LE A1	
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 26/30 Rpt: 29/117		
2	FILER NAME Johnston, Cl	havva A. (Mrs.)		3	Filer ID (Ethics Commissio 00088050	n Filers)	
4	Date 06/01/2024	_ `		7	Amount of Contribution (\$)	\$50.00	
_	Deignaiga I annu	Denton, TX 76209	D. Faralanar (Con Instruction				
8	8 Principal occupation / Job title (See Instructions) Case Worker 9 Employer (See Instruction IFM		9 Employer (See Instructions IFM)			
Date Full name of contributor out-of-state PAC (ID#:) 02/14/2024 Taylor, Amy Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00			
	Denton, TX 76209 Principal occupation / Job title (See Instructions) Employer (See Instruction						
	Teacher Denton ISD			,			
	Date Full name of contributor out-of-state PAC (ID#:) 1/30/2024 Thompson, Ramona Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00		
Frisco, TX 75036							
	Principal occu Not Employe	pation / Job title (See Instructions) ed	Employer (See Instructions Not Employed)			
	Date Full name of contributor out-of-state PAC (ID#:) 02/29/2024 Thompson, Ramona Contributor address; City; State; Zip Code Frisco, TX 75036			Amount of Contribution (\$)	\$25.00		
	Principal occupation / Job title (See Instructions) Not Employed Employer (See Instructions) Not Employed		Employer (See Instructions Not Employed)			
	Date O3/28/2024 Frisco, TX 75036 Full name of contributor out-of-state PAC (ID#:) Out-of-state PAC (ID#:			Amount of Contribution (\$)	\$35.00		
	Principal occu Not Employe	pation / Job title (See Instructions) ed	Employer (See Instructions Not Employed)			

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE	LE A1	
	The Instruc	ction Guide explains hov	to complete this fo	rr	n.	1	Total pages Schedule A1: Sch: 27/30 Rpt: 30/117	
2	FILER NAME Johnston, Ch	navva A. (Mrs.)				3	Filer ID (Ethics Commission 00088050	Filers)
4	Date 03/30/2024			7	Amount of Contribution (\$)	\$25.00		
_	Deinainal assu	Frisco, TX 75036	<u>.</u>	_	Franks on (Cook bathwetic no			
8	Not Employe	pation / Job title (See Instructions ed	5)	9	Employer (See Instructions Not Employed	5)		
	Date O4/30/2024 Full name of contributor out-of-state PAC (ID#:) Thompson, Ramona Contributor address; City; State; Zip Code Frisco, TX 75036			Amount of Contribution (\$)	\$25.00			
	Principal occu	Pation / Job title (See Instructions	s)		Employer (See Instructions	 s)		
	Not Employe		,		Not Employed			
	Date Full name of contributor out-of-state PAC (ID#:) 05/30/2024 Thompson, Ramona Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$25.00			
		Frisco, TX 75036						
	Principal occu Not Employe	pation / Job title (See Instructions ed	5)		Employer (See Instructions Not Employed	5)		
Date Full name of contributor out-of-state PAC (ID#:) 05/31/2024 Thompson, Ramona Contributor address; City; State; Zip Code Frisco, TX 75036		•	Amount of Contribution (\$)	\$25.00				
Principal occupation / Job title (See Instructions) Not Employed Employer (See Instruction Not Employed		5)						
	Date Full name of contributor out-of-state PAC (ID#:) 06/30/2024 Thompson, Ramona Contributor address; City; State; Zip Code Frisco, TX 75036			Amount of Contribution (\$)	\$25.00			
	Principal occu Not Employe	pation / Job title (See Instructions	(5)		Employer (See Instructions Not Employed	5)		

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A		
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 28/30 Rpt: 31/117		
2	FILER NAME Johnston, Cl	havva A. (Mrs.)		3	Filer ID (Ethics Commission 00088050	n Filers)	
4	Date 03/07/2024			7	Amount of Contribution (\$)	\$200.00	
_		Frisco, TX 75033	<u> </u>				
8	Principal occu Director	pation / Job title (See Instructions)	9 Employer (See Instructions AT&T)			
Date Full name of contributor out-of-state PAC (ID#:) 01/02/2024 Waddell, Chris Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00			
	Principal occupation / Job title (See Instructions) Employer (See Instructions)						
	Technology	pation 7 300 title (See Instructions)	Capgemini	<u>, </u>			
	Date Full name of contributor out-of-state PAC (ID#:) 02/28/2024 Waddell, Chris Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00		
Frisco, TX 75036							
	Principal occu Human Reso	pation / Job title (See Instructions) ources	Employer (See Instructions Lexipol)			
	Date Full name of contributor out-of-state PAC (ID#:) 05/31/2024 Waddell, Chris Contributor address; City; State; Zip Code Frisco, TX 75034			Amount of Contribution (\$)	\$35.00		
	Principal occupation / Job title (See Instructions) HR Employer (See Instruction Self)				
	Date Full name of contributor out-of-state PAC (ID#:) 01/01/2024 West, Tarma Contributor address; City; State; Zip Code Austin, TX 78750			Amount of Contribution (\$)	\$25.00		
	Principal occu Project Mana	pation / Job title (See Instructions) ager	Employer (See Instructions Expedia)			

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A		
	The Instruc	ction Guide explains how	to complete this fo	rn	n.	1	Total pages Schedule A1: Sch: 29/30 Rpt: 32/117	
2	FILER NAME Johnston, Ch	navva A. (Mrs.)				3	Filer ID (Ethics Commission 00088050	n Filers)
4	Date 02/13/2024			7	Amount of Contribution (\$)	\$500.00		
		Denton, TX 76201						
8	Principal occu Artist	pation / Job title (See Instructions	9		Employer (See Instructions Christie A. Wood	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 02/12/2024 Wood, Sherri Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$35.00			
	Principal occu	Sanger, TX 76266 pation / Job title (See Instructions	s)		Employer (See Instructions	 ;)		
	Not Employe		,		Not Employed	,		
	Date Full name of contributor out-of-state PAC (ID#:) 03/01/2024 Wright, Donna Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$20.00			
Valley Mills, TX 76689								
	Principal occu Not Employe	pation / Job title (See Instructionsed	s)		Employer (See Instructions Not Employed	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 02/17/2024 cornelious, Charlet Contributor address; City; State; Zip Code Little Elm, TX 75068			Amount of Contribution (\$)	\$100.00			
	Principal occupation / Job title (See Instructions) Not Employed Employer (See Instruction Not Employed		5)					
	Date Full name of contributor out-of-state PAC (ID#:) 03/06/2024 hawkins, sally Contributor address; City; State; Zip Code Frisco, TX 75034			Amount of Contribution (\$)	\$75.00			
	Principal occu Not Employe	pation / Job title (See Instructions	5)		Employer (See Instructions Not Employed	s)		

6 Contributor address; City; State; Zip Code Plano, TX 75025 8 Principal occupation / Job title (See Instructions) Attorney Date Full name of contributor		MONET	TARY POLITICAL CONTRIBUTI	ONS			SCHEDUL	E A1
Johnston, Chava A. (Mrs.) 4 Date 03/29/2024 S Full name of contributor out-of-state PAC (ID#:		The Instru	iction Guide explains how to complete this	1				
03/29/2024 kivett, lisa \$10.0 6 Contributor address; City; State; Zip Code Plano, TX 75025 8 Principal occupation / Job title (See Instructions)	2					3		n Filers)
8 Principal occupation / Job title (See Instructions) Attorney Date 06/27/2024 Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Bemployer (See Instructions) Flint Cooper Amount of Contribution (\$) \$40.00 \$40.00 Principal occupation / Job title (See Instructions) Employer (See Instructions)	4	03/29/2024 kivett, lisa		7	Amount of Contribution (\$)	\$10.00		
Attorney Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)		Plano, TX 75025						
06/27/2024 sutka, Erin Contributor address; City; State; Zip Code Mckinney, TX 75070 Principal occupation / Job title (See Instructions) Employer (See Instructions)	8					s)		
Mckinney, TX 75070 Principal occupation / Job title (See Instructions) Employer (See Instructions)		06/27/2024 sutka, Erin			Amount of Contribution (\$)	\$40.00		
Principal occupation / Job title (See Instructions) Employer (See Instructions)								
						<u> </u>		
			apation / 30b title (See instructions)))		

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 34/117 3 Filer ID (Ethics Commission Filers) FILER NAME 00088050 Johnston, Chavva A. (Mrs.) \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 06/15/2024 Mcgee, Lisa \$100.00 food and beverages for a 7 Contributor address; City; State; Zip Code fundraiser house party The Colony, TX 75056 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) NE ΝE 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) In-kind contribution Date Full name of contributor Amount of out-of-state PAC (ID#: contribution (\$) description 03/01/2024 Roddy, Mimi \$250.00 | Food for event Contributor address; City; State; Zip Code Frisco, TX 75036 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)

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
Travel Out of District

Candidate/Officeholder/Politica Credit Card Payment	Al 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: 1/79 Rpt: 35/117	Johnston, Chavva A. (Mrs.) 00088050
4 Date	5 Payee name
01/16/2024	Cardoza, Gio
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$120.00	1213 kittyhawk dr
	Frisco, TX 75033
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	delivering and installing yard signs
	delivering and installing yard signs
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	the state of the s
Date	Davida nama
01/25/2024	Payee name
	Hathcoat, yvette
Amount (\$)	Payee address; City; State; Zip Code
\$329.00	3111 creekridge ct
	Sasche, TX 75048
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
	Compaign Tehirts
	Campaign Tshirts
Complete ONLY if direct	Condidate/Office holds
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
04/15/2024	Johnston, Hava
Amount (\$)	Payee address; City; State; Zip Code
\$203.00	2230 Jaguar Dr
	Frisco, TX 75033
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Loan Repayment/Reimbursement
EXPENDITORE	Check if Austin, TX, officeholder living expense
	repayment for personal funds spent on 3/1/24
Complete CAU V & direct	Condidate/Officeholder name Office cought
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
,	

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 Com

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 Travel Out of District

	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: 2/79 Rpt: 36/117	Johnston, Chavva A. (Mrs.)
4	Date	5 Payee name
	03/19/2024	Johnston, Hava
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$200.00	2230 Jaguar DR
		FRisco, TX 75033
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		REPAYMENT OF PERSONAL FUNDS SPENT ON
		3/1/24 FOR PHOTOS
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiulture to beliefit C/Oi	
	Date	Payee name
	01/09/2024	Johnston, Hava
	Amount (\$)	Payee address; City; State; Zip Code
	\$123.00	2230 Jaguar Dr
		Frisco, TX 75033
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		REPAYMENT OF PERSONAL FUNDS SPENT FOR
		TSHIRT PRINTING
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	01/08/2024	Ruiz, Erin
_		Payee address; City; State; Zip Code
	Amount (\$) \$45.00	1811 Lilly Pond way
	Φ45.00	1011 Lilly Fullu way
		Little Elm, TX 75068
-	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Cupcakes for event
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	<u> </u>

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: 3/79 Rpt: 37/117	Johnston, Chavva A. (Mrs.)
4	Date	5 Payee name
	02/20/2024	Thomas, Terrance
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$240.00	530 Buckinham Rd
		Richardson, TX 75081
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense
		DJ SERVICE FOR EVENT
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiantare to benefit Great	
	Date	Payee name
	01/09/2024	5th street patio cafe
	Amount (\$)	Payee address; City; State; Zip Code
	\$26.09	8621 5th street
		Frisco, TX 75035
	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 MEETING TO DISCUSS CAMPAIGN
		WILLTING TO DISCUSS CAWII AIGIN
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_		
	Date	Payee name
	01/07/2024	Act Blue
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.98	366 Summer Street
		Somerville, MA 02144
	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.
	ZA ZHOHOKZ	Check if Austin, TX, officeholder living expense
		Act Blue Fees
_	Operation ONE V. C. P.	Ora didata (Office hadden grown
	Complete <u>ONLY</u> 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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 4/79 Rpt: 38/117	2 FILER NAME Johnston, Chavva A. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00088050
4	Date 01/07/2024	5 Payee name Act Blue	
6	Amount (\$) \$0.99	7 Payee address; City; State; Zip Code 367 Summer Street	
L		Somerville, MA 02145	
8	PURPOSE OF EXPENDITURE	1 003	vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense BES
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 01/07/2024	Payee name Act Blue	
	Amount (\$) \$0.99	Payee address; City; State; Zip Code 368 Summer Street	
		Somerville, MA 02146	
	PURPOSE OF EXPENDITURE	1663	vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense ees
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 01/07/2024	Payee name Act Blue	
	Amount (\$) \$0.99	Payee address; City; State; Zip Code 369 Summer Street	
		Somerville, MA 02147	
	PURPOSE OF EXPENDITURE	1003	vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense BeS
	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

l	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: 5/79 Rpt: 39/117	Johnston, Chavva A. (Mrs.)		00088050
4	Date	5 Payee name		'
	01/07/2024	Act Blue		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
l	\$0.20	370 Summer Street		
		Somerville, MA 02148		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Fees	()	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE			Check if Austin, TX, officeholder living expense
				Act Blue Fees
L				
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office held
L				
	Date	Payee name		
	01/14/2024	Act Blue		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$0.20	371 Summer Street		
		Somerville, MA 02149		
	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 Act Blue Fees
				7.6. 2.60
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
	expenditure to benefit C/OI		9	
H	Date	Payee name		
l	01/14/2024	Act Blue		
H	Amount (\$)	Payee address; City; State; Zip Co	da	
l	\$3.95	372 Summer Street	ue	
l	Ψ0.50	orz daminer dudet		
l		Somerville, MA 02150		
	D. 100.00	/ \ -	4.	
l	PURPOSE OF	,	(b)	Description Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Fees		Check if Austin, TX, officeholder living expense
l				Act Blue Fees
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/OI	1		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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	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: 6/79 Rpt: 40/117	Johnston, Chavva A. (Mrs.) 00088050
4	Date	5 Payee name
	01/21/2024	Act Blue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1.98	373 Summer Street
		Somerville, MA 02151
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 Act Blue Fees
		7 tot Blue 1 ccs
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
3	expenditure to benefit C/O	
	Date	Payee name
	01/21/2024	Act Blue
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.39	374 Summer Street
	φ1.39	374 Summer Street
		Somerville, MA 02152
	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
		Act Blue Fees
		, lot Blue 1 des
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	01/21/2024	Act Blue
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.39	375 Summer Street
	Ψ1.55	373 Summer Succe
		Compreille MA 021F2
		Somerville, MA 02153
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Act Blue Fees
	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)
vertising Expense Event Expense Loan Repayment/Reimbu

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 7/79 Rpt: 41/117		ission Filers)
4	Date 01/21/2024	5 Payee name Act Blue	
6	Amount (\$) \$0.60	7 Payee address; City; State; Zip Code 376 Summer Street	
		Somerville, MA 02154	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Act Blue Fees	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held DH	
	Date 01/21/2024	Payee name Act Blue	
	Amount (\$) \$0.60	Payee address; City; State; Zip Code 377 Summer Street	
		Somerville, MA 02155	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Act Blue Fees	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held DH	
	Date 01/21/2024	Payee name Act Blue	
	Amount (\$) \$1.98	Payee address; City; State; Zip Code 378 Summer Street	
		Somerville, MA 02156	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Act Blue Fees	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held DH	

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

	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: 8/79 Rpt: 42/117	Johnston, Chavva A. (Mrs.)	00088050
4	Date	5 Payee name	
	01/21/2024	Act Blue	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1.98	379 Summer Street	
		Somerville, MA 02157	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	l avel outside of Texas. Complete Schedule T.
	EXPENDITURE	1 000	ustin, TX, officeholder living expense
		Act Blue F	Fees
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
	experialiture to benefit C/Oi		
	Date	Payee name	
	01/21/2024	Act Blue	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$0.99	380 Summer Street	
		Somerville, MA 02158	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	
	EXPENDITURE	1 003	avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense
		Act Blue F	Fees
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experialitire to beliefit C/Of	1	
	Date	Payee name	
	01/21/2024	Act Blue	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1.39	381 Summer Street	
		Somerville, MA 02159	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	l avel outside of Texas. Complete Schedule T.
	EXPENDITURE	1003 🗎	ustin, TX, officeholder living expense
		Act Blue F	Fees
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experientare to benefit C/Of	·	
L			

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

l	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)
l	Sch: 9/79 Rpt: 43/117	Johnston, Chavva A. (Mrs.)		00088050
4	Date	5 Payee name		'
	01/21/2024	Act Blue		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
l	\$0.72	382 Summer Street		
		Somerville, MA 02160		
8	PURPOSE	(a) a	(b)	Description
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Fees	()	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE			Check if Austin, TX, officeholder living expense
				Act Blue Fees
L				
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office held
L				
	Date	Payee name		
	01/28/2024	Act Blue		
l	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$0.40	383 Summer Street		
l				
		Somerville, MA 02161		
	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 Act Blue Fees
				7.60 5.60 7.600
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
l	expenditure to benefit C/OI		9	
H	Date	Payee name		
l	01/28/2024	Act Blue		
	Amount (\$)	Payee address; City; State; Zip Co	da	
l	\$1.98	384 Summer Street	ue	
l	Ψ1.50	304 Summer Succe		
		Somerville, MA 02162		
┡	DUDDOOF	/	(1-)	
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Fees	(D)	Description Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	rees		Check if Austin, TX, officeholder living expense
l				Act Blue Fees
L				
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
L	expenditure to benefit C/OI	1		

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/Political Committee Credit Card Payment		Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.			OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAME				3 Filer ID	(Ethics Commission Filers)
	Sch: 10/79 Rpt:	Johnston, Chavva	A. (Mrs.)			00088050	
4	Date	5 Payee name					
	01/28/2024	Act Blue					
6	Amount (\$)	7 Payee address;	City; State;	Zip Code			
	\$0.99	385 Summer Stre	et				
		Somerville, MA 02	163				
8	PURPOSE OF	(a) Category (See Category	ries listed at the top of this sche	edule) (b)	Description		
	EXPENDITURE	Fees			_	outside of Texas. Com , TX, officeholder living	
					Act Blue Fees		у схропос
9	Complete ONLY if direct	Candidate/Officeholde	er name O	Office sought		Office he	eld
	expenditure to benefit C/O	I					
	Date	Payee name					
	01/28/2024	Act Blue					
	Amount (\$)	Payee address;	City; State;	Zip Code			
	\$1.98	386 Summer Stree	et				
		Somerville, MA 02	164				
	PURPOSE OF	(a) Category (See Category	ries listed at the top of this sche	edule) (b)	Description		
	EXPENDITURE	Fees				outside of Texas. Com , TX, officeholder living	
					Act Blue Fees		, o.po
	Complete ONLY if direct	Candidate/Officeholde	er name O	Office sought		Office he	eld
	expenditure to benefit C/OI	l					
	Date	Payee name					
	02/04/2024	Act Blue					
	Amount (\$)	Payee address;	City; State;	Zip Code			
	\$0.99	387 Summer Stree	et				
		Somerville, MA 02	165				
	PURPOSE	(a) Category (See Category	ries listed at the top of this sche	edule) (b)	Description		
	OF EXPENDITURE	Fees				outside of Texas. Com	
					Act Blue Fees	, TX, officeholder living	g expense
					2.00 1 00.	-	
	Complete ONLY if direct	Candidate/Officeholde	er name O	I Office sought		Office he	eld
	expenditure to benefit C/OI			3 ·			

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide	ense Printing Salarie	-	se s/Contract Labor		Travel in District Travel Out of District OTHER (enter a category	not listed above)
1	Total pages Schedule F1: Sch: 11/79 Rpt:		ME , Chavva A. (Mrs.)				3	Filer ID (Ethics 00088050	Commission Filers)
_	•								
4	Date 02/04/2024	5 Payee nan Act Blue	ne						
6	Amount (\$)	7 Payee add	lress; City;	State; Zip (^ode				
ľ	\$0.24	1 1	mer Street	State, Zip	Joue				
	Ψ0.24	300 30111	mer ourcer						
		Somervill	e, MA 02166						
8	PURPOSE	(a) Category	(See Categories listed at the to	p of this schedule)	(b)	Description			
	OF EXPENDITURE	Fees				=		de of Texas. Complete Sch	edule T.
	_//					Act Blue Fee:		officeholder living expense	
						Act blue rees	3		
9	Complete ONLY if direct	Candidate/C	Officeholder name	Office s	ought			Office held	
_	expenditure to benefit C/OI		miceriolaer name	Office 3	ougiit			Office field	
	Date	Payee nan	ne						
	02/04/2024	Act Blue							
	Amount (\$)	Payee add	lress; City;	State; Zip (Code				
	\$0.99	389 Sumi	mer Street						
		Somervill	e, MA 02167						
	PURPOSE	(a) Category	(See Categories listed at the to	p of this schedule)	(b)	Description			
	OF EXPENDITURE	Fees				—		de of Texas. Complete Sche	
						Act Blue Fee:		officeholder living expense	
						Act Blac I co.	5		
	Complete ONLY if direct	Candidate/C	Officeholder name	Office s	ouaht			Office held	
	expenditure to benefit C/OI				9				
_	Date	Payee nan	20						
	02/04/2024	Act Blue	ile						
	Amount (\$)	Payee add	lress; City;	State; Zip (^ode				
	\$1.98	1	mer Street	σιαισ, Διρ (Joue				
	Ψ1.30	330 34111	mer ourcet						
		Somervill	e, MA 02168						
	PURPOSE	(a) Category	(See Categories listed at the to	p of this schedule)	(b)	Description			
	OF EXPENDITURE	Fees				ш		de of Texas. Complete Sche	edule T.
						Act Blue Fee:		officeholder living expense	
						ACL DIGG FEET	J		
	Complete ONLY if direct	Candidate/C	Officeholder name	Office s				Office held	
	expenditure to benefit C/O		sonoidei naine	Office 3	Jugiii			Since field	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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	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: 12/79 Rpt:	Johnston, Chavva A. (Mrs.) 00088050
4	Date	5 Payee name
	02/04/2024	Act Blue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1.98	391 Summer Street
		Somerville, MA 02169
8	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 Act Blue Fees
		/ lot Blue 1 ccs
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	dandidate/Oniceriolder harne Onice sought Onice neid
_		
	Date	Payee name
	02/11/2024	Act Blue
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.19	392 Summer Street
		Somerville, MA 02170
	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 Act Blue Fees
		Act Blue 1 ccs
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	D .	
	Date	Payee name
	02/11/2024	Act Blue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.99	393 Summer Street
		Somerville, MA 02171
	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
		Act Blue Fees
_	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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	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: 13/79 Rpt:	Johnston, Chavva A. (Mrs.)	00088050
4	Date	5 Payee name	
	02/11/2024	Act Blue	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1.98	394 Summer Street	
		Comondillo MA 02172	
Ļ	DUDDOOF	Somerville, MA 02172	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Fees	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	1 663	Check if Austin, TX, officeholder living expense
			Act Blue Fees
Ļ	Compulate ONII V if direct	Condidate/Officeholder reve	Office hold
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
-	Date	Davies name	
	02/18/2024	Payee name Act Blue	
-	Amount (\$)	Payee address; City; State; Zip Code	
	\$1.98	395 Summer Street	
		Somerville, MA 02173	
H	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
			Act Blue Fees
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	02/18/2024	Act Blue	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1.39	396 Summer Street	
		Somerville, MA 02174	
	PURPOSE		Bearing
	OF	(a) Category (See Categories listed at the top of this schedule) Fees	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	1 000	Check if Austin, TX, officeholder living expense
			Act Blue Fees
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		Office field
H			
l			

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: 14/79 Rpt:	Johnston, Chavva A. (Mrs.)
4	Date	5 Payee name
	02/18/2024	Act Blue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1.98	397 Summer Street
		Somerville, MA 02175
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 Act Blue Fees
		Act blue rees
_	0 1: 01111/17	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/18/2024	Act Blue
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.75	398 Summer Street
		Somerville, MA 02176
	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 Act Blue Fees
		Act blue rees
	Operation ONLY if discont	Our did to 10 ff as had done as many
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	<u>'</u>	
	Date	Payee name
	02/18/2024	Act Blue
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.88	399 Summer Street
		Somerville, MA 02177
	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
		Act Blue Fees
	Complete ONLY if allowed	Condidate/Officeholder name
	Complete <u>ONLY</u> 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 Commi

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services 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: 15/79 Rpt:	Johnston, Chavva A. (Mrs.) 00088050
4	Date	5 Payee name
	02/18/2024	Act Blue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2.97	400 Summer Street
		Somerville, MA 02178
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 Act Blue Fees
		1.01.2.00 . 000
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
-	expenditure to benefit C/O	
	Date	Payee name
	02/18/2024	Act Blue
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.39	401 Summer Street
	72.00	
		Somerville, MA 02179
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Fees Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Act Blue Fees
	Operation ONLY if dispert	Outside to 10ff as health as a secretary of the secretary
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/18/2024	Act Blue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.40	402 Summer Street
		0
		Somerville, MA 02180
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Act Blue Fees
	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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complet	te this form.
1	Total pages Schedule F1: Sch: 16/79 Rpt:	2 FILER NAME Johnston, Chavva A. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00088050
4	Date 02/18/2024	5 Payee name Act Blue	I
6	Amount (\$) \$3.95	7 Payee address; City; State; Zip Code 403 Summer Street	
8	PURPOSE OF EXPENDITURE	Fees	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Act Blue Fees
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date 02/18/2024	Payee name Act Blue	
	Amount (\$) \$1.39	Payee address; City; State; Zip Code 404 Summer Street Somerville, MA 02182	
	PURPOSE OF EXPENDITURE	Fees	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Act Blue Fees
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 02/25/2024	Payee name Act Blue	
	Amount (\$) \$0.99	Payee address; City; State; Zip Code 405 Summer Street	
		Somerville, MA 02183	
	PURPOSE OF EXPENDITURE	Fees	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Act Blue Fees
	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

l	Credit Card Payment	The Instruction Guide explains how to co	ompl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 17/79 Rpt:	Johnston, Chavva A. (Mrs.)		00088050
4	Date	5 Payee name		
L	02/25/2024	Act Blue		
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode	
	\$0.20	406 Summer Street		
		Somerville, MA 02184		
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.
	LAI LIIDII OKL			Check if Austin, TX, officeholder living expense Act Blue Fees
				Aut Blue 1 des
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	<u>l</u> ught	Office held
	expenditure to benefit C/OI	1		
Г	Date	Payee name		
	02/25/2024	Act Blue		
	Amount (\$)	Payee address; City; State; Zip Co	ode	
	\$1.19	407 Summer Street		
		Company illo MA 00405		
L		Somerville, MA 02185	I a x	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Fees	(a)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	F663		Check if Austin, TX, officeholder living expense
				Act Blue Fees
L	Complete ONLY if direct	Candidate/Officeholder name Office sou	ıaht	Office held
	Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH			
H	Date	Payee name		
	02/25/2024	Act Blue		
	Amount (\$)	Payee address; City; State; Zip Co	ode	
	\$1.39	408 Summer Street		
		Somerville, MA 02186		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
l	EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Act Blue Fees
L				
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ught	Office held
\vdash				

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

	Candidate/Officeholder/Politica Credit Card Payment	Il 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: 18/79 Rpt:	Johnston, Chavva A. (Mrs.) 00088050
4	Date	5 Payee name
	02/25/2024	Act Blue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.40	409 Summer Street
		Somerville, MA 02187
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 Act Blue Fees
		Act blue rees
9	Commiste ONII V if diseast	Candidate/Officeholder name Office sought Office held
l۶	Complete ONLY if direct expenditure to benefit C/Ol	
L		
	Date	Payee name
	02/25/2024	Act Blue
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.95	410 Summer Street
		Somerville, MA 02188
	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 Act Blue Fees
		Act blue Fees
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
┝		
	Date	Payee name
	02/25/2024	Act Blue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.24	411 Summer Street
		Somerville, MA 02189
	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.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
1		Act Blue Fees
_		
1	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	portantare to borront 0/01	

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

	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: 19/79 Rpt:	Johnston, Chavva A. (Mrs.) 00088050
4	Date	5 Payee name
	03/03/2024	Act Blue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2.97	412 Summer Street
		Somerville, MA 02190
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 Act Blue Fees
		1.01 2.00 1 333
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	03/03/2024	Act Blue
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.39	413 Summer Street
	72.00	120 00.1111.01 01.000
		Somerville, MA 02191
	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
		Act Blue Fees
	Operation ONLY if disease	Out tidate (Office helder many)
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/03/2024	Act Blue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.99	414 Summer Street
		0 " 11 00400
		Somerville, MA 02192
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Act Blue Fees
	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 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

	Credit Card Payment	The Instruction Guide explains how to complete this form.		
1	Total pages Schedule F1: Sch: 20/79 Rpt:	2 FILER NAME Johnston, Chavva A. (Mrs.) 3 Filer ID (Ethics Commission Filers) 00088050		
4	Date 03/03/2024	5 Payee name Act Blue		
6	Amount (\$) \$0.99	7 Payee address; City; State; Zip Code 415 Summer Street		
8	PURPOSE OF EXPENDITURE	Somerville, MA 02193 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Act Blue Fees		
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		
	Date 03/03/2024	Payee name Act Blue		
	Amount (\$) \$0.99	Payee address; City; State; Zip Code 416 Summer Street Somerville, MA 02194		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Act Blue Fees		
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		
	Date 03/03/2024	Payee name Act Blue		
	Amount (\$) \$0.24	Payee address; City; State; Zip Code 417 Summer Street		
	PURPOSE OF EXPENDITURE	Somerville, MA 02195 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Act Blue Fees		
	Complete ONLY if direct expenditure to benefit C/OF	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		pove)	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commiss	sion Filers)	
	Sch: 21/79 Rpt:	Johnston, Chavva A. (Mrs.)		
4	Date	5 Payee name		
	03/03/2024	Act Blue		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$0.99	418 Summer Street		
		Somerville, MA 02196		
8	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		
		Act Blue Fees		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/OI	н		
	Date	Payee name		
	03/03/2024	Act Blue		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$0.99	419 Summer Street		
		Somerville, MA 02197		
	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		
		Act Blue Fees		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/OI	H		
	Date	Payee name		
	03/03/2024	Act Blue		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$0.40	420 Summer Street		
		Somerville, MA 02198		
	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 Act Blue Fees		
		/ Not Blue 1 ccs		
	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 Co

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	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: 22/79 Rpt:	Johnston, Chavva A. (Mrs.) 00088050	
4	Date	5 Payee name	
	03/03/2024	Act Blue	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$0.79	421 Summer Street	
		Somerville, MA 02199	
8	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	
		Act Blue Fees	
		7 lot Blue 1 oos	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
9	expenditure to benefit C/O		
\vdash	Data		
	Date	Payee name	
	03/03/2024	Act Blue	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1.98	422 Summer Street	
		Somerville, MA 02200	
	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 Act Blue Fees	
		Act blue 1 ccs	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
	Date	Payee name	
	03/03/2024	Act Blue	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1.39	423 Summer Street	
		Somerville, MA 02201	
	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	
		Act Blue Fees	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
	experiorate to belieful G/OTI		

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Comm	nission Filers)
Sch: 23/79 Rpt:	Johnston, Chavva A. (Mrs.)		00088050	
4 Date	5 Payee name			
03/05/2024	Act Blue			
6 Amount (\$)	7 Payee address; City; State; Zip C	ode		
\$0.79	424 Summer Street			
	Somerville, MA 02202			
8 PURPOSE		(h) Description		
OF	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Check if travel of	outside of Texas. Complete Schedule T.	
EXPENDITURE	1 003	l <u>—</u>	, TX, officeholder living expense	
		Act Blue Fees	S	
9 Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office held	
expenditure to benefit C/C)H			
Date	Payee name			
03/10/2024	Act Blue			
Amount (\$)	Payee address; City; State; Zip C	ode		
\$2.97	425 Summer Street			
72.0.	125 63			
	Somerville, MA 02203			
DUDD 0.05		las		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	outside of Texas. Complete Schedule T.	
EXPENDITURE	Fees	l □	, TX, officeholder living expense	
		Act Blue Fees	S	
Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office held	
expenditure to benefit C/C	DH .			
Date	Payee name			
03/10/2024	Act Blue			
Amount (\$)	Payee address; City; State; Zip C	ode		
\$7.90		oue		
Ψ1.50	420 Summer Street			
	0			
	Somerville, MA 02204	ì		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
EXPENDITURE	Fees		outside of Texas. Complete Schedule T. , TX, officeholder living expense	
		Act Blue Fees		
Complete ONLY if direct	Candidate/Officeholder name Office so	<u>l</u> uaht	Office held	
expenditure to benefit C/C		- J		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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	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: 24/79 Rpt:	Johnston, Chavva A. (Mrs.) 00088050
4	Date	5 Payee name
	03/10/2024	Act Blue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1.98	427 Summer Street
	,	
		Somerville, MA 02205
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
		Act Blue Fees
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/24/2024	Act Blue
H	Amount (\$)	Payee address; City; State; Zip Code
	\$0.99	428 Summer Street
	Ψ0.55	420 Summer Street
		Companilla MA 00000
		Somerville, MA 02206
	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 Act Blue Fees
		Act blue rees
L	Operation ONE V if dispert	Occasional Office health and a second of the
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	·	
	Date	Payee name
	03/24/2024	Act Blue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.40	429 Summer Street
		Somerville, MA 02207
	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
		Act Blue Fees
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 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

	Credit Card Payment	The Instruction Guide explains how to com	ple	ete this form.
1	. •	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 25/79 Rpt:	Johnston, Chavva A. (Mrs.)		00088050
4	Date	5 Payee name		
	03/24/2024	Act Blue		
6	Amount (\$)	7 Payee address; City; State; Zip Code	е	
	\$0.24	430 Summer Street		
		Somerville, MA 02208		
8	PURPOSE OF	,	b)	Description Check if travel outside of Toyon Complete Schodule T
	EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Act Blue Fees
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	03/31/2024	Act Blue		
	Amount (\$)	Payee address; City; State; Zip Code	е	
	\$0.79	431 Summer Street		
		Somerville, MA 02209		
	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 Act Blue Fees
				7.6. 5.6. 7. 6.6.
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	03/31/2024	Act Blue		
	Amount (\$)	Payee address; City; State; Zip Code	e	
	\$1.39	432 Summer Street		
		Somerville, MA 02210		
	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.
	EXPENDITURE			Check if Austin, TX, officeholder living expense
				Act Blue Fees
	Complete ONLY if alias -t	Condidate /Office holder norms	ht	Office hald
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	Π	Office held
_	•			

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

	Credit Card Payment	The Instruction Guide explains how to complete	this form.
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
L	Sch: 26/79 Rpt:	Johnston, Chavva A. (Mrs.)	00088050
4	Date 03/31/2024	5 Payee name Act Blue	
6	Amount (\$) \$0.40	7 Payee address; City; State; Zip Code 433 Summer Street	
		Somerville, MA 02211	
8	PURPOSE OF EXPENDITURE	Fees	escription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Ct Blue Fees
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	03/31/2024	Act Blue	
	Amount (\$) \$0.40	Payee address; City; State; Zip Code 434 Summer Street	
		Somerville, MA 02212	
	PURPOSE OF EXPENDITURE	Fees	escription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Ct Blue Fees
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date 03/31/2024	Payee name Act Blue	
	Amount (\$) \$1.39	Payee address; City; State; Zip Code 435 Summer Street	
		Somerville, MA 02213	
	PURPOSE OF EXPENDITURE	Fees	escription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Ct Blue Fees
	Complete ONLY if direct expenditure to benefit C/Ol	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

	Credit Card Payment	The Instruction Guide explains how to comp	lete this form.			
1	. •	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
	Sch: 27/79 Rpt:	Johnston, Chavva A. (Mrs.)			00088050	
4	Date	5 Payee name				
	03/31/2024	Act Blue				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$0.24	436 Summer Street				
		Somerville, MA 02214				
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b)	De scription			
	EXPENDITURE	Fees			ide of Texas. Comp , officeholder living	
			Act Blue Fee		, officeriolder living	ехрепос
				_		
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	<u> </u>		Office he	ld
	expenditure to benefit C/OI					
H	Date	Payee name				
	03/31/2024	Act Blue				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$0.99	437 Summer Street				
	Ψ0.55	407 Canimer Careet				
		Somerville, MA 02215				
_	DUDDOCE	(-) -	.			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Fees	Description Check if travel	outs	ide of Texas. Comp	lete Schedule T.
	EXPENDITURE	rees	ш		, officeholder living	
			Act Blue Fee	S		
	Complete ONLY if direct	Candidate/Officeholder name Office sough	t		Office he	ld
	expenditure to benefit C/OI	1				
	Date	Payee name				
	03/31/2024	Act Blue				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$0.99	438 Summer Street				
		Somerville, MA 02216				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)) Description			
	OF EXPENDITURE	Fees	<u></u>		ide of Texas. Comp	
	EX. ENDITORE		ш		, officeholder living	expense
			Act Blue Fee	3		
L	Complete ONLY if direct	Candidate/Officeholder name Office sough	<u> </u>		Office he	ld .
	expenditure to benefit C/OI		·		Office fie	iu
H						

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

	Credit Card Payment	The Instruction Guide explains how to complet	e this form.
1	Total pages Schedule F1: Sch: 28/79 Rpt:	2 FILER NAME Johnston, Chavva A. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00088050
4	Date 04/07/2024	5 Payee name Act Blue	<u>'</u>
6	Amount (\$) \$1.98	7 Payee address; City; State; Zip Code 439 Summer Street	
8	PURPOSE OF EXPENDITURE	Fees	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Act Blue Fees
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date 04/21/2024	Payee name Act Blue	
	Amount (\$) \$0.99	Payee address; City; State; Zip Code 440 Summer Street Somerville, MA 02218	
	PURPOSE OF EXPENDITURE	Fees	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Act Blue Fees
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 04/28/2024	Payee name Act Blue	
	Amount (\$) \$0.40	Payee address; City; State; Zip Code 441 Summer Street	
	PURPOSE OF EXPENDITURE	Fees	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Act Blue Fees
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Gitt/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

	Credit Card Payment	The Instruction Guide explains how to comple	te this form.
1	Total pages Schedule F1: Sch: 29/79 Rpt:	2 FILER NAME Johnston, Chavva A. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00088050
4	Date 04/28/2024	5 Payee name Act Blue	<u>, </u>
6	Amount (\$) \$0.24	7 Payee address; City; State; Zip Code 442 Summer Street	
8	PURPOSE OF EXPENDITURE	Fees	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Act Blue Fees
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date 05/05/2024	Payee name Act Blue	
	Amount (\$) \$0.40	Payee address; City; State; Zip Code 443 Summer Street Somerville, MA 02221	
	PURPOSE OF EXPENDITURE	Fees	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Act Blue Fees
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 05/05/2024	Payee name Act Blue	
	Amount (\$) \$0.99	Payee address; City; State; Zip Code 444 Summer Street	
		Somerville, MA 02222	
	PURPOSE OF EXPENDITURE	Fees	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Act Blue Fees
	Complete ONLY if direct expenditure to benefit C/OI	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

	Candidate/Officeholder/Politica Credit Card Payment	Il 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: 30/79 Rpt:	Johnston, Chavva A. (Mrs.) 00088050
4	Date	5 Payee name
	05/05/2024	Act Blue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.99	445 Summer Street
		Somerville, MA 02223
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 Act Blue Fees
		Act blue rees
9	Commiste ONII V if diseast	Candidate/Officeholder name Office sought Office held
ľ	Complete ONLY if direct expenditure to benefit C/Ol	
L		
	Date	Payee name
	05/05/2024	Act Blue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.24	446 Summer Street
		Somerville, MA 02224
	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 Act Blue Fees
		Act blue Fees
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
┝		
	Date	Payee name
	05/05/2024	Act Blue
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.98	447 Summer Street
		Somerville, MA 02225
	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.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Act Blue Fees
_		
1	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	portantare to borront 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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1	Total pages Schedule F1: Sch: 31/79 Rpt:	2 FILER NAME Johnston, Chavva A. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00088050
4	Date 05/05/2024	5 Payee name Act Blue	
6	Amount (\$) \$0.20	7 Payee address; City; State; Zip Code 448 Summer Street	
8	PURPOSE OF EXPENDITURE	Somerville, MA 02226 (a) Category (See Categories listed at the top of this schedule) Fees (b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Act Blue Fees
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date 05/12/2024	Payee name Act Blue	
	Amount (\$) \$3.95	Payee address; City; State; Zip Code 449 Summer Street Somerville, MA 02227	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Act Blue Fees
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 05/19/2024	Payee name Act Blue	
	Amount (\$) \$0.99	Payee address; City; State; Zip Code 450 Summer Street	
		Somerville, MA 02228	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Act Blue Fees
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
pense Event Expense Loan Repayment/Reimbu

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

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

l	Credit Card Payment	The Instruction Guide explains how to co	ompl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
l	Sch: 32/79 Rpt:	Johnston, Chavva A. (Mrs.)		00088050
4	Date	5 Payee name		-
	05/26/2024	Act Blue		
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode	
l	\$0.40	451 Summer Street		
l				
l		Somerville, MA 02229		
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
				Act Blue Fees
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	ught	Office held
l	expenditure to benefit C/OI	1		
F	Date	Payee name		
	05/26/2024	Act Blue		
┝	Amount (\$)	Payee address; City; State; Zip Co	ode	
l	\$0.79	452 Summer Street		
l				
		Somerville, MA 02230		
H	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.
	LAFLINDITORE			Check if Austin, TX, officeholder living expense
				Act Blue Fees
┝	Complete ONLY if direct	Candidate/Officeholder name Office sou	ıaht	Office held
l	expenditure to benefit C/OI		agiit	Cince Hold
⊨	Date	Payee name		
l	05/26/2024	Act Blue		
┝	Amount (\$)	Payee address; City; State; Zip Ci	nde	
l	\$0.24	453 Summer Street	ouc	
l	***			
		Somerville, MA 02231		
⊢	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
l	OF	Fees	(~)	Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE			Check if Austin, TX, officeholder living expense
				Act Blue Fees
L	Operation ONE VIII II	Open il data (Office hedden u		0.65
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ught	Office held
\vdash				

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

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1	Total pages Schedule F1: Sch: 33/79 Rpt:	2 FILER NAME Johnston, Chavva A. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00088050
4	Date 06/02/2024	5 Payee name Act Blue	I
6	Amount (\$) \$0.40	7 Payee address; City; State; Zip Code 454 Summer Street	
8	PURPOSE OF EXPENDITURE	Somerville, MA 02232 (a) Category (See Categories listed at the top of this schedule) Fees (b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Act Blue Fees
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 06/02/2024	Payee name Act Blue	
	Amount (\$) \$0.99	Payee address; City; State; Zip Code 455 Summer Street Somerville, MA 02233	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Act Blue Fees
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 06/02/2024	Payee name Act Blue	
	Amount (\$) \$0.99	Payee address; City; State; Zip Code 456 Summer Street	
		Somerville, MA 02234	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Act Blue Fees
	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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 34/79 Rpt:	2 FILER NAME Johnston, Chavva A. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00088050
4	Date 06/02/2024	5 Payee name Act Blue	. L
6	Amount (\$) \$0.24	7 Payee address; City; State; Zip Code 457 Summer Street	
8	PURPOSE OF EXPENDITURE	1 563	el outside of Texas. Complete Schedule T.
	EX ENDITORE	Check if Aus Act Blue Fe	tin, TX, officeholder living expense es
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date 06/02/2024	Payee name Act Blue	
	Amount (\$) \$1.39	Payee address; City; State; Zip Code 458 Summer Street	
		Somerville, MA 02236	
	PURPOSE OF EXPENDITURE	1663	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense e S
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 06/02/2024	Payee name Act Blue	
	Amount (\$) \$1.98	Payee address; City; State; Zip Code 459 Summer Street	
		Somerville, MA 02237	
	PURPOSE OF EXPENDITURE	1003	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense e S
	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

Polling Expense Travel in District
Printing Expense Travel Out of Di
Salaries/Wages/Contract Labor OTHER (enter a

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. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 35/79 Rpt: 00088050 Johnston, Chavva A. (Mrs.) 4 Date Payee name 06/02/2024 Act Blue 6 Amount (\$) Payee address; State; Zip Code \$0.50 460 Summer Street Somerville, MA 02238 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Act Blue Fees Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/02/2024 Act Blue Amount (\$) Payee address; City; State; Zip Code \$0.50 461 Summer Street Somerville, MA 02239 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Act Blue Fees Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/02/2024 Act Blue Amount (\$) Payee address: City: State; Zip Code \$0.40 462 Summer Street Somerville, MA 02240 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Act Blue Fees Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

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

	Credit Card Payment	The Instruction Guide explains how to c	ompl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 36/79 Rpt:	Johnston, Chavva A. (Mrs.)		00088050
4	Date	5 Payee name		
	06/02/2024	Act Blue		
6	Amount (\$)	7 Payee address; City; State; Zip C	ode	
	\$39.11	463 Summer Street		
		Somerville, MA 02241		
8	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
				Act Blue Fees
9	Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	06/02/2024	Act Blue		
	Amount (\$)	Payee address; City; State; Zip C	ode	
	\$0.50	464 Summer Street		
		Somerville, MA 02242		
	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
				Act Blue Fees
Г	Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
L	06/02/2024	Act Blue		
	Amount (\$)	Payee address; City; State; Zip C	ode	
	\$0.99	465 Summer Street		
		0		
L		Somerville, MA 02243	1	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees		Check if Austin, TX, officeholder living expense
				Act Blue Fees
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ught	Office held
	experiorale to belieff C/OI	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

	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: 37/79 Rpt:	Johnston, Chavva A. (Mrs.) 00088050
4	Date	5 Payee name
	06/02/2024	Act Blue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.50	466 Summer Street
		Somerville, MA 02244
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 Act Blue Fees
		Act blue Fees
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialiture to benefit C/Oi	1
	Date	Payee name
	06/02/2024	Act Blue
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.39	467 Summer Street
	41.00	Tot Gaillino Gaost
		O
		Somerville, MA 02245
	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 Act Blue Fees
		Act blue Fees
	Operation ONLY if allowed	On did to 10 ff as hald a grant Off as a south
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/02/2024	Act Blue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.99	468 Summer Street
		Somerville, MA 02246
	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
		Act Blue Fees
	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 Contributions/ Donations Made By -Candidate/Officeholder/Political Committe 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: 38/79 Rpt:	Johnston, Chavva A. (Mrs.)
4	Date	5 Payee name
	06/02/2024	Act Blue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.50	469 Summer Street
		Somerville, MA 02247
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 Act Blue Fees
		Act blue rees
L		
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experience to benefit eyer	
	Date	Payee name
	06/02/2024	Act Blue
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.98	470 Summer Street
	,	
		Somerville, MA 02248
	DUDDOGE	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule 1. Check if Austin, TX, officeholder living expense
		Act Blue Fees
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	_	
	Date	Payee name
	06/02/2024	Act Blue
	Amount (\$)	Payee address; City; State; Zip Code
	\$2.97	471 Summer Street
		Somerville, MA 02249
	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
		Act Blue Fees
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
L	experiorale to belief C/Of	
l		

SCHEDULE F1

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

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/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: 39/79 Rpt:	Johnston, Chavva A. (Mrs.) 00088050
4	Date	5 Payee name
	06/02/2024	Act Blue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.50	472 Summer Street
		Somerville, MA 02250
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 Act Blue Fees
		7.60.2.60 . 333
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	06/02/2024	Act Blue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.20	473 Summer Street

		Somerville, MA 02251
	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
		Act Blue Fees
	Operation ONLY if disease	Outside to Office health and the second to t
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/09/2024	Act Blue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.40	474 Summer Street
		Companille, MA 000F0
		Somerville, MA 02252
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Act Blue Fees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1

SCHEDULE F1

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain		xpense Vages/Con	ntract Labor his form.	Trav	el in District el Out of Dis ER (enter a	trict category not listed above)	
1	Total pages Schedule F1:					7	3 File		(Ethics Commission Filers)	1
L	Sch: 40/79 Rpt:	Johnston,	Chavva A. (Mrs.)				000	88050		
4	Date	5 Payee name	e							
	06/09/2024	Act Blue								
6	Amount (\$)	7 Payee addr	ess; City; Sta	te; Zip Co	ode					
	\$0.20	475 Summ	ner Street							
		Somerville	, MA 02253							
8	PURPOSE	(a) Category	See Categories listed at the top of this	schedule)	(b) De	scription				_
	OF EXPENDITURE	Fees	2 9	,		Check if travel ou			plete Schedule T.	
	LAI LADITORE					Check if Austin,		holder living	expense	
					I AC	t Blue Fees				
_	Complete ONLY if direct	Candidata/Of	fingholder name	Office es:	l abt			Office he	ald.	
9	Complete ONLY if direct expenditure to benefit C/Oh		ficeholder name	Office sou	igrit			Office he	au .	
	Date	Payee name	<u></u>							
	06/09/2024	Act Blue								
	Amount (\$)	Payee addr	ess; City; Sta	te; Zip Co	ode					
	\$0.40	476 Summ	ner Street							
		Somerville	, MA 02254							
	PURPOSE	(a) Category (See Categories listed at the top of this	schedule)	(b) De	scription				_
	OF EXPENDITURE	Fees		-,					plete Schedule T.	
	LA LIBITORE					Check if Austin,		holder living	expense	
					l AC	t Blue Fees				
L	Complete ONLY if direct	Candidata/Of	ficeholder name	Office sou	laht			Office he	ald	
	expenditure to benefit C/O		ncenduel name	Onice SOL	igrit			Onice He	au	
\vdash	Data									_
	Date	Payee name	9							
	06/09/2024	Act Blue								
	Amount (\$)	Payee addr		te; Zip Co	ode					
	\$0.79	477 Summ	ier Street							
			, MA 02255		1					
	PURPOSE OF	,	See Categories listed at the top of this	schedule)	(b) De	scription	stoids -f	Foyos C	alata Sahadula T	
	EXPENDITURE	Fees			l H	Check if travel ou			plete Schedule T. expense	
					Ac	t Blue Fees		9	•	
	Complete ONLY if direct		ficeholder name	Office sou	ıght			Office he	eld	
	expenditure to benefit C/OH	4								

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

	Credit Card Payment	The Instruction Guide explains how to comp	ple	te this form.
1		2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 41/79 Rpt:	Johnston, Chavva A. (Mrs.)		00088050
4	Date	5 Payee name		
	06/09/2024	Act Blue		
6	Amount (\$)	7 Payee address; City; State; Zip Code	е	
	\$0.20	478 Summer Street		
		Somerville, MA 02256		
8	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
				Act Blue Fees
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	ht	Office held
	experioration benefit C/O	1		
	Date	Payee name		
	06/09/2024	Act Blue		
	Amount (\$)	Payee address; City; State; Zip Code	е	
	\$0.50	479 Summer Street		
		Somerville, MA 02257		
	PURPOSE		h)	Description
	OF	(a) Category (See Categories listed at the top of this schedule) Fees	-, 	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	1 003		Check if Austin, TX, officeholder living expense
				Act Blue Fees
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	06/16/2024	Act Blue		
	Amount (\$)	Payee address; City; State; Zip Code	e	
	\$0.50	480 Summer Street		
		Somerville, MA 02258		
	PURPOSE	(2) 0	h)	Description
	OF	(a) Category (See Categories listed at the top of this schedule)	υ) I	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	rees		Check if Austin, TX, officeholder living expense
				Act Blue Fees
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 42/79 Rpt:	2 FILER NAME Johnston, Chavva A. (Mrs.) 3 Filer II 00088	
4	Date 06/16/2024	5 Payee name Act Blue	
6	Amount (\$) \$1.39	7 Payee address; City; State; Zip Code 481 Summer Street	
		Somerville, MA 02259	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Tex Check if Austin, TX, officehol Act Blue Fees	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		ffice held
	Date 06/16/2024	Payee name Act Blue	
	Amount (\$) \$0.50	Payee address; City; State; Zip Code 482 Summer Street	
		Somerville, MA 02260	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texton Check if Austin, TX, officehold Act Blue Fees	
	Complete ONLY if direct expenditure to benefit C/O		ffice held
	Date 06/16/2024	Payee name Act Blue	
	Amount (\$) \$3.95	Payee address; City; State; Zip Code 483 Summer Street	
		Somerville, MA 02261	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Tex Check if Austin, TX, officehol Act Blue Fees	
	Complete ONLY if direct expenditure to benefit C/O		ffice held

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe 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: 43/79 Rpt:	Johnston, Chavva A. (Mrs.) 00088050
4	Date	5 Payee name
	06/16/2024	Act Blue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.99	484 Summer Street
		Somerville, MA 02262
8	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
		Act Blue Fees
		7 lot Blue 1 oos
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Data	
	Date	Payee name
	06/16/2024	Act Blue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.99	485 Summer Street
		Somerville, MA 02263
	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
		Act Blue Fees
		/ lot Blue 1 ccs
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	5 .	
	Date	Payee name
	06/16/2024	Act Blue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.99	486 Summer Street
		Somerville, MA 02264
	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
		Act Blue Fees
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	onpenditure to beliefft C/Of	•

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

	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: 44/79 Rpt:	Johnston, Chavva A. (Mrs.)	00088050
4	Date	5 Payee name	
	06/16/2024	Act Blue	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$0.99	487 Summer Street	
		Somerville, MA 02265	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	outside of Taylor Complete Calculus T
	EXPENDITURE	1 663	outside of Texas. Complete Schedule T. n, TX, officeholder living expense
		Act Blue Fee	s
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	06/16/2024	Act Blue	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$0.50	488 Summer Street	
		Somerville, MA 02266	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	(5
	EXPENDITURE	1003	outside of Texas. Complete Schedule T. n, TX, officeholder living expense
		Act Blue Fee	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	06/16/2024	Act Blue	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$0.50	489 Summer Street	
		Somerville, MA 02267	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	outside of Toyan Complete Calculus T
	EXPENDITURE	1 003	outside of Texas. Complete Schedule T.
		Act Blue Fee	
	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
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

	Credit Card Payment	The Instruction Guide explains how to compl	ete this form.
1	Total pages Schedule F1: Sch: 45/79 Rpt:	2 FILER NAME Johnston, Chavva A. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00088050
4	Date 06/16/2024	5 Payee name Act Blue	I
6	Amount (\$) \$0.40	7 Payee address; City; State; Zip Code 490 Summer Street	
8	PURPOSE OF EXPENDITURE	Somerville, MA 02268 (a) Category (See Categories listed at the top of this schedule) Fees (b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Act Blue Fees
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date 06/16/2024	Payee name Act Blue	
	Amount (\$) \$1.98	Payee address; City; State; Zip Code 491 Summer Street Somerville, MA 02269	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Act Blue Fees
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 06/16/2024	Payee name Act Blue	
	Amount (\$) \$2.97	Payee address; City; State; Zip Code 492 Summer Street	
		Somerville, MA 02270	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Act Blue Fees
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1	Total pages Schedule F1: Sch: 46/79 Rpt:	2 FILER NAME Johnston, Chavva A. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00088050
4	Date 06/23/2024	5 Payee name Act Blue	•
6	Amount (\$) \$5.93	7 Payee address; City; State; Zip Code 493 Summer Street	
8	PURPOSE OF EXPENDITURE	Somerville, MA 02271 (a) Category (See Categories listed at the top of this schedule) Fees (b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Act Blue Fees
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date 06/23/2024	Payee name Act Blue	
	Amount (\$) \$0.99	Payee address; City; State; Zip Code 494 Summer Street Somerville, MA 02272	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Act Blue Fees
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 06/23/2024	Payee name Act Blue	
	Amount (\$) \$0.40	Payee address; City; State; Zip Code 495 Summer Street	
		Somerville, MA 02273	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Act Blue Fees
	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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 47/79 Rpt:	2 FILER NAME Johnston, Chavva A. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00088050
4	Date 06/23/2024	5 Payee name Act Blue	
6	Amount (\$) \$0.99	7 Payee address; City; State; Zip Code 496 Summer Street	
		Somerville, MA 02274	
8	PURPOSE OF EXPENDITURE	1000	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense e S
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held
	Date 06/30/2024	Payee name Act Blue	
	Amount (\$) \$0.24	Payee address; City; State; Zip Code 497 Summer Street	
		Somerville, MA 02275	
	PURPOSE OF EXPENDITURE	1 1 CC3 1 L	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense CS
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held
	Date 06/30/2024	Payee name Act Blue	
	Amount (\$) \$1.39	Payee address; City; State; Zip Code 498 Summer Street	
		Somerville, MA 02276	
	PURPOSE OF EXPENDITURE	1 003	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense CS
	Complete ONLY if direct expenditure to benefit C/O	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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 48/79 Rpt:	2 FILER NAME Johnston, Chavva A. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00088050
4	Date 06/30/2024	5 Payee name Act Blue	
6	Amount (\$) \$0.99	7 Payee address; City; State; Zip Code 499 Summer Street	
8	PURPOSE	Somerville, MA 02277 (a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if trav	el outside of Texas. Complete Schedule T. ettin, TX, officeholder living expense
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date 06/30/2024	Payee name Act Blue	
	Amount (\$) \$0.40	Payee address; City; State; Zip Code 500 Summer Street	
		Somerville, MA 02278	
	PURPOSE OF EXPENDITURE	1663	rel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 06/30/2024	Payee name Act Blue	
	Amount (\$) \$0.99	Payee address; City; State; Zip Code 501 Summer Street	
		Somerville, MA 02279	
	PURPOSE OF EXPENDITURE	1003	rel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense PES
	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

l	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)
l	Sch: 49/79 Rpt:	Johnston, Chavva A. (Mrs.)		00088050
4	Date	5 Payee name		<u>'</u>
l	06/30/2024	Act Blue		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
l	\$0.99	502 Summer Street		
l				
l		Somerville, MA 02280		
8	PURPOSE	(a) a .	(b)	Description
	OF	(a) Category (See Categories listed at the top of this schedule) Fees		Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE			Check if Austin, TX, officeholder living expense
				Act Blue Fees
L				
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office held
┕				
l	Date	Payee name		
	06/30/2024	Act Blue		
l	Amount (\$)	Payee address; City; State; Zip Co	de	
l	\$0.24	503 Summer Street		
l				
		Somerville, MA 02281		
	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 Act Blue Fees
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
l	expenditure to benefit C/OI		•	
F	Date	Payee name		
l	01/26/2024	Amazon		
┝	Amount (\$)	Payee address; City; State; Zip Co	nde	
l	\$64.94	410 Terry Ave N,	uc	
l	Ψ0 1.0 1	120 1011) 7110 11,		
l		Seattle, WA 98109		
┡	PURPOSE		//->	
l	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(D)	Description Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Office Overflead/Nerital Expense		Check if Austin, TX, officeholder living expense
l				table covers, displays
L				
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
L	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

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

	Credit Card Payment	The Instruction	Guide explains how to co	mplet	e this form.		
1	Total pages Schedule F1:				3 Filer ID	•	Filers)
	Sch: 50/79 Rpt:	Johnston, Chavva A. (Mi	s.)		000880	050	
4	Date 04/15/2024	Payee name Annies list					
•			State: 7in Co	240			
6	Amount (\$) \$40.00	Payee address; City; P.O. Box 30327	State; Zip Co	oae			
	Ψ-10.00	1.0. 50% 00027					
		Austin, TX 78703					
8	PURPOSE	Category (See Categories listed	at the top of this schedule)	(b) [Description		
	OF EXPENDITURE	Event Expense		[Check if travel outside of Texas		
					Check if Austin, TX, officeholder craining seminar	er living expense	
					g 55s.		
9	Complete ONLY if direct	andidate/Officeholder name	Office sou	ıght	Offi	ice held	
	expenditure to benefit C/O						
	Date	Payee name					
	02/20/2024	CVS					
	Amount (\$)	Payee address; City;	State; Zip Co	ode			
	\$13.65	2591 FM 423					
		Little Flore TV 75000					
	PURPOSE	Little Elm, TX 75068		(a.)			
	PURPOSE OF	Category (See Categories listed Office Overhead/Rental] (a) []	Description Check if travel outside of Texas	s. Complete Schedule T.	
	EXPENDITURE	Office Overfiead/Nertial	_хрепзе	ן ב	Check if Austin, TX, officeholde		
					SHARPIE MARKERS F	OR POSTERS	
_	Complete ONLY if direct	andidate/Officeholder name	Office sou	ıaht	Offi	ice held	
	expenditure to benefit C/O	andidate/Onicenolaer name	Office 300	igiit	Oili	ice neid	
-	Date	Payee name					
	06/28/2024	Canva					
	Amount (\$)	Payee address; City;	State; Zip Co	ode			
	\$87.72	3212 E. Cesar Chavez S	treet Building 1, Suite	1300)		
		Austin, TX 78702					
	PURPOSE OF	Category (See Categories listed	at the top of this schedule)	(b) [Description Check if travel outside of Texas	s Complete Schedule T	
	EXPENDITURE	Advertising Expense			Check if Austin, TX, officeholde		
				(graphic design software	?	
				<u> </u>			
	Complete ONLY if direct expenditure to benefit C/O	andidate/Officeholder name	Office sou	ıght	Offi	ice held	
\vdash	·						

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.			
1			n Filers)		
	Sch: 51/79 Rpt:	Johnston, Chavva A. (Mrs.) 00088050			
4	Date	5 Payee name			
	03/25/2024	Chick-Fil-A			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$39.03	5211 eldorado pkwy			
		FRisco, TX 75033			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Food/Beverage Expense			
	EXPENDITURE	Check if Austin, TX, officeholder living expense			
		meeting with constituent			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
	experience to benefit Gree				
	Date	Payee name			
	04/12/2024	Chilis			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$47.52	11555 Dallas Pkwy,			
		Frisco, TX 75033			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Food/Beverage Expense			
	EXPENDITURE	Check if Austin, TX, officeholder living expense			
		meeting to discuss campaign			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
	Date	Payee name			
	01/26/2024	Collin County Dem Party			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$179.86	6829 K Ave #111,			
		plano, TX 75074			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Event Expense			
	EXPENDITORE	Check if Austin, TX, officeholder living expense			
		gala tickets			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
	experience to benefit 6/011				

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

	Credit Card Payment		The Instruction Guide explains how to c	omple	ete this form.
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 52/79 Rpt:		Johnston, Chavva A. (Mrs.)		00088050
4	Date	5	Payee name		·
	01/29/2024		DSW		
6	Amount (\$)	7	Payee address; City; State; Zip C	ode	
	\$52.94		3333 Preston Rd		
			Frisco, TX 75035		
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 Tote bags
					. etc Juge
9	Complete ONLY if direct		Candidate/Officeholder name Office so	<u> </u>	Office held
	expenditure to benefit C/O	Н		•	
	Date	Т	Payee name		
	03/25/2024		Didi's Downtown		
	Amount (\$)	H	Payee address; City; State; Zip C	ode	
	\$90.51		7210 main st		
			Frisco, TX 75036		
	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 meeting with constituents
					mooning man concentration
	Complete ONLY if direct		Candidate/Officeholder name Office so	<u> </u>	Office held
	expenditure to benefit C/O	Н			
	Date	Π	Payee name		
	06/24/2024		Doubletree suites		
	Amount (\$)	T	Payee address; City; State; Zip C	ode	
	\$141.24		303 W 15th st		
			Austin, TX 78702		
	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.
	EXI ENDITORE				Check if Austin, TX, officeholder living expense hotel stay in Austin for training
					noter stay in Austin for training
_	Complete ONLY if direct	Ц,	Candidate/Officeholder name Office so	uaht	Office held
	expenditure to benefit C/O		Sandadio/Onicendadi Name	ugiit	Cince 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

	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)	
l	Sch: 53/79 Rpt:	Johnston, Chavva A. (Mrs.)		00088050
4	Date	5 Payee name		
	06/24/2024	Doubletree suites		
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode	
l	\$3.00	303 W 15th st		
		Austin, TX 78702		
8	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.
	LXI LINDITORL			Check if Austin, TX, officeholder living expense
				Hotel charge in Austin for training
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	ıaht	Office held
ľ	expenditure to benefit C/Ol		igiit	Office field
⊨	Date	Davisa nama		
	01/11/2024	Payee name EIN presswire		
┝		•	ndo.	
l	Amount (\$) \$60.00	Payee address; City; State; Zip Co 1025 Connecticut Ave. NW, Suite 1000	oue	
	\$60.00	1025 Connecticut Ave. NW, Suite 1000		
		ahiaataa DO 20000		
L		washington, DC 20036		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Advertising Expense		Check if Austin, TX, officeholder living expense
				Press release service
Г	Complete ONLY if direct	Candidate/Officeholder name Office sou	ight	Office held
	expenditure to benefit C/Ol	1		
	Date	Payee name		
	05/15/2024	EXECUTIVE PRESS		
	Amount (\$)	Payee address; City; State; Zip Co	ode	
l	\$194.85	1400 Presidential Dr #110		
l		Richardson, TX 75080		
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
l	OF EXPENDITURE	Printing Expense		Check if travel outside of Texas. Complete Schedule T.
l				Check if Austin, TX, officeholder living expense hand cards
				nana caras
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sou	laht Iaht	Office held
	expenditure to benefit C/Ol		.grit	Office field
\vdash				

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/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: 54/79 Rpt:	Johnston, Chavva A. (Mrs.) 00088050
4	Date	5 Payee name
	05/15/2024	EXECUTIVE PRESS
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$676.56	1400 Presidential Dr #110
		Richardson, TX 75080
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense yard signs
		yara signs
_	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/08/2024	Enterprise Rent-A-Car
	Amount (\$)	Payee address; City; State; Zip Code
	\$49.37	8811 Teel Pkwy Ste 260
		Frisco, TX 75033
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		RENTAL CAR EXPENSE FOR DISTRICT TOUR
		NEWINE OWN ENDER ON BIGHNIOT FOOR
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	01/05/2024	Enterprise Rent-A-Car
	Amount (\$)	Payee address; City; State; Zip Code
	\$465.43	8811 Teel Pkwy Ste 260
		Frisco, TX 75033
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense
		RENTAL CAR FOR DISTRICT TOUR
_	Operation ONE VIII	On didn't 10 ff a halden game
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ertising Expense Event Expense Loan Repayment/Reimbu

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

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	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: 55/79 Rpt:	Johnston, Chavva A. (Mrs.) 00088050
4	Date	5 Payee name
	01/16/2024	Enterprise rental
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$36.49	8811 Teel Pkwy Ste 260
		Í
		frisco, TX 75033
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Tolls charged from car rental
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	02/14/2024	Executive Press
	Amount (\$)	Payee address; City; State; Zip Code
	\$162.38	1400 Presidential Dr #110
	Ψ102.30	1400 F residential Bi #110
		P. I. I. TV 77000
		Richardson, TX 75080
	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 Retractable banner
		Netractable ballilei
	Compulate ONLY if direct	Condidate/Office helder name Office accords
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	•	
	Date	Payee name
	01/22/2024	Exxon
	Amount (\$)	Payee address; City; State; Zip Code
	\$45.04	6733 Main Street
		Frisco, TX 75024
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Gas for in district travel
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
L	capenditule to belieff C/Of	

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

l	Credit Card Payment	The Instruction Guide explains how to c	ompl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
	Sch: 56/79 Rpt:	Johnston, Chavva A. (Mrs.)		00088050
4	Date	5 Payee name		
L	05/01/2024	Facebook		
6	Amount (\$)	7 Payee address; City; State; Zip C	ode	
l	\$35.90	1 Hacker Way		
		Marria Daris OA 04005		
Ļ		Menlo Park, CA 94025	1	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Advertising Expense		Check if Austin, TX, officeholder living expense
				facebook ads
Ļ	0 1: 0 1: 0		<u> </u>	0" 111
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ugnt	Office held
⊨	Date	Davies name		
	03/01/2024	Payee name Facebook		
┝	Amount (\$)	Payee address; City; State; Zip C	ode	
	\$94.43	1 Hacker Way	00	
		·		
		Menlo Park, CA 94025		
Г	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
				FACEBOOK ADVERTISEMENTS
Г	Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	02/01/2024	Facebook		
	Amount (\$)	Payee address; City; State; Zip C	ode	
	\$79.47	1 Hacker Way		
		Monlo Dork, CA 04025		
┡	PURPOSE	Menlo Park, CA 94025	(45)	
	OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(0)	Description Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	, laverileing Expense		Check if Austin, TX, officeholder living expense
				FACEBOOK ADVERTISMENT
_	Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office held
	expenditure to benefit C/OI		uyiil	Office Held

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 57/79 Rpt:	2 FILER NAME Johnston, Chavva A. (Mrs.) 3 Filer ID (Ethics Commission Filers) 00088050
4	Date 01/16/2024	5 Payee name Facebook
6	Amount (\$) \$98.72	7 Payee address; City; State; Zip Code 1 Hacker Way
8	PURPOSE OF	Menlo Park, CA 94025 (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 FACEBOOK ADVERTISING
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 03/25/2024	Payee name H Mart
	Amount (\$) \$10.26	Payee address; City; State; Zip Code 2625 Old Denton Rd., Ste 200
		carrollton, TX 75007
	PURPOSE OF EXPENDITURE	(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. Check if Austin, TX, officeholder living expense Gas for out of district travel
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 06/03/2024	Payee name Jakes Burgers
	Amount (\$) \$179.40	Payee address; City; State; Zip Code 6195 main st
		Frisco, TX 75035
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Frisco Democrats event
	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

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment			Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide	oense F		ense ges/Contract Labor	Travel in Dis Travel Out o OTHER (ent	
1	Total pages Schedule F1:						3 Filer ID	(Ethics Commission Filers)
Ļ	Sch: 58/79 Rpt:		Chavva A. (Mrs.)				0008805	DU
4	Date	5 Payee name						
L	01/29/2024	Jakes Burç						
6	Amount (\$)	7 Payee addre		State;	Zip Cod	е		
	\$53.29	6195 main	St					
		F.: TV	75005					
_	DUDDOCE	Frisco, TX			1.0	h) p		
8	PURPOSE OF		See Categories listed at the to	op of this schedu	ule)	Description Check if travel	outside of Texas. (Complete Schedule T.
	EXPENDITURE	FUUU/DEVE	rage Expense				n, TX, officeholder li	
						MEETING TO	O DISCUSS	CAMPAIGN
9	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Off	ice sougl	nt	Office	e held
	Date	Payee name	2					
	06/05/2024	Kohl's						
	Amount (\$)	Payee addre	ess; City;	State;	Zip Cod	е		
	\$139.89	7150 Prest	on Rd					
		Frisco, TX	75035					
	PURPOSE	(a) Category (S	See Categories listed at the to	op of this schedu	ule)	Description		
	OF EXPENDITURE	Advertising	j Expense			<u> </u>	outside of Texas. 0 n, TX, officeholder li	Complete Schedule T.
						Easy Up tent		wing expense
) [F		
	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Off	ice sougl	nt	Office	e held
_	Dete							
	Date 04/15/2024	Payee name Kosta's gre						
				Ct-	7in C '			
	Amount (\$)	Payee addre		State;	Zip Cod	е		
	\$113.66	1050 W Pa	uk bivu,					
		Plano, TX	75075					
	PURPOSE OF		See Categories listed at the to	op of this schedu	ule)	Description		
	EXPENDITURE	Food/Beve	rage Expense				outside of Texas. (n, TX, officeholder li	Complete Schedule T.
						meeting with		
						-		
	Complete ONLY if direct expenditure to benefit C/OH		ficeholder name	Off	ice soug	nt	Office	e held

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

	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: 59/79 Rpt:	Johnston, Chavva A. (Mrs.)			
4	Date	5 Payee name			
	03/25/2024	Kroger			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$223.60	2671 Little Elm Pkwy,			
		Little Elm, TX 75068			
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 fundraising event			
		Food for furnitialstrig event			
_	Complete ONLY !! -!!!	Condidate/Officeholder name			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
	•				
	Date	Payee name			
	06/03/2024	Mailchimp			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$13.86	405 N Angier Ave			
		atlanta, GA 30308			
	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 email service			
		Cital Scivice			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·			
	Date	Payee name			
	05/01/2024	Mailchimp			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$13.86	405 N Angier Ave			
		atlanta, GA 30308			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Office Overhead/Rental Expense			
	EXI ENDITORE	Check if Austin, TX, officeholder living expense			
		email service			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
	onportation to portation or or i				

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/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: 60/79 Rpt:	Johnston, Chavva A. (Mrs.) 00088050			
4	Date	5 Payee name			
	04/01/2024	Mailchimp			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$13.86	405 N Angier Ave			
		atlanta, GA 30308			
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			
		email service			
		Girlan corried			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
٠	expenditure to benefit C/O				
_	Date	Davies warms			
	03/01/2024	Payee name Mailchimp			
		· ·			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$13.86	405 N Angier Ave			
		atlanta, GA 30308			
	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			
		EMAIL SERVICE			
		Living Service			
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O				
	Data				
	Date 02/01/2024	Payee name Mailahima			
		Mailchimp			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$13.86	405 N Angier Ave			
		Atlanta, GA 30308			
	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 EMAIL SERVICE			
		LIVIAL SLIVICE			
_	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 Committ

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	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: 61/79 Rpt:	Johnston, Chavva A. (Mrs.)
4	Date	5 Payee name
	05/21/2024	Marios Mexican
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$68.04	2831 Eldorado Pkwy #112
		Little Elm, TX 75068
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense 380 Deomcrats meeting
		300 Decimerates meeting
Ļ	Computate ONLY if diseast	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	
	· 	
	Date	Payee name
	06/04/2024	Mihela Plesa for Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	900 E. Park Blvd, Suite 140-C
		Plano, TX 75075
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Donation to fundraiser for plesa for Texas
	Complete ONLY if direct	
	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	¹ Plesa, Mihela State Representative District 70
	Date	Payee name
	06/21/2024	Moonshine
	Amount (\$)	Payee address; City; State; Zip Code
	\$147.86	303 Red River St,
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
		Check if Austin, TX, officeholder living expense
		Dinner for training in Austin
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to beliefft C/OI	•
1		

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

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: 62/79 Rpt:	Johnston, Chavva A. (Mrs.) 00088050			
4	Date	5 Payee name			
	05/24/2024	Mother's against Gregg Abbott			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$80.00	PO Box 27881			
		Austin, TX 78755			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE	Candidate/Officeholder/Political Committee			
		Happy Hour tickets for Convention			
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			
	Date	Payee name			
	02/28/2024	NORD VPN			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$16.19	60 East Rio Salado Parkway, Suite 1000			
	, = 3. 20				
		Tempe, AZ 85281			
	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			
		network security			
Complete ONLY if direct Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·			
H	Date	Payee name			
	01/29/2024	NORD VPN			
		Payee address; City; State; Zip Code			
	Amount (\$) \$16.19	60 East Rio Salado Parkway, Suite 1000			
	\$10.19	OU EAST NIO SAIAUU PAIKWAY, SUITE 1000			
		Tempe, AZ 85281			
	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			
		network security			
	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold			
	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 -

EXPENDITURE CATEGORIES FOR BOX 8(a) 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: 63/79 Rpt:	Johnston, Chavva A. (Mrs.)
4	Date	5 Payee name
	06/04/2024	NPG Van
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$109.80	655 15th St NW, Suite 650
		washington D.C, DC 20052
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense
		Check if Austin, TX, officeholder living expense Mobilize subscription
		Mobilize Subscription
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	02/26/2024	Prairie House restraunt
	Amount (\$)	Payee address; City; State; Zip Code
	\$794.53	10001 US-380
		Cross Roads, TX 76227
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		KICK OFF EVENT AT PRAIRIE HOUSE
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	03/25/2024	Quick Trip
	Amount (\$)	Payee address; City; State; Zip Code
	\$57.76	2181 FM 423
		Little Elm, TX 75068
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Gas for district tour
		Gas for district tour
_	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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

l	Credit Card Payment	The Instruction Guide explains how to co	omple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
l	Sch: 64/79 Rpt:	Johnston, Chavva A. (Mrs.)		00088050
4	Date	5 Payee name		•
	02/23/2024	RA Shushi		
6	Amount (\$) \$47.72	7 Payee address; City; State; Zip Co 7501 Lone Star Dr, Plano, TX 75024	ode	
8	PURPOSE		(h)	Description
	OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(5)	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense MEETING WITH CONSTITUENTS
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office soul	ight	Office held
	Date	Payee name		
	06/06/2024	ROSS stores		
	Amount (\$) \$115.10	Payee address; City; State; Zip Co 1051 S Preston Rd	ode	
		Prosper, TX 75078		
	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 Tote bags
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ught	Office held
Г	Date	Payee name		
	03/25/2024	RaceTrac		
	Amount (\$) \$12.98	Payee address; City; State; Zip Co 2676 Eldorado Pkwy	ode	
		frisco, TX 75033		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense meeting to discuss campaign
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ught	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

	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: 65/79 Rpt:	Johnston, Chavva A. (Mrs.)			
4	Date	5 Payee name			
	02/26/2024	RaceTrac			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$20.00	2676 Eldorado Pkwy			
		, and the second se			
		Frisco, TX 75033			
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 MEETING TO DISCUSS CAMPAIGN			
		WILLTING TO DISCUSS CAWIFAIGH			
_	0 1: 0 11 1 1				
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			
	•				
	Date	Payee name			
	01/10/2024	RaceTrac			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$29.61	2676 Eldorado Pkwy			
		frisco, TX 75033			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense GAS FOR DISTRICT TOUR			
		GAST ON DISTRICT TOOK			
_	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold			
	Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH				
	Date	Payee name			
	01/29/2024	Ross			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$106.00	1051 S Preston Rd			
		Prosper, TX 75078			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Office Overhead/Rental Expense			
	EXI ENDITORE	Check if Austin, TX, officeholder living expense			
		5 white polo shirts			
	0 1 0 0 0 0 0 0				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
	onponantino to benefit 6/01	•			

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

	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: 66/79 Rpt:	Johnston, Chavva A. (Mrs.) 00088050
4	Date	5 Payee name
	06/27/2024	Rotate bar and grill
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$51.56	5454 Main St #123
		frisco, TX 75033
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
		Check if Austin, TX, officeholder living expense meeting with constituents
		meeting with constituents
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
H	Date	Payee name
	03/25/2024	Spitz
	Amount (\$)	Payee address; City; State; Zip Code
	\$42.76	6851 Warren Pkwy,
	Ψ42.70	oosi wanen rkwy,
		Friend TV 75024
		Frisco, TX 75034
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		meeting with constituent
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	05/20/2024	Sprouts
	Amount (\$)	Payee address; City; State; Zip Code
	\$4.89	2500 Eldorado Pkwy
		Frisco, TX 75033
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		greeting card for constituent
	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 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

	Credit Card Payment	The Instruction Guide explains how to complete the	his form.
1		2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 67/79 Rpt:	Johnston, Chavva A. (Mrs.)	00088050
4		5 Payee name	
	03/18/2024	Sprouts	
6	Amount (\$) \$39.04	7 Payee address; City; State; Zip Code 2500 Eldorado Pkwy	
		Frisco, TX 75033	
8	PURPOSE OF EXPENDITURE	Food/Beverage Expense	Scription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense REETING CARDS FOR CONSTITUENTS
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	01/10/2024	Sprouts	
	Amount (\$) \$54.25	Payee address; City; State; Zip Code 2500 Eldorado Pkwy	
		Frisco, TX 75033	
	PURPOSE OF EXPENDITURE	Food/Beverage Expense	Scription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense EETING TO DISCUSS CAMPAIGN
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	06/24/2024	Star stop	
	Amount (\$) \$61.22	Payee address; City; State; Zip Code 5801 N Interstate Hwy 35	
		austin, TX 78723	
	PURPOSE OF EXPENDITURE	Travel Out of District	scription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense as for travel to Austin for training
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) 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: 68/79 Rpt:	Johnston, Chavva A. (Mrs.) 00088050			
4	Date	5 Payee name			
	03/06/2024	Subway			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$29.20	12220 FM 423			
		Frisco, TX 75033			
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 MEETING TO DISCUSS CAMPAIGN			
		WILLTING TO DISCOSS CAIVIT AIGIN			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
ľ	expenditure to benefit C/OI				
⊨	Data				
	Date	Payee name			
	01/02/2024	Subway			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$17.48	12220 FM 423			
		Frisco, TX 75033			
	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 MEETING TO DISCUSS CAMPAIGN			
		WILLTING TO DISCOSS CAMIFAIGN			
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH				
⊨	Date				
	Date	Payee name			
	01/26/2024	TJ Maxx			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$22.72	3261 Preston Rd,			
		Frisco, TX 75035			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense			
		Gift bags for events			
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI				
\vdash					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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

	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: 69/79 Rpt:	Johnston, Chavva A. (Mrs.) 00088050
4	Date	5 Payee name
	05/21/2024	Texas Democratic Party
6	Amount (\$) \$400.00	7 Payee address; City; State; Zip Code 1311 E 6th St #B
		austin, TX 78702
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense tickets to convention event
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/22/2024	The brass Tap
	Amount (\$)	Payee address; City; State; Zip Code
	\$33.34	1951 FM 423 ste 900
		Frisco, TX 75033
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense meeting with constituents
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/08/2024	The colony print and ship
	Amount (\$) \$9.99	Payee address; City; State; Zip Code 6805 Main St #430
		the colony, TX 75056
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense mailbox rental
	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 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: 70/79 Rpt:	Johnston, Chavva A. (Mrs.)
4	Date	5 Payee name
	03/06/2024	The colony print and ship
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$9.99	6805 Main St #430
		The Colony, TX 75056
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 MAILBOX RENTAL
		WALLES A KENTAL
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Dougo nama
		Payee name The colony print and chip
	02/06/2024	The colony print and ship
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.63	6805 Main St #430
		The Colony, TX 75056
	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 MAILBOX RENTAL
		WAILBOX RENTAL
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name The colony print and chip
	01/02/2024	The colony print and ship
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.99	6805 Main St #430
		The Colony, TX 75056
	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 MAILBOX RENTAL
		WINIEDON NEIVIAL
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

Advertising Expense Event & Accounting/Banking Fees
Consulting Expense Food/B
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Legal S

Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Git/Awards/Memorials Expense Legal Services Salaries/Wages/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: 71/79 Rpt:	Johnston, Chavva A. (Mrs.) 00088050
4	Date	5 Payee name
	04/15/2024	Thrift Giant
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$18.95	5000 Main St #270
		The Colony, TX 75056
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
		Check if Austin, TX, officeholder living expense
		backdrop stand
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
⊨	Data	
	Date	Payee name
	04/22/2024	Truist
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.00	12292 FM 423
		FRisco, TX 75033
	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.
	2/11/2/10/12	Check if Austin, TX, officeholder living expense
		bank fee
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to benefit Gree	
	Date	Payee name
	02/21/2024	Truist
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.00	12292 FM 423
		Frisco, TX 75033
Н	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.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
I		BANK FEE
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experiorale to belieff C/OI	1
<u> </u>		

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 Salaries (Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.	ve)		
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	n Filers)		
	Sch: 72/79 Rpt:	Johnston, Chavva A. (Mrs.)	,		
4	Date	5 Payee name			
	01/22/2024	Truist			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$0.35	12292 FM 423			
		Frisco, TX 75033			
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 bank fee			
		Dank lee			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
9	expenditure to benefit C/OI				
	Data	T -			
	Date	Payee name			
	05/21/2024	USPS frisco			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$4.08	8811 TEEL PKWY STE 100			
		frisco, TX 75035			
	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 stamps			
		Gampo			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OH				
	Date	Dayso name			
	02/13/2024	Payee name USPS			
	Amount (\$)				
	\$38.03				
	φ30.03	OOII TEEL FRWT STE 100			
		Friend TV 75025			
		Frisco, TX 75035			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		POSTAGE FOR POSTCARDS			
	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

	Credit Card Payment	The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1: Sch: 73/79 Rpt:	2 FILER NAME Johnston, Chavva A. (Mrs.) 3 Filer ID (Ethics Commission Filers) 00088050				
4	Date 06/26/2024	5 Payee name Uber Eats				
6	Amount (\$) \$56.70	7 Payee address; City; State; Zip Code 1455 Market St #400				
		San Francisco, CA 94105				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense meeting to discuss campaign				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				
	Date 06/24/2024	Payee name Uber Eats				
	Amount (\$) \$21.70	Payee address; City; State; Zip Code 1455 Market St #400				
		San Francisco, CA 94105				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense meeting to discuss campaign				
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				
	Date 06/21/2024	Payee name Uber Eats				
	Amount (\$) \$3.55	Payee address; City; State; Zip Code 1455 Market St #400				
		San Francisco, CA 94105				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense coffee for constituent				
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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

l	Credit Card Payment	The Instruction Guide explains how to	-	lete this form.	
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
	Sch: 74/79 Rpt:	Johnston, Chavva A. (Mrs.)		00088050	
4	Date	5 Payee name		•	
	05/31/2024	Uber Eats			
6	Amount (\$)	7 Payee address; City; State; Zip C	ode		
	\$33.02	1455 Market St #400			
		San Francisco, CA 94105			
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 meeting to discuss campaign	
				meeting to discuss campaign	
9	Complete ONLY if direct	Candidate/Officeholder name Office so	uaht	Office held	
	expenditure to benefit C/O		rugrit	Office field	
⊨	Data	D			
	Date 05/31/2024	Payee name Uber Eats			
L					
	Amount (\$)	Payee address; City; State; Zip (code		
	\$15.36	1455 Market St #400			
		San Francisco, CA 94105			
	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 meeting to discuss campaign	
				meeting to dissues sampaign	
H	Complete ONLY if direct	Candidate/Officeholder name Office so	<u> </u>	Office held	
	expenditure to benefit C/OH				
F	Date	Payee name			
	05/28/2024	Uber Eats			
L	Amount (\$)	Payee address; City; State; Zip 0	ode.		
	\$27.99	1455 Market St #400	Jouc		
	Ψ21.33	1433 Walket St #400			
		San Francisco, CA 94105			
┝	PURPOSE		(b)	Description	
	OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(0)	Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Food/Develage Expense		Check if Austin, TX, officeholder living expense	
				meeting to discuss campaign	
	Complete ONLY if direct	Candidate/Officeholder name Office so	ught	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 Commi

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: 75/79 Rpt:	Johnston, Chavva A. (Mrs.)
4	Date	5 Payee name
	01/22/2024	Ulta
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$50.87	4995 Eldorado Pkwy Suite 300
		Frisco, TX 75033
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		2 \$25 gift cards for volunteers
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/21/2024	Walmart
	Amount (\$)	Payee address; City; State; Zip Code
	\$42.75	12220 Fm 423
		FRisco, TX 75033
	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
		printer ink
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/06/2024	Walmart
	Amount (\$)	Payee address; City; State; Zip Code
	\$8.83	12220 Fm 423
		Frisco, TX 75033
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		CLIP BOARDS
	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 Commit

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	Il 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: 76/79 Rpt:	Johnston, Chavva A. (Mrs.) 00088050
4	Date	5 Payee name
	02/13/2024	Walmart
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$19.25	12220 Fm 423
		Frisco, TX 75033
8	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 FILE FOLDERS AND PRINTING PAPER
		FILE FOLDERS AND FRINTING PAPER
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
⊨	Date	
	Date	Payee name
L	01/29/2024	Walmart
	Amount (\$)	Payee address; City; State; Zip Code
	\$120.61	12220 Fm 423
		Frisco, TX 75033
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	2/11/2/10/12	Check if Austin, TX, officeholder living expense
		BUTTON MAKER AND SUPPLIES
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/Ol	
┡		
	Date	Payee name
	06/21/2024	Whataburger
	Amount (\$)	Payee address; City; State; Zip Code
	\$22.77	11650 Dallas Pkwy,
		frisco, TX 75033
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	2/11/2/10/12	Check if Austin, TX, officeholder living expense
		meeting to discuss campaign
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
\vdash		
L		

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) 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: 77/79 Rpt:	Johnston, Chavva A. (Mrs.)
4	Date	5 Payee name
	06/17/2024	doubletree suites
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$347.83	303 W 15th st
		Austin, TX 78702
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 Hotel stay for training in Austin
		Hotel stay for training in Austin
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Data	Para a same
	Date	Payee name
	06/18/2024	eggsellent cafe
	Amount (\$)	Payee address; City; State; Zip Code
	\$43.43	12388 FM 423,
		frisco, TX 75033
	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 meeting with constituents
		meeting with constituents
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	06/17/2024	eggsellent cafe
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.86	12388 FM 423,
		frisco, TX 75033
	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 meeting with constituents
		meeting with constituents
_	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 Committee

EXPENDITURE CATEGORIES FOR BOX 8(a) 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

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 78/79 Rpt:	Johnston, Chavva A. (Mrs.)	00088050
4	Date	5 Payee name	
	06/03/2024	mochas and javas	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$7.63	11660 Legacy Dr #1996	
		frisco, TX 75033	
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
			coffee with constituent
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	04/01/2024	nord VPN	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$16.19	60 East Rio Salado Parkway, Suite 1000	
		temp, AZ 85281	
	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
			network security
			,
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	06/03/2024	polaris group	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,000.00	7210 Virginia Pkwy	
		ste 100 box 6385,	
		mckinney, TX 75071	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Consulting Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Consulting
			,
	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

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	, ₋ I Coi	mmittee	Food/Beverage Expense Gift/Awards/Memorials E Legal Services The Instruction Gui	Expense	-	ense ges/Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above)
1	Total pages Schedule F1:	2	FILER NAM	1E				3	Filer ID	(Ethics Commission Filers)
	Sch: 79/79 Rpt:			Chavva A. (Mrs.)					00088050	
4	Date	5	Payee name	Δ						
ľ	01/31/2024		potbelly	C						
٦	Amount (\$)	7	Payee addr	ess; City;	Stato:	Zip Code	`			
ľ	\$10.81	'		acy Dr Ste 160	State,	Zip Coue	;			
	Φ10.01		3/1/ Lega	icy Di Sie 100						
			plano, TX	75024						
8	PURPOSE	(a)	Category (See Categories listed at the	e top of this sch	edule) (k) Description			
	OF EXPENDITURE			erage Expense					ide of Texas. Comp	
	LXI LINDITORL								, officeholder living	
							MEETING	IOL	ISCUSS CA	MPAIGN
L										
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Of	fficeholder name	C	Office sough	nt		Office he	lld
l										

UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F2: 2 FILER NAME Filer ID (Ethics Commission Filers) 00088050 Sch: 1/1 Rpt: 114/117 Johnston, Chavva A. (Mrs.) TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ 5 Date Payee name 06/01/2024 SMITH, DAVID (Mr.) Amount (\$) Payee address; State; Zip Code \$1,000.00 101 E. Park Blvd., Suite 600 PLANO, TX 75075 TYPE OF Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense CONSULTATION AND PLANNING 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Legal Services The Instruction G	Expense		kpense /ages/Contract Labor	Tra	aver In District "HER (enter a category not listed above))
1	Total pages Schedule G:	2 FILEF	RNAME				3 File	er ID (Ethics Commission F	ilers)
	Sch: 1/1 Rpt: 115/117	John	ston, Chavva A. (Mrs.)				00	0088050	
4	Date	5 Paye	e name				•		
	03/01/2024	Meta	business suite						
6	Amount (\$)	7 Paye	e address; City;	State:	Zip Co	de			
	\$200.00	· ·	cker way	,					
	Reimbursement from political contributions intended		o Park, CA 74025						
8	PURPOSE	(a) Categ	Ory (See Categories listed at t	he top of this sche	edule)	(b) Description	_	if travel outside of Texas. Complete So	
	OF EXPENDITURE	Adve	rtising Expense					if Austin, TX, officeholder living expense	
						Social media adv	vertisin	ng on facebook and Instagr	am
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate	e/Officeholder name			Office sought		Office held	
	Date	Paye	e name						
	03/01/2024	Poe,	Shelly						
	Amount (\$)	Paye	e address; City;	State;	Zip Co	de			
	\$200.00	4800	Arbor Glen Dr						
	Reimbursement from								
	x political contributions intended	Mckiı	nney, TX 75070						
	PURPOSE	Categ	Ory (See Categories listed at t	he top of this sche	edule)	Description	Check	if travel outside of Texas. Complete So	chedule T.
	OF EXPENDITURE	Adve	rtising Expense				Check	if Austin, TX, officeholder living expens	е
	LAI LINDITORE					Campaign photo	graphy	У	
		Candidate	/Officeholder name			Office sought		Office held	
	expenditure to benefit C/OH								
	Date	1 1	e name						
	01/01/2024	Tolle	rson, Yvette						
	Amount (\$)	1 1	e address; City;	State;	Zip Co	de			
	\$120.00	3111							
	Reimbursement from political contributions	Cree	kridge						
	X political contributions intended	sach	se, TX 75078						
	PURPOSE	Categ	Ory (See Categories listed at t	he top of this sche	edule)	Description	Check	if travel outside of Texas. Complete Sc	hedule T.
	OF EXPENDITURE	Adve	rtising Expense				Check	if Austin, TX, officeholder living expense	e
						Tshirts for campa	aign		
L									
	Complete ONLY if direct expenditure to benefit C/OH	Candidate	/Officeholder name			Office sought		Office held	

SCHEDULE I

	The Instruction Guide explains how to	complete this form.					
Total pages Schedule I: Sch: 1/2 Rpt:	2 FILER NAME Johnston, Chavva A. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00088050					
Date 03/01/2024	5 Payee name Phantom busters						
Amount (\$) 69.99	7 Payee Address; City; State; Zip 49 rue de Ponthieu paris paris 75008 France						
PURPOSE OF EXPENDITURE		(b) Description (See instructions regarding type of information required.) unauthorized debit charge					
Date 04/01/2024	Payee name Phantom busters						
Amount (\$) 69.99	Payee Address; City; State; Zip 49 rue de Ponthieu paris 75008 France						
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Theft/Fraud	(b) Description (See instructions regarding type of information required.) unauthorized debit charge					
Date 04/30/2024	Payee name Phantom busters						
Amount (\$) 69.99	Payee Address; City; State; Zip 49 rue de Ponthieu paris 75008 France						
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Theft/Fraud	(b) Description (See instructions regarding type of information required.) unauthorized debit charge					
Date 05/30/2024	Payee name Phantom busters						
Amount (\$) 69.99	Payee Address; City; State; Zip 49 rue de Ponthieu paris 75008 France						
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Theft/Fraud	(b) Description (See instructions regarding type of information required. unauthorized debit charge					

SCHEDULE |

	The Instruction Guide explains how to	complete this form.					
Total pages Schedule I: Sch: 2/2 Rpt:	2 FILER NAME Johnston, Chavva A. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00088050					
Date 03/01/2024	5 Payee name Phantom busters						
Amount (\$) 2.07	7 Payee Address; City; State; Zip 49 rue de Ponthieu paris 75008 France						
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Theft/Fruad	(b) Description (See instructions regarding type of information required.) international transaction fee associated with unauthorized debit charge					
Date	Payee name						
04/30/2024	Phantom busters						
Amount (\$) 2.07	Payee Address; City; State; Zip 49 rue de Ponthieu						
PURPOSE OF EXPENDITURE	paris 75008 France (a) Category (See instructions for examples of acceptable categories) Theft/Fraud	(b) Description (See instructions regarding type of information required. international transaction fee associated with unauthorized debit charge					
Date 04/01/2024	Payee name Phantom busters	ı					
Amount (\$) 2.07	Payee Address; City; State; Zip 49 rue de Ponthieu						
PURPOSE OF EXPENDITURE	paris 75008 France (a) Category (See instructions for examples of acceptable categories) Theft Fraud	(b) Description (See instructions regarding type of information required.) international transaction fee associated with unauthorized debit charge					
Date 05/30/2024	Payee name Phantom busters						
Amount (\$) 2.07	Payee Address; City; State; Zip 49 rue de Ponthieu paris 75008 France						
PURPOSE OF EXPENDITURE	<u> </u>	(b) Description (See instructions regarding type of information required.) international transaction fee associated with unauthorized debit charge					