CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to com	plete this form.	1 Filer ID (Ethics Comm 00067972	,	2 Total pag	es filed: 44
3 CANDIDATE /	MS / MRS / MR	FIRST		MI		CE USE ONLY
OFFICEHOLDER NAME	The Honorable	Ann			Date Received	
						NICALLY FILED
					10/28/2024	
	NICKNAME	LAST		SUFFIX	10/20/2024	F
		Johnson				
4 CANDIDATE /	ADDRESS / PO BOX; AP	T / SUITE #; CIT	⁻ Y;	ZIP CODE	Date Hand-delive	ered or Date Postmarked
OFFICEHOLDER MAILING	P.O. Box 56386					
ADDRESS					Receipt #	Amount
Change of Address	Houston, TX 77256					
	110031011, 17 11230				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	<u>I</u>	
TREASURER NAME	Mr.	Sheldon				
INAIVIE						
	NICKNAME	LAST		SUFFIX		
		Wadler				
		Maalor				
6 CAMPAIGN	STREET ADDRESS (NO P			T / SUITE #; CITY;		STATE; ZIP CODE
TREASURER			AP	T/SUITE#, CITT,		STATE, ZIP CODE
ADDRESS	10710 S. Sam Houston	~KWY. W #280				
(Residence or Business)						
	Houston, TX 77031					
7 CAMPAIGN	AREA CODE PHO	NE NUMBER	EXTENSION			
TREASURER			LATENSION			
PHONE	(713) 771-3131					
8 REPORT						
TYPE	January 15	30th day before	e election	Runoff	15th day afte	er campaign treasurer
						t (officeholder only)
	July 15	X 8th day before	election	Exceeded modified reporting limit	Final Report	t (Attach C/OH-FR)
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	09/27/2024	TI	HROUGH	10/26/2024	4	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year		Primary	Runoff	Other	
	11/05/2024		Seneral	Special		
11 OFFICE	OFFICE HELD (if any)	I		12 OFFICE SOUGHT	(if known)	
	State Representative Dis	strict 134		State Representa		134
		······································			2.5000	
		GO T	TO PAGE 2			
Forms provided by Te	exas Ethics Commission	www.et	hics.state.tx.u	S	V	/ersion V4.1.0.48da51f7

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of	44
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13 C / OH NAME	Johnson, Ann (The H	onorable)	14 Filer ID 00067972	(Ethics Co	mmission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	oolitical contributions accepted or political expe These expenditures may have been made with I officeholders are required to report this inform	nout the candidate's or off	ïceholder's k	nowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
		COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAM	ИЕ		
		COMMITTEE CAMPAIGN TREASURER ADD	DRESS		
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER ES OF LOANS, OR CONTRIBUTIONS MADE		Б, \$	0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LC	DANS)	\$	102,423.26
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$	0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$	131,377.48
CONTRIBUTION BALANCE	REPORTING PE			\$	329,051.01
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS	S AS OF THE LAST DAY	\$	0.00
17 AFFIDAVIT					
		I swear, or affirm, under pe true and correct and includ under Title 15, Election Co	les all information require		
		The	Honorable Ann Johns	on	
		Signatu	re of Candidate or Officel	nolder	
AFFIX NO	TARY STAMP / SEAL AB	DVE			
Sworn to and subs	cribed before me, by the s	aid	, this the		day
of	, 20, to ce	ertify which, witness my hand and seal of office			
Signature of offic	cer administering	Printed name of officer administering	Title of offic	cer administe	ering oath
	veo Ethios Commission				VA 1 0 40daE1F7

S	UBT	OTALS - C/OH	C		ORM C/OH HEET PG 3 3 of 44
	ER NAM	٨Ε Ann (The Honorable)	19 Filer ID 00067972	(Ethics Co	mmission Filers)
		E SUBTOTALS SCHEDULE		SUB	TOTAL AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	98,251.00
2.	Х	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	4,172.26
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	129,322.01
6.	6. X SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			\$	1,215.24
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS			\$	
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			\$	
9.	9. X SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS			\$	840.23
10		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

SCHEDULE	A1
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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/27 Rpt: 4/44	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Johnson, An	nn (The Honorable)			00067972	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	10/02/2024	Atlas, Scott				\$250.00
		6 Contributor address; City; State; Zip Code				
		Houston, TX 77098				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/02/2024	Avey, Melinda				\$50.00
		Contributor address; City; State; Zip Code				
		Downd Dook, TV 70664				
	Dringinal occu	Round Rock, TX 78664	Employer (See Instructions	<u> </u>		
	Pilicipai occu	ipation / Job title (See Instructions)	Employer (See Instructions	9		
╞			<u> </u>		A contribution (\$)	
	Date 10/19/2024	-)		Amount of Contribution (\$)	\$100.00
	10/19/2024					Φ100.00
		Contributor address; City; State; Zip Code				
		Round Rock, TX 78664				
⊢	Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions			
		1				
⊨	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/25/2024	BNSF RAILPAC				\$1,000.00
		Contributor address; City; State; Zip Code				
		Fort Worth, TX 76161				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	_
	10/24/2024					\$500.00
		Contributor address; City; State; Zip Code				
		Cuproce TV 77/22				
\vdash	Dringing oog	Cypress, TX 77433	Employer (See Instructions			
	Engineer	ipation / Job title (See Instructions)	Employer (See Instructions Binkley & Barfield)		
\vdash	Engineer		DITINEY & Damera			

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 2/27 Rpt: 5/44 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Johnson, Ann (The Honorable) 00067972 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/01/2024 Berg, Thomas \$250.00 6 Contributor address; City; State; Zip Code Houston, TX 77007 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/11/2024 \$50.00 Biguenet, Marsha Contributor address; City; State; Zip Code Houston, TX 77007 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 10/02/2024 Bond, Ingrid \$100.00 Contributor address; City; State; Zip Code Houston, TX 77019 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/03/2024 \$100.00 Bourgeois, Keith Contributor address; City; State; Zip Code Houston, TX 77005 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#:_ 10/16/2024 \$250.00 Bowman Burke, Kellye Contributor address; City; State; Zip Code Houston, TX 77005 Principal occupation / Job title (See Instructions) Employer (See Instructions)

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	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 3/27 Rpt: 6/44	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	Johnson, Ar	nn (The Honorable)			00067972	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	10/01/2024	Brogden, William				\$10.00
		6 Contributor address; City; State; Zip Code		1		
		1				
		Leander, TX 78641				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	10/16/2024	Brogden, William				\$10.00
		Contributor address; City; State; Zip Code		1		
		1				
	<u> </u>	Leander, TX 78641		L		
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
_			<u>l</u>	—		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	<u>محم مم</u>
	09/30/2024	Brown, Van				\$50.00
		Contributor address; City; State; Zip Code				
		1				
		Houston, TX 77098				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	L 5)		
		· · · · · · · · · · · · · · · · · · ·				
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	10/26/2024	Buron, Melissa				\$75.00
		Contributor address; City; State; Zip Code		1		
		1				
		Houston, TX 77096				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	3)		
			L	—		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/07/2024	Calzada, Maria				\$10.00
		Contributor address; City; State; Zip Code				
		1				
		Houston, TX 77019				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u>		
	Finopa occa			"		

SCHEDULE	A1
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The Instru	ction Guide explains how to c	complete this fo	orm.	1	Total pages Schedule A1: Sch: 4/27 Rpt: 7/44	
2 FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
Johnson, Ar	nn (The Honorable)				00067972	
4 Date	5 Full name of contributor o	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
10/15/2024	Cemo, Jason					\$100.00
	6 Contributor address; City; State; Z	Zip Code				
	, ,					
	Houston, TX 77005					
8 Principal occu	Ipation / Job title (See Instructions)	!	9 Employer (See Instructions)		
Date	Full name of contributor	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	
10/07/2024	Chavez, Ernesto		······································		(,)	\$1.00
	Contributor address; City; State; Z	7in Code				
	El Paso, TX 79930					
Principal occu	I pation / Job title (See Instructions)		Employer (See Instructions)		
	· · · ·					
Date	Full name of contributor	ut-of-state PAC (ID#: <u>C</u>	:00035006)		Amount of Contribution (\$)	
10/24/2024	Chevron Employees PAC		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			\$1,000.00
10/2 // 202 /	Contributor address; City; State; Z	Zin Codo				Ψ1,000.00
	San Ramon, CA 94583					
Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
				,		
Date	Full name of contributor	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	
10/03/2024	Christie, Melissa	Jui-oi-siale PAC (ID#)			\$100.00
10/03/2024		Zia Cada				Ψ100.00
	Contributor address; City; State; Z	Lip Code				
	Houston, TX 77030					
Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
				,		
Date	Full name of contributor)		Amount of Contribution (\$)	
10/08/2024	Clark, Janet	out-of-state PAC (ID#:)			\$500.00
10/00/2024		Zia Ocada				φ300.00
	Contributor address; City; State; Z	Lip Code				
	Houston, TX 77005					
Principal occu	Ipation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
Not Employe			Not Employed)		

SCHEDULE	41
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The Instru	ction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 5/27 Rpt: 8/44	
2 FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
Johnson, An	nn (The Honorable)			00067972	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
10/16/2024	Cohen, Dorene				\$100.00
	6 Contributor address; City; State; Zip Code		1		
	Bellaire, TX 77401	1			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	5)		
Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
10/09/2024	Connelly, Grace				\$250.00
	Contributor address; City; State; Zip Code		1		
	Houston, TX 77098	1			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
10/24/2024	Consulting Engineers PAC				\$500.00
	Contributor address; City; State; Zip Code		1		
D in simple appre	Austin, TX 78701		Ĺ		
Principai occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
10/02/2024	Crawford, Donna				\$50.00
	Contributor address; City; State; Zip Code		1		
	Houston, TX 77081				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	 5)		
			-, 		
Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
10/03/2024	Cross Oak Group				\$1,000.00
	Contributor address; City; State; Zip Code]		
	Austin, TX 78701				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 6/27 Rpt: 9/44 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Johnson, Ann (The Honorable) 00067972 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 09/30/2024 Crver, Linda \$100.00 6 Contributor address; City; State; Zip Code Houston, TX 77006 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/24/2024 \$500.00 DEC PAC Contributor address; City; State; Zip Code Houston, TX 77046 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 10/17/2024 Daigle Jr., Paul \$100.00 Contributor address; City; State; Zip Code Houston, TX 77005 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/26/2024 Darrah, Glenn \$10.00 Contributor address; City; State; Zip Code Houston, TX 77025 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/03/2024 \$1,000.00 Dhatt, Ajinder Contributor address; City; State; Zip Code Houston, TX 77065 Principal occupation / Job title (See Instructions) Employer (See Instructions) Psychiatrist Self Employed

SCHEDULE	A1
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The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 7/27 Rpt: 10/44	
2 FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
Johnson, An	n (The Honorable)			00067972	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
09/30/2024	Dumke, Matt				\$2.50
	6 Contributor address; City; State; Zip Code				
	Portland, OR 97232				
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
		<u> </u>	—		
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	÷100.00
10/14/2024	Durham, Michael				\$100.00
	Contributor address; City; State; Zip Code				
	Houston, TX 77096				
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
Date	Full name of contributor X out-of-state PAC (ID#:	C00688655)	Γ	Amount of Contribution (\$)	
10/25/2024	10/25/2024 Everytown for Gun Safety Victory Fund				\$1,000.00
	Contributor address; City; State; Zip Code	1	1		
	New York, NY 10002				
Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions	上 3)		
Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
10/03/2024	Fayle, Robert				\$50.00
	Contributor address; City; State; Zip Code				
	Houston, TX 77004				
Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
09/27/2024	Fugate, Ryan				\$100.00
	Contributor address; City; State; Zip Code		1		
	Houston, TX 77027				
Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	<u>لــــــــــــــــــــــــــــــــــــ</u>		
		<u> </u>			

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 8/27 Rpt: 11/44 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Johnson, Ann (The Honorable) 00067972 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/08/2024 Furse, Anne \$300.00 6 Contributor address; City; State; Zip Code Houston, TX 77005 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/16/2024 \$100.00 Geretz, Elizabeth Contributor address; City; State; Zip Code Houston, TX 77098 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 10/05/2024 \$1.00 Grant, Donovan Contributor address; City; State; Zip Code Nashville, TN 37220 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/09/2024 \$8.00 Grate, Chelsea Contributor address; City; State; Zip Code Houston, TX 77057 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/24/2024 \$100.00 Griffiths, Therese Contributor address; City; State; Zip Code Houston, TX 77005 Principal occupation / Job title (See Instructions) Employer (See Instructions)

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-	The Instru	ction Guide explains how to	complete this for	m.	1	Total pages Schedule A1: Sch: 9/27 Rpt: 12/44	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
		nn (The Honorable)			-	00067972	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
4 [Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
-	10/25/2024	HOSPAC-State					\$2,000.00
		6 Contributor address; City; State;	; Zip Code				
		Austin, TX 78701					
8 [Principal occu	I Ipation / Job title (See Instructions)	9	Employer (See Instructions	;)		
ĺ	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
-	10/24/2024	Halff Associates - State PAC					\$500.00
		Contributor address; City; State;	; Zip Code				
			— p				
		Richardson, TX 75081					
F	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
[Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
:	10/03/2024	Hall, Juli					\$100.00
		Contributor address; City; State;	; Zip Code				
		Houston, TX 77055					
F	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
					_		
	Date		out-of-state PAC (ID#:)		Amount of Contribution (\$)	
1 -	10/02/2024	Hanks, Liz					\$50.00
		Contributor address; City; State;					
		Houston TV 77008					
┝─-,	Dringing occu	Houston, TX 77008		Employer (See Instructions	$\sum_{i=1}^{n}$		
	micipai occu	pation / Job title (See Instructions)		Employer (See Instructions)		
╞──;	Date	Full name of contributor			_	Amount of Contribution (\$)	
	09/30/2024	Harmier, Joseph	out-of-state PAC (ID#:	/			\$25.00
	JJIJ01202-4	-	· Zin Code				Ψ20.00
		CUITITIDUTOL autress, City, State,	Zip Coue				
		Houston, TX 77027					
F	Principal occu	I I I I I I I I I I I I I I I I I I I		Employer (See Instructions	;)		
	-						
<u> </u>			I				
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The Instru	ction Guide explains how to complete thi	is form.	1 Total pages Schedule A1: Sch: 10/27 Rpt: 13/44
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Johnson, An	n (The Honorable)		00067972
4 Date	5 Full name of contributor out-of-state PAC (II	D#:)	7 Amount of Contribution (\$)
10/15/2024	Hewett, Donald		\$1.00
	6 Contributor address; City; State; Zip Code		
	Burnet, TX 78611		
Dringingloccu	pation / Job title (See Instructions)	Employer (Soo Instruction)	
ο Μποιραί Ουσα		9 Employer (See Instructions	>)
Date	Full name of contributor out-of-state PAC (II	 D#:)	Amount of Contribution (\$)
09/27/2024	Hilborn, Ann		\$25.00
	Contributor address; City; State; Zip Code		1
	New Braunfels, TX 78132		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
Date	Full name of contributor out-of-state PAC (II)	Amount of Contribution (\$)
10/17/2024			\$500.00
	Contributor address; City; State; Zip Code		1
	Houston, TX 77005		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	\$)
Date	Full name of contributor out-of-state PAC (II	D#:)	Amount of Contribution (\$)
10/03/2024	Ilahi, Omer		\$500.00
	Contributor address; City; State; Zip Code		1
	Houston, TX 77030		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
Orthopedic S	Surgeon	Southwest Orthopedic C	Group, LLP
Date	Full name of contributor X out-of-state PAC (II	 D#: <u>C00104299</u>)	Amount of Contribution (\$)
10/07/2024	JPMorgan Chase & Co. PAC		\$1,000.00
	Contributor address; City; State; Zip Code		1
	Washington, DC 20005		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	c)
Fincipal occu		Employer (See instructions	>)
1			

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	The Instru	ction Guide explains how to compl	ete this for	rm.	1	Total pages Schedule A1: Sch: 11/27 Rpt: 14/44	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
		nn (The Honorable)				00067972	,
4	Date	5 Full name of contributor out-of-stat	te PAC (ID#:)	7	Amount of Contribution (\$)	
	10/03/2024	Jackson, Robert					\$250.00
		6 Contributor address; City; State; Zip Code	е				
		1					
		1					
		Houston, TX 77030					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	;)		
			L		—		
	Date		te PAC (ID#:)		Amount of Contribution (\$)	
	09/29/2024	Jones, Frank					\$500.00
		Contributor address; City; State; Zip Code					
		1					
		Houston, TX 77027					
		ipation / Job title (See Instructions)		Employer (See Instructions	;)		
	Not Employe	d		Not Employed			
	Date	Full name of contributor out-of-stat	te PAC (ID#:)	Γ	Amount of Contribution (\$)	
	10/10/2024	Jones-Simmer, Mickie					\$2.50
		Contributor address; City; State; Zip Code	e				
		1					
		1					
		Cocoa, FL 32927					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)		
	Date	Full name of contributor out-of-stat	te PAC (ID#:)	\square	Amount of Contribution (\$)	
	10/08/2024	Keever, Tom					\$3.00
		Contributor address; City; State; Zip Code	э				
		1					
		1					
		Farmers Branch, TX 75234					
	Principal occu	ipation / Job title (See Instructions)		Employer (See Instructions	;)		
Γ	Date	Full name of contributor out-of-stat	te PAC (ID#:)	\square	Amount of Contribution (\$)	
	10/21/2024	Kelly, Andrew					\$25.00
		Contributor address; City; State; Zip Code	e				
		1					
		1					
		Houston, TX 77025					
	Principal occu	ipation / Job title (See Instructions)		Employer (See Instructions	;)		

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	The Instru	ction Guide explains how	v to complete this f	form.	1	Total pages Schedule A1: Sch: 12/27 Rpt: 15/44	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
		nn (The Honorable)				00067972	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	10/02/2024	King, Daniel L					\$10.00
	I		State; Zip Code		1		
		Houston, TX 77081					
8	Principal occu	upation / Job title (See Instructions	3)	9 Employer (See Instructions	;)		
_	Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	10/22/2024	Leder, Norri		,			\$500.00
	10, 22 , 222	Contributor address; City; Si					+••••••
			ale, Zip Couc				
		Bellaire, TX 77401					
	Principal occu	upation / Job title (See Instructions	s)	Employer (See Instructions	<u>ا</u> ن)		
	Not Employe	ed		Not Employed			
_	Date	Full name of contributor	out-of-state PAC (ID#:		Γ	Amount of Contribution (\$)	
	10/24/2024	Lee, Theodore	· -			• •	\$1,000.00
	I	Contributor address; City; Si					
		-					
		Houston, TX 77098					
		upation / Job title (See Instructions	3)	Employer (See Instructions	;)		
	Attorney			Self Employed			
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	10/15/2024	Lee, Tina					\$100.00
	I	Contributor address; City; Si	tate; Zip Code				
L		Houston, TX 77025					
	Principal occu	upation / Job title (See Instructions	š)	Employer (See Instructions	;)		
╞	Date	Full name of contributor		<u> </u>	_	Amount of Contribution (\$)	
	10/15/2024	Legerski, Randy	out-of-state PAC (ID#:_				\$100.00
	10/10/202 .	Contributor address; City; Si	Stata: Zin Cade				Ψ100.00
		Houston, TX 77005					
⊢	Principal occu	I upation / Job title (See Instructions	s)	Employer (See Instructions	<u>ا</u> چ)		
⊢				<u> </u>			
1							

	The Instru	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 13/27 Rpt: 16/44	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
[n (The Honorable)		ľ	00067972	5111 11013)
4	Date	5 Full name of contributor out-of-state PAC (ID	#:)	7	Amount of Contribution (\$)	
	10/24/2024	Lennard, Lee				\$500.00
		6 Contributor address; City; State; Zip Code		1		
		Katy, TX 77450				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Engineer		BGE Inc.			
	Date	Full name of contributor 🛛 out-of-state PAC (ID:	#:)		Amount of Contribution (\$)	
	10/03/2024	Lhatoo, Samden				\$200.00
		Contributor address; City; State; Zip Code		1		
		Houston, TX 77030				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>г</u> S)		
	Date	Full name of contributor out-of-state PAC (IDa		Г	Amount of Contribution (\$)	
	09/29/2024	Lisotta, Christopher	/			\$1.00
		Contributor address; City; State; Zip Code		1		
		San Francisco, CA 94110				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Date	Full name of contributor out-of-state PAC (IDa	#:)	Γ	Amount of Contribution (\$)	
	10/07/2024	Mahayni, Lemia				\$1.00
		Contributor address; City; State; Zip Code		1		
		Eugene, OR 97404				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date	Full name of contributor X out-of-state PAC (ID	#: <u>C00496307</u>)		Amount of Contribution (\$)	
	10/18/2024	Marathon Petroleum Corporation Employees	PAC			\$3,000.00
		Contributor address; City; State; Zip Code		1		
		Findlay, OH 45840				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		

	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 14/27 Rpt: 17/44	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
		n (The Honorable)				00067972	,
4	Date	5 Full name of contributor	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	10/03/2024	McCollough, Louise					\$500.00
		6 Contributor address; City; Sta	ite; Zip Code				
		Sugar Land, TX 77479					
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	<u>ا</u> چ)		
	Neurologist	· · · · · · · · · · · · · · · · · · ·		Memorial Hermann	,		
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	10/08/2024	McDonald, Jeffery					\$100.00
		Contributor address; City; Sta	te; Zip Code		1		
		Houston, TX 77098					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	10/13/2024	Meade, Candice					\$50.00
		Contributor address; City; Sta					
		Houston, TX 77005			Ĺ		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	10/01/2024	Medina, Edgar					\$100.00
		Contributor address; City; Sta	ite; Zip Code				
		Houston, TX 77008					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
-	Date	Full name of contributor	out-of-state PAC (ID#:	<u>ا</u>	Γ	Amount of Contribution (\$)	
	10/18/2024	Middleton, John)			\$10.00
	10/10/2021		ite: 7in Code				<i>410.00</i>
		Houston, TX 77024					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		

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	The Instru	ction Guide explains how to complete	this fo	orm.	1	Total pages Schedule A1: Sch: 15/27 Rpt: 18/44	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
		n (The Honorable)			-	00067972	,
4	Date	5 Full name of contributor out-of-state P/	AC (ID#:)	7	Amount of Contribution (\$)	
	10/22/2024	Mincberg, David					\$250.00
		6 Contributor address; City; State; Zip Code					
		Houston, TX 77046					
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	5)		
	Date	Full name of contributor 🛛 out-of-state P/	AC (ID#:)		Amount of Contribution (\$)	
	10/03/2024	Monday, Kimberly					\$2,500.00
		Contributor address; City; State; Zip Code					
		Houston, TX 77005					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)		
	Neurologist			Memorial Hermann			
⊨	Date	Full name of contributor out-of-state P/)		Amount of Contribution (\$)	
	10/20/2024	Montz, Elizabeth		/			\$500.00
	10/20/2024	Contributor address; City; State; Zip Code					4000.00
		Houston, TX 77005		5			
		pation / Job title (See Instructions)		Employer (See Instructions)		
	Not Employe	:d		Not Employed			
	Date	Full name of contributor out-of-state P/	AC (ID#:)		Amount of Contribution (\$)	
	10/03/2024	Morgan, Emily					\$1,000.00
		Contributor address; City; State; Zip Code					
		Houston, TX 77005					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Office Mana	ger		Meredith V. Morgan MD			
⊨	Date	Full name of contributor out-of-state P/	AC (ID#:)		Amount of Contribution (\$)	
	10/20/2024	Morgan, Paul		/			\$25.00
		Contributor address; City; State; Zip Code					,
1		Houston, TX 77064					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)		

	The Instru	ction Guide explains how	v to complete this f	orm.	1	Total pages Schedule A1: Sch: 16/27 Rpt: 19/44	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
		nn (The Honorable)				00067972	,
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	10/24/2024	Morin, Thomas					\$1,000.00
		6 Contributor address; City; St	State; Zip Code		1		
	<u> </u>	Houston, TX 77005		 	Ļ		
8	Principal occu Publisher	upation / Job title (See Instructions	s)	9 Employer (See Instructions Daily Court Review	s)		
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	09/30/2024	Mulholland, Jane					\$5.00
		Contributor address; City; St		1	1		
	Drincinal occi	Houston, TX 77005	<u></u>	Employer (See Instructions	$\overline{\Gamma}$		
	Ρηποιραί ουτα	upation / Job title (See Instructions	3)	Employer (See Instructions	5)		
	Date	Full name of contributor	x out-of-state PAC (ID#:_	00170258	Γ	Amount of Contribution (\$)	
	10/16/2024	National Association of M	Iutual Insurance Compa	anies PAC			\$500.00
		Contributor address; City; St			1		
		Indianapolis, IN 46268					
	Principal occu	upation / Job title (See Instructions	3)	Employer (See Instructions	5)		
_				<u> </u>	—	t and the Constribution (ft)	
	Date 10/07/2024	Full name of contributor National Association of So	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$200.00
	10/0772024				-		Φ200.00
		Contributor address; City; St	tate; Zip Code				
		Austin, TX 78701					
	Principal occu	upation / Job title (See Instructions	s)	Employer (See Instructions	5)		
			!	l			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	10/16/2024	Noebels, Marcia					\$250.00
		Contributor address; City; St	tate; Zip Code		1		
	Dringing oog	Houston, TX 77005		Employer (Cool Instruction)			
	Principal occu	upation / Job title (See Instructions	<i></i>	Employer (See Instructions	3)		
┝──]	<u> </u>			

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	The Instru	ction Guide explains how to c	complete this for	rm.	1	Total pages Schedule A1: Sch: 17/27 Rpt: 20/44	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
		nn (The Honorable)				00067972	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	10/03/2024	Norrell, Stacy		ļ			\$100.00
		6 Contributor address; City; State; Zi	Zip Code				
		Magnolia, TX 77355					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	;)		
	Date	Full name of contributor	out-of-state PAC (ID#:)	\square	Amount of Contribution (\$)	
	09/30/2024	Ortique, Carla					\$500.00
		Contributor address; City; State; Zi	Zip Code				
		Houston, TX 77096					
	Principal occu	ipation / Job title (See Instructions)		Employer (See Instructions	;)		
	Physician			Texas Children's Hospita	al		
F	Date Full name of contributor X out-of-state PAC (ID#: C00553834)0553834)	Γ	Amount of Contribution (\$)		
	10/24/2024	Otsuka America Pharmaceutica					\$500.00
		Contributor address; City; State; Zi					
	Contributor address, City, State, Zip Code						
		Rockville, MD 20850					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	10/08/2024	Paxton, Richard					\$500.00
		Contributor address; City; State; Zi	Zip Code				
		1		ļ			
		Houston, TX 77005					
┢	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
	Lawyer			Paxton Law Firm			
⊨	Date	Full name of contributor	ut-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	10/22/2024	PharmPAC				· · · · · · · · · · · · · · · · · · ·	\$1,000.00
			'in Code				• •
	Contributor address; City; State; Zip Code						
				ļ			
		Austin, TX 78757		ļ			
	Principal occu	I pation / Job title (See Instructions)		Employer (See Instructions	ل ن)		
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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 18/27 Rpt: 21/44 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Johnson, Ann (The Honorable) 00067972 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 09/27/2024 Political Action Committee for Engineers 6 Contributor address; City; State; Zip Code Austin, TX 78768 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/02/2024 Porter Tucci, Linda Contributor address; City; State; Zip Code Houston, TX 77005 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 09/29/2024 Propst, Christina Contributor address; City; State; Zip Code Houston, TX 77005 Principal occupation / Job title (See Instructions) Employer (See Instructions) Physician **Blue Fish Pediatrics** Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/17/2024 Rocha, Mary Esther Contributor address; City; State; Zip Code Houston, TX 77005 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/14/2024 Ross, Jeff Contributor address; City; State; Zip Code Houston, TX 77005 Principal occupation / Job title (See Instructions) Employer (See Instructions)

\$350.00

\$25.00

\$500.00

\$10.00

\$100.00

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Γ	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 19/27 Rpt: 22/44	
2	FILER NAME			3	Filer ID (Ethics Commissio	n Filers)
-		n (The Honorable)		-	00067972	511 1010,
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	10/03/2024	Santos, George				\$500.00
		6 Contributor address; City; State; Zip Code				
		Bellaire, TX 77401				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Psychiatrist		Self Employed			
╞	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/01/2024	Schwartz, Monya				\$250.00
	Contributor address; City; State; Zip Code					
	Houston, TX 77098					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
⊨	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/03/2024	Shaibani, Aziz				\$1,000.00
		Houston, TX 77019				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Neurologist		Houston Neurocare P. A	۱.		
F	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	10/03/2024	Sheth, Shreya				\$500.00
		Contributor address; City; State; Zip Code				
		Houston, TX 77005				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Physician		Texas Children's Hospita	al		
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/23/2024	Spencer, Scott				\$1,000.00
		Contributor address; City; State; Zip Code				
		Houston, TX 77005				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Retail Owner	r	Houston Wine Merchant			
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	The Instru	ction Guide explains how to com	plete this for	m.	1	Total pages Schedule A1: Sch: 20/27 Rpt: 23/44	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
		n (The Honorable)				00067972	,
4	Date	5 Full name of contributor out-of-	state PAC (ID#:)	7	Amount of Contribution (\$)	
	10/07/2024	 Stogner, Brant					\$500.00
		6 Contributor address; City; State; Zip C	ode				
		Houston, TX 77042					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	;)		
	Trial Attorne	y		Abraham Watkins			
F	Date	Full name of contributor Out-of-	state PAC (ID#:)		Amount of Contribution (\$)	
	10/17/2024	Stool, Anna					\$50.00
		Contributor address; City; State; Zip C					
		Houston, TX 77030					
⊢	Principal occu	I pation / Job title (See Instructions)		Employer (See Instructions	;)		
		· · · · · · · · · · · · · · · · · · ·			,		
╞	Date	Full name of contributor out-of-	state PAC (ID#:)		Amount of Contribution (\$)	
	10/16/2024	Strauss, Lisa					\$100.00
		Contributor address; City; State; Zip C	ode				
		Bellaire, TX 77401					
\vdash	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)		
⊨	Date	Full name of contributor	state PAC (ID#:)		Amount of Contribution (\$)	
	10/14/2024	 Strong, Susan					\$25.00
		Contributor address; City; State; Zip C					
		Houston, TX 77098					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)		
	Date	Full name of contributor out-of-	state PAC (ID#:)		Amount of Contribution (\$)	
	10/14/2024	TREPAC					\$2,500.00
		Contributor address; City; State; Zip C	ode				
		Austin, TX 78768					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
\vdash							
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	The Instru	ction Guide explains how	orm.	1	Total pages Schedule A1: Sch: 21/27 Rpt: 24/44		
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
-		nn (The Honorable)				00067972	лт но.о,
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	10/14/2024	TSAPAC					\$1,000.00
		6 Contributor address; City; S	itate; Zip Code				
		Austin, TX 78701					
8	Principal occu	pation / Job title (See Instructions	s)	9 Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
			ł				
	Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	10/15/2024	Taaffe, Peter					\$100.00
		Contributor address; City; S					
		Houston, TX 77005					
	Principal occu	pation / Job title (See Instructions	Employer (See Instructions	;)			
	Date	Full name of contributor)	Γ	Amount of Contribution (\$)		
	10/22/2024	Texas Academy of Family	out-of-state PAC (ID#:_ y Physicians PAC				\$5,000.00
		Contributor address; City; S	tate; Zip Code				
		-	· ·				
		Austin, TX 78727					
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	;)		
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	10/24/2024	Texas Ambulatory Surger					\$500.00
		Contributor address; City; S					
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	;)		
					_		
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	09/27/2024	Texas Automobile Dealer					\$3,000.00
		Contributor address; City; S					
		Austin, TX 78701	<u> </u>		Ĺ		
	Principal occu	pation / Job title (See Instructions	Employer (See Instructions	i)			

	The Instru	ction Guide explains how	v to complete this f	orm.	1	Total pages Schedule A1: Sch: 22/27 Rpt: 25/44	
2	FILER NAME				3	Filer ID (Ethics Commissi	ion Filers)
	Johnson, An	nn (The Honorable)				00067972	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	10/24/2024	Texas Construction Assoc	ciation PAC				\$500.00
		6 Contributor address; City; St	tate; Zip Code		1		
		Austin, TX 78701					
8	Principal occu	upation / Job title (See Instructions	9 Employer (See Instructions	;)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	10/01/2024	Texas Farm Bureau AGFu					\$1,000.00
		Contributor address; City; St					
		Waco, TX 76702					
	Principal occu	upation / Job title (See Instructions	Employer (See Instructions	5)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	10/03/2024	Texas Medical Association	n PAC				\$12,000.00
		Contributor address; City; St	tate; Zip Code		1		
		Austin, TX 78701					
	Principal occu	upation / Job title (See Instructions	3)	Employer (See Instructions	3)		
Γ	Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	10/22/2024	Texas Radiological Societ	ty PAC				\$1,000.00
		Contributor address; City; St	tate; Zip Code		1		
		San Antonio, TX 78257					
	Principal occu	upation / Job title (See Instructions	<i>š</i>)	Employer (See Instructions	5)		
Γ	Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	10/14/2024	Texas Sands PAC	—				\$16,000.00
		Contributor address; City; St		1			
		Austin, TX 78701					
	Principal occu	upation / Job title (See Instructions	s)	Employer (See Instructions	5)		
			!				
⊢				1			
1							

	The Instru	ction Guide explains hov	1	Total pages Schedule A1: Sch: 23/27 Rpt: 26/44			
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
	Johnson, An	n (The Honorable)				00067972	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	10/14/2024	Texas Sands PAC					\$4,500.00
		6 Contributor address; City; S	tate; Zip Code				
	Dringing ogg	Austin, TX 78701	-)	Employer (Soo Instructions	<u> </u>		
δ	8 Principal occupation / Job title (See Instructions) 9 Employer (See Instruction)						
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	10/16/2024	Texas Society of Archited	ts Committee				\$1,000.00
		Contributor address; City; S		1			
		Austin, TX 78702					
	Principal occu	pation / Job title (See Instructions	Employer (See Instructions	<u> </u>			
	r moipai oooa			<i>,</i>			
	Date	Full name of contributor	C00364158)	Γ	Amount of Contribution (\$)		
	10/24/2024	The American Congress	out-of-state PAC (ID#: <u>C</u> of OB-GYNs PAC	,		/ income of common (+)	\$2,500.00
		Contributor address; City; S					• • • •
			, , , , , , , , , , , , , , , , , , , ,				
		Washington, DC 20003					
	Principal occu	pation / Job title (See Instructions	S)	Employer (See Instructions	5)		
			_				
	Date	Full name of contributor	x out-of-state PAC (ID#:) (200826719		Amount of Contribution (\$)	to 500 00
	10/26/2024	The Bipartisan Network F					\$2,500.00
		Contributor address; City; S	tate; Zip Code				
		Washington, DC 20001					
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	<u>ا</u> چ)		
F	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/24/2024 Thurber, Todd						\$500.00
		Contributor address; City; S	tate; Zip Code		1		
		5 H · 5 77 77 404					
	- · · ·	Bellaire, TX 77401	· .		Ĺ		
		pation / Job title (See Instructions	Employer (See Instructions LJA Engineering	5)			
	Engineer						

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 24/27 Rpt: 27/44	
2 FILER NAME			3 Filer ID (Ethics Commission	on Filers)
Johnson, Ar	nn (The Honorable)		00067972	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
10/21/2024	Turner, Drexel			\$300.00
	6 Contributor address; City; State; Zip Code			
	Houston, TX 77030			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions))	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
10/03/2024	Turnquest, Dexter			\$500.00
	Contributor address; City; State; Zip Code			
	The Woodlands, TX 77380			
	upation / Job title (See Instructions)	5)		
Surgeon		Turnquest Surgical Solut	tions	
Date	Full name of contributor X out-of-state PAC (ID#:)	Amount of Contribution (\$)	
10/22/2024	VSP Holding Company, Inc. PAC			\$2,500.00
	Rancho Cordova, CA 95670			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
10/03/2024	Van Slyke, Glen			\$50.00
	Contributor address; City; State; Zip Code			
	Houston, TX 77098	The second se		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
10/05/2024	Varanasi, Ravi			\$10.00
	Contributor address; City; State; Zip Code			
	Richardson, TX 75082			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))	

	The Instru	ction Guide explains how	orm.	1	Total pages Schedule A1: Sch: 25/27 Rpt: 28/44		
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
		n (The Honorable)			ľ	00067972	,
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	10/16/2024	Wallace, Kristine					\$100.00
		6 Contributor address; City; Sta	te; Zip Code				
		Houston, TX 77005					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/03/2024	Warner, Freddy	_				\$500.00
		Contributor address; City; Sta		1			
		Houston, TX 77019					
⊢	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ເ)		
		nment Relations Officer	"				
╘			Memorial Hermann	_			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/16/2024	Weinstein, John					\$3,300.00
		Contributor address; City; Sta	te; Zip Code				
		Bellaire, TX 77401					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Physician			MD Anderson			
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	09/30/2024	Westmoreland, Kathy	_				\$100.00
		Contributor address; City; Sta			1		
		Bellaire, TX 77401					
⊢	Principal occu	L pation / Job title (See Instructions)		Employer (See Instructions	<u>ا</u> ;)		
		,			<i>.</i>		
╞	Date	Full name of contributor	out-of-state PAC (ID#:)	<u> </u>	Amount of Contribution (\$)	
	10/13/2024	Wheeler, Richard	OUI-OI-SIAIE PAC (ID#)			\$10.00
	10/13/2024					φ10.00	
		Contributor address; City; Sta					
		Lougton TX 77000					
⊢	<u> </u>	Houston, TX 77098	- - - - - - - - - -	Ĺ			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			

The Instruc	tion Guide explains how	orm.		Total pages Schedule A1: Sch: 26/27 Rpt: 29/44		
2 FILER NAME					Filer ID (Ethics Commission	n Filers)
Johnson, Anr	n (The Honorable)				00067972	
4 Date	5 Full name of contributor	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
10/15/2024	Wiedemer, James					\$5.00
	6 Contributor address; City; St	ate; Zip Code				
	Houston, TX 77071					
3 Principal occup	pation / Job title (See Instructions	;)	9 Employer (See Instructions)	;)		
Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
10/05/2024	Willis, Barbara					\$5.00
	Contributor address; City; St					
	Iowa Colony, TX 77583					
Principal occup	oation / Job title (See Instructions	Employer (See Instructions)	;)			
				—		
Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	****
10/24/2024	Yanamandala, Raviraj					\$250.00
	Contributor address; City; St	ate; Zip Code				
	Pearland, TX 77584					
Principal occur	pation / Job title (See Instructions	3	Employer (See Instructions)	<u> </u>		
· .		,		·,		
Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
Date 10/01/2024	Full name of contributor Yeoman, Lynn	out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	\$250.00
	Yeoman, Lynn)		Amount of Contribution (\$)	\$250.00
)		Amount of Contribution (\$)	\$250.00
	Yeoman, Lynn)		Amount of Contribution (\$)	\$250.00
	Yeoman, Lynn)		Amount of Contribution (\$)	\$250.00
10/01/2024	Yeoman, Lynn Contributor address; City; St	tate; Zip Code) Employer (See Instructions)		Amount of Contribution (\$)	\$250.00
10/01/2024	Yeoman, Lynn Contributor address; City; St Houston, TX 77096	tate; Zip Code	Employer (See Instructions)		Amount of Contribution (\$)	\$250.00
10/01/2024 Principal occup Date	Yeoman, Lynn Contributor address; City; St Houston, TX 77096 pation / Job title (See Instructions Full name of contributor	tate; Zip Code	Employer (See Instructions)	5)	Amount of Contribution (\$)	\$250.00
10/01/2024 Principal occup	Yeoman, Lynn Contributor address; City; St Houston, TX 77096 pation / Job title (See Instructions	tate; Zip Code	Employer (See Instructions)	5)		\$250.00
10/01/2024 Principal occup Date	Yeoman, Lynn Contributor address; City; St Houston, TX 77096 pation / Job title (See Instructions Full name of contributor	tate; Zip Code	Employer (See Instructions)	5)		
10/01/2024 Principal occup Date	Yeoman, Lynn Contributor address; City; St Houston, TX 77096 Dation / Job title (See Instructions Full name of contributor Zachry Corporation Politic	tate; Zip Code	Employer (See Instructions)	5)		
10/01/2024 Principal occup Date	Yeoman, Lynn Contributor address; City; St Houston, TX 77096 Dation / Job title (See Instructions Full name of contributor Zachry Corporation Politic Contributor address; City; St	tate; Zip Code	Employer (See Instructions;	5)		
10/01/2024 Principal occup Date 10/24/2024	Yeoman, Lynn Contributor address; City; St Houston, TX 77096 Dation / Job title (See Instructions Full name of contributor Zachry Corporation Politic Contributor address; City; St San Antonio, TX 78265	tate; Zip Code)			
10/01/2024 Principal occup Date 10/24/2024	Yeoman, Lynn Contributor address; City; St Houston, TX 77096 Dation / Job title (See Instructions Full name of contributor Zachry Corporation Politic Contributor address; City; St	tate; Zip Code	Employer (See Instructions)			

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 **1** Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 27/27 Rpt: 30/44 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Johnson, Ann (The Honorable) 00067972 4 Date 5 Full name of contributor Amount of Contribution (\$) X out-of-state PAC (ID#: C00235036 7 10/22/2024 Zurich Holding Co of America Committee for Good Government \$1,000.00 6 Contributor address; City; State; Zip Code Washington, DC 20004 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A2: Sch: 1/1 Rpt: 31/44			
2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
Johnson, Ar	nn (The Honorable)		00067972			
⁴ TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	\$				
5 Date 10/16/2024	 Full name of contributor out-of-state PAC (ID#: Leder, Norri Contributor address; City; State; Zip Code Bellaire, TX 77401 	 8 Amount of source of the second secon				
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON				
Not Employ		Not Employed				
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)			
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)			
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	I				
Date 10/03/2024	Full name of contributor out-of-state PAC (ID#: Monday, Kim Contributor address; City; State; Zip Code)	Amount of In-kind contribution contribution (\$) description \$4,097.26 I Event Catering			
	Houston, TX 77005		Check if travel outside of Texas. Complete Schedule T.			
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON-JUDICIAL) (See instructions)				
Neurologist		Memorial Hermann				
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)					

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 1/10 Rpt: 32/44	Johnson, Ann (The Honorable)	00067972						
4	Date 09/27/2024	Payee name ActBlue							
6	Amount (\$) \$71.45	7 Payee address; City; State; Zip Code 5 PO Box 441146 Somerville, MA 02144							
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Image: Check if Austin, TX, officeholder living expense Online donation fees Check if Austin, TX, officeholder living expense Online donation fees									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	10/01/2024	ActBlue							
	Amount (\$) \$428.42	Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144							
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense ion fees						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	09/30/2024	Canva							
	Amount (\$) \$15.00	Payee address; City; State; Zip Code 3212 E. Cesar Chavez St., Bldg 1							
		Austin, TX 78702							
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense /are						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	candidate/Officeholder name Office sought	Office held						

			EX	PENDITURE CATEO	GORIES FOF	R BC	DX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Food/Be Gift/Awa mittee Legal Se	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor			d/Rental Expense e e /Contract Labor		Travel in District Travel Out of Dist	quipment & Related Expense		
1	Total pages Schedule F1:	<u>ן כן</u>	ILER NAME					3	Filer ID	(Ethics Commission Filers)	\neg
	Sch: 2/10 Rpt: 33/44		Johnson, Ann (Th	e Honorable)					00067972		
4	Date	5 F	Payee name								
	09/30/2024	(Cubesmart								
6	Amount (\$) \$56.00	Ę	Payee address; 5 Old Lancaster A Malvern, PA 1935	Ave.	tate; Zip Co	de					
8	PURPOSE	(a) (abadula)	(b)	Description				-
	OF		 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 Campaign storage 								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officehold	er name	Office sou	ght			Office he	ld	
	Date	F	Payee name								
	10/15/2024		Cubesmart								
	Amount (\$)	<u>⊦</u>	Payee address;	City; Sta	tate; Zip Co	de					_
	\$71.40	Ę	5 Old Lancaster A	Ave.	uio, <u></u>						
		1	Malvern, PA 1935	.5							
	PURPOSE OF EXPENDITURE		Category _(See Categor) Office Overhead/F	ories listed at the top of this Rental Expense	s schedule)			, TX,	de of Texas. Comp officeholder living J E		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officehold	er name	Office sou	ght			Office he	ld	
F	Date	F	Payee name								
	10/04/2024		Gables Republic S	Square							
	Amount (\$)	<u>├</u>	Payee address;	City; Sta	tate; Zip Co	ode					
	\$1,000.00		401 Guadalupe S		,	· c					
			#1505								
			Austin, TX 78701								
						.					
	PURPOSE OF			ories listed at the top of this	s schedule)	(b)	Description	outoir	to of Toyas Comp	Note Cohodulo T	
	EXPENDITURE		Office Overhead/F	≀ental Expense				, TX,	de of Texas. Comp officeholder living n apartment	expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officehold	er name	Office sou	ght			Office he	ld	

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Poling Expense Gitt/Awards/Memorials Expense Printing Expense Committee Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.				Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission F	ilers)
1	Sch: 3/10 Rpt: 34/44		Johnson, Ann (The Honorable) 00067972									
4	Date	5	Payee name									
	10/18/2024		Gables Repub	lic Square								
6	Amount (\$)	7	Payee address;	City;	State;	; Zip Co	de					
	\$2,448.69		401 Guadalupe St.									
			#1505									
		Austin, TX 78701										
8	PURPOSE	(0)					(b)	Description				
ð	OF	(a)		ategories listed at the		edule)	(u)	Description	outei	de of Texas. Com	nlete Schedule T	
	EXPENDITURE		Onice Overnea	ad/Rental Expe	nse					officeholder living		
								Austin apartn			·	
								·				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI											
	Date		Payee name									
	10/10/2024		Grant Martin C	ampaigns								
	Amount (\$)		Payee address;	City;	State:	Zip Co	de					
	\$106,487.59		2383 Bush Str	-	,							
	\$100,407.35		2000 Du311 Oti									
			San Francisco	, CA 94115								
	PURPOSE	(a)	Category (See C	ategories listed at the	top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Advertising Ex	pense						de of Texas. Com		
										officeholder living		
								letterhead an			ads, door hangers	5,
									u 3	ponsorsnips		
	Complete ONLY if direct		Candidate/Office	older name	C	Office sou	ght			Office he	eld	
	expenditure to benefit C/OI											
	Date		Payee name									
	10/26/2024		Grant Martin C	ampaigns								
	Amount (\$)		Payee address;	City;	State:	; Zip Co	de					
	\$2,552.25		2383 Bush Str	-		•						
	+_,											
			San Francisco	, CA 94115								
	PURPOSE	(a)	Category (See C	ategories listed at the	top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Advertising Ex	pense						de of Texas. Com		
										officeholder living	expense	
								Print ads and	fee	es		
	Complete ONLY if direct		Candidate/Office	nolder name	C	Office sou	ght			Office he	eld	
	expenditure to benefit C/OI	-										

		EXPENDITURE CATEGORIES FOR BOX 8(a)	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 4/10 Rpt: 35/44	Johnson, Ann (The Honorable)	00067972
4	Date 09/27/2024	5 Payee name Gusto	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,346.09	525 20th St. San Francisco, CA 94107	
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	10/11/2024	Gusto	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,346.07	525 20th St. San Francisco, CA 94107	
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	10/11/2024	Gusto	
	Amount (\$) \$309.94	Payee address; City; State; Zip Code 525 20th St.	
		San Francisco, CA 94107	
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	3 Filer ID (Ethics Commission Filers)			
1	Sch: 5/10 Rpt: 36/44	Johnson, Ann (The Honorable)	00067972			
4	Date 09/27/2024	5 Payee name Gusto				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$312.15	525 20th St. San Francisco, CA 94107				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF	Salaries/Wages/Contract Labor	outside of Texas. Complete Schedule T. TX, officeholder living expense			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	10/02/2024	Gusto				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$61.82	525 20th St. San Francisco, CA 94107				
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense SSing fees			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	10/04/2024	Johnson, Ann				
	Amount (\$) \$733.05	Payee address;City;State;Zip CodeP.O. Box 56386				
		Houston, TX 77007				
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense ent for Schedule G expenditures			
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Related Expense			
1	Total pages Schedule F1:		Commission Filers)			
-	Sch: 6/10 Rpt: 37/44	Johnson, Ann (The Honorable)				
4	Date 10/10/2024	5 Payee name Johnson, Ann				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
U	\$90.93					
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement (b) Description Check if travel outside of Texas. Complete Sched Check if Austin, TX, officeholder living expense Reimbursement for Schedule G exp				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held OH				
	Date	Payee name				
	10/26/2024	Johnson, Ann				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$40.00	P.O. Box 56386 Houston, TX 77007				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Sched Check if Austin, TX, officeholder living expense Reimbursement for Schedule G exp				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held OH				
	Date	Payee name				
	10/26/2024	Johnson, Ann				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$81.60					
		Houston, TX 77007				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement (b) Description Check if travel outside of Texas. Complete Schedule Check if Austin, TX, officeholder living expense Reimbursement of Schedule G expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held OH				

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filer	rs)			
-	Sch: 7/10 Rpt: 38/44	Johnson, Ann (The Honorable) 00067972	-,			
4	Date 10/26/2024	5 Payee name Johnson, Ann				
0	Amount (\$) \$100.00	7 Payee address; City; State; Zip Code P.O. Box 56386 Houston, TX 77007				
_	DUDDOCE					
8	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Reimbursement for Schedule G expenditure 				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held H				
	Date	Payee name				
	10/04/2024	Ortiz for Texas				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$2,500.00	P.O. Box 286 Corpus Christi, TX 78403				
	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 Campaign contribution 				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held H				
	Date	Payee name				
	10/04/2024	Plesa for Texas				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$2,500.00	P.O. Box 796311				
		Dallas, TX 75248				
	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 Campaign contribution 				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held H				

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	, - I Cor	Fees Of Food/Beverage Expense Po Gift/Awards/Memorials Expense Pr	Office Overl Polling Expe Printing Exp Galaries/Wa	ense ges/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	· · · ·			2	Filer ID (Ethics Commission Filers)
1	Sch: 8/10 Rpt: 39/44	2	Johnson, Ann (The Honorable)				00067972
4	Date	5	Payee name				
	10/04/2024		Ready Refresh				
6	Amount (\$)	7	Payee address; City; State; Z	Zip Cod	e		
	\$8.22		P.O. Box 856680				
			Louisville, KY 40285				
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedul	(a)	b) Description		
	OF EXPENDITURE		Food/Beverage Expense			outsi	ide of Texas. Complete Schedule T.
	EXPENDITORE						, officeholder living expense
					Drinking wate	er fo	or office
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Office	ce soug	ht		Office held
	Date		Payee name				
	10/04/2024		Ready Refresh				
	Amount (\$)		Payee address; City; State; Z	Zip Cod	e		
	\$7.13		P.O. Box 856680				
			Louisville, KY 40285				
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedul	ile) (b) Description		
	EXPENDITURE		Food/Beverage Expense				ide of Texas. Complete Schedule T. , officeholder living expense
	Drinking water for office						
					5		
	Complete ONLY if direct		andidate/Officeholder name Office	ce soug	ht		Office held
	expenditure to benefit C/OF	H					
	Date		Payee name				
	10/16/2024		Strong Strategies, LLC				
-	Amount (\$)		Payee address; City; State; Z	Zip Cod	e		
	\$1,654.76		325 W. 18th St.	•			
			Houston, TX 77008				
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedul	ıle) (b) Description	_	
	EXPENDITURE		Consulting Expense				ide of Texas. Complete Schedule T.
							, officeholder living expense Ompliance services
					r unuraising (ان عد	
	Complete ONLY if direct	Ļ	andidate/Officeholder name Offic	ce soug	ht		Office held
	expenditure to benefit C/OF			ce soug			

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
	Sch: 9/10 Rpt: 40/44	Johnson, Ann (The Honorable)	00067972			
4	Date 10/01/2024	5 Payee name Target				
6	Amount (\$) \$72.40	 Payee address; City; State; Zip Code 4323 San Felipe St. Houston, TX 77027 				
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense and National Night Out refreshments			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	10/04/2024	Texas House Democratic Campaign Committee				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$5,000.00	314 Highland Mall Blvd. #104 Austin, TX 78752				
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense contribution			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	10/25/2024	Veritex Community Bank				
	Amount (\$) \$10.00	Payee address; City; State; Zip Code 5111 San Felipe St.				
		Houston, TX 77056				
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense • fee			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
		The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
	Sch: 10/10 Rpt: 41/44	Johnson, Ann (The Honorable)	00067972
4	Date	5 Payee name	
	09/27/2024	Zoom Video Communications Inc.	
	Amount (\$) \$17.05	 7 Payee address; City; State; Zip Code 55 Almaden Blvd. 6th Floor San Jose, CA 95113 	
8	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense ncing software
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held

l						
UNPAID INCU	RRED OBLIGATIONS	SCHEDULE F2				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	al Committee Legal Services Salaries/Wages/C	/Reimbursement Solicitation/Fundraising Expense Rental Expense Transportation Equipment & Related Expense Travel in District Travel Out of District Contract Labor OTHER (enter a category not listed above)				
1 Total pages Schedule F2:		3 Filer ID (Ethics Commission Filers)				
Sch: 1/1 Rpt: 42/44	Johnson, Ann (The Honorable) ZED UNPAID INCURRED OBLIGATIONS	00067972 \$				
5 Date 10/26/2024	6 Payee name NGP Van					
7 Amount (\$) \$1,215.24	8 Payee address; City; State; Zip Code 10801-2 N Mopac Expressway Suite 300 Austin, TX 78759					
9 TYPE OF EXPENDITURE	X Political Non-Political					
10 PURPOSE OF EXPENDITURE	Office Overhead/Rental Expense	escription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign database				
11 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held				

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G				
	EXPENDITURE CATEGORIES FO	R BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	Event Expense Loan Re Fees Office O Food/Beverage Expense Polling E y - Gift/Awards/Memorials Expense Printing I	payment/Reimbursement Solicitation/Fundraising Expense verhead/Rental Expense Transportation Equipment & Related Expense xpense Travel in District Expense Travel Out of District Wages/Contract Labor OTHER (enter a category not listed above)		
1 Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
Sch: 1/2 Rpt: 43/44	Johnson, Ann (The Honorable)	00067972		
4 Date 10/24/2024	5 Payee name AT&T			
6 Amount (\$) \$100.00	7 Payee address; City; State; Zip Code P.O. Box 5014			
X Reimbursement from political contributions intended	Carol Stream, IL 60197-5014			
8 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. X Check if Austin, TX, officeholder living expense AT&T set-up fee for Austin apartment		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held		
Date	Payee name			
10/02/2024	Gables Republic Square			
Amount (\$) \$505.00 X Reimbursement from political contributions intended	Payee address; City; State; Zip C 401 Guadalupe St. #1505 Austin, TX 78701	ode		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Application fee for Austin apartment		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held		
Date	Payee name			
10/07/2024	Google			
Amount (\$) \$90.93	Payee address; City; State; Zip C 1600 Amphitheatre	ode		
X Reimbursement from political contributions intended	Mountain View, TX 94043			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Workspace subscription		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held		

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G				
	EXPENDITURE CATEGORIES FO	R BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office Ov Food/Beverage Expense Polling E y - Gift/Awards/Memorials Expense Printing F	xpense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1 Total pages Schedule G: Sch: 2/2 Rpt: 44/44	2 FILER NAME Johnson, Ann (The Honorable)	3	Filer ID (Ethics Commission Filers) 00067972	
4 Date 10/26/2024	5 Payee name Guadalajara Mexican Grill	I		
6 Amount (\$) \$81.60	7 Payee address; City; State; Zip Code 2925 Southwest Freeway			
X political contributions intended	Houston, TX 77098			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		heck if travel outside of Texas. Complete Schedule T. heck if Austin, TX, officeholder living expense In staff	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	
Date	Payee name			
09/27/2024	Hruska's Store & Bakery			
Amount (\$) \$22.70	Payee address; City; State; Zip C 109 W. State Highway 71	ode		
X Reimbursement from political contributions intended	Ellinger, TX 78938			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	· · 😐	theck if travel outside of Texas. Complete Schedule T. theck if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	
Date	Payee name			
10/21/2024	Shipley Washington Houston			
Amount (\$) \$40.00	Payee address; City; State; Zip C 6115 Washington Ave.	ode		
X Reimbursement from political contributions intended	Houston, TX 77007			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		heck if travel outside of Texas. Complete Schedule T. heck if Austin, TX, officeholder living expense gn volunteers	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	