

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00088050	2 Total pages filed: 21	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs.	FIRST Chavva A.	MI	OFFICE USE ONLY Date Received ELECTRONICALLY FILED 10/27/2024
	NICKNAME Hava	LAST Johnston	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 2230 Jaguar dr Frisco, TX 75033		ZIP CODE	Date Hand-delivered or Date Postmarked
				Receipt # Amount
				Date Processed
				Date Imaged
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.	FIRST Dresden	MI	
	NICKNAME	LAST Goldberg	SUFFIX	
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 3400 Columbus Dr. Frisco, TX 75034		APT / SUITE #;	CITY; STATE; ZIP CODE
7 CAMPAIGN TREASURER PHONE	AREA CODE (214)	PHONE NUMBER 994-4782	EXTENSION	
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)			
	<input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)			
9 PERIOD COVERED	Month Day Year 09/27/2024	THROUGH	Month Day Year 10/26/2024	
10 ELECTION	ELECTION DATE Month Day Year 11/05/2024		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known) State Representative District 106	

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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13 C / OH NAME Johnston, Chavva A. (Mrs.) **14** Filer ID (Ethics Commission Filers)
00088050

15 NOTICE FROM POLITICAL COMMITTEE(S)
 Additional Pages

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

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

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	5,461.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	6,784.84
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	1,582.65
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

17 AFFIDAVIT

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

Mrs. Chavva A. Johnston

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

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

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18 FILER NAME Johnston, Chava A. (Mrs.)	19 Filer ID (Ethics Commission Filers) 00088050
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20 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,661.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1,800.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 5,784.84
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 1,000.00
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/10 Rpt: 4/21
2 FILER NAME Johnston, Chavva A. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088050
4 Date 10/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Yvonne	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Providence village, TX 76227		
8 Principal occupation / Job title (See Instructions) Program Consultant		9 Employer (See Instructions) Bcbs
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amaya, Idalia	Amount of Contribution (\$) \$125.00
Contributor address; City; State; Zip Code Little Elm, TX 75068		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amendola, Sally	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Sanger, TX 76266		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arnold, Tim	Amount of Contribution (\$) \$35.00
Contributor address; City; State; Zip Code The Colony, TX 75056		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) General Cigar
Date 10/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bazua, Maggie	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code The Colony, TX 75056		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/10 Rpt: 5/21
2 FILER NAME Johnston, Chavva A. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088050
4 Date 10/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boulia, Liz	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Pilot Point, TX 76258		
8 Principal occupation / Job title (See Instructions) Insurance agent		9 Employer (See Instructions) Jeff Adams Insurance Agency
Date 10/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cote, Judy	Amount of Contribution (\$) \$30.00
Contributor address; City; State; Zip Code Allen, TX 75002		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cottrell, Frankie	Amount of Contribution (\$) \$35.00
Contributor address; City; State; Zip Code The Colony, TX 75056		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dambekodi, Bina	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Frisco, TX 75036		
Principal occupation / Job title (See Instructions) Web Developer		Employer (See Instructions) Boot Barn Inc
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dinneen, Eileen	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code FRISCO, TX 75036		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/10 Rpt: 6/21
2 FILER NAME Johnston, Chavva A. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088050
4 Date 10/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Draper, Sherry <hr/> 6 Contributor address; City; State; Zip Code Frisco, TX 75034	7 Amount of Contribution (\$) \$125.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elliott, Donalyn <hr/> Contributor address; City; State; Zip Code Frisco, TX 75034	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions) Medical		Employer (See Instructions) Hospital
Date 10/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fritz, Dale <hr/> Contributor address; City; State; Zip Code The Colony, TX 75056	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) PGA SuperStore
Date 10/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guthrie, Roddy <hr/> Contributor address; City; State; Zip Code McKinney, TX 75070-7006	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guthrie, Roddy <hr/> Contributor address; City; State; Zip Code McKinney, TX 75070	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions) Pilot		Employer (See Instructions) American Airlines

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/10 Rpt: 7/21
2 FILER NAME Johnston, Chavva A. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088050
4 Date 10/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gutierrez, Maritza <hr/> 6 Contributor address; City; State; Zip Code Frisco, TX 75034	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hansen, Patricia <hr/> Contributor address; City; State; Zip Code The Colony, TX 75056	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hawkins, Enisa <hr/> 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
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hester, Laura <hr/> Contributor address; City; State; Zip Code Providence Village, TX 76227	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Customer operations associate		Employer (See Instructions) Symetra
Date 10/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hodge, Mary <hr/> Contributor address; City; State; Zip Code Frisco, TX 75036	Amount of Contribution (\$) \$106.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/10 Rpt: 8/21
2 FILER NAME Johnston, Chavva A. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088050
4 Date 10/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hogan, Delight	7 Amount of Contribution (\$) \$35.00
6 Contributor address; City; State; Zip Code Frisco, TX 75035		
8 Principal occupation / Job title (See Instructions) self employed		9 Employer (See Instructions) Mrs.
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jimenez, Jesse	Amount of Contribution (\$) \$125.00
Contributor address; City; State; Zip Code PROVIDENCE VILLAGE, TX 76227		
Principal occupation / Job title (See Instructions) Distribution Center Manager		Employer (See Instructions) 1000Bulbs.com
Date 10/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jimenez, Jesse	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code PROVIDENCE VILLAGE, TX 76227		
Principal occupation / Job title (See Instructions) Distribution Center Manager		Employer (See Instructions) 1000Bulbs.com
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lemmond, byron	Amount of Contribution (\$) \$7.00
Contributor address; City; State; Zip Code Katy, TX 77449		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luna, Maria	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Denton, TX 76209		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) LISD

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/10 Rpt: 9/21
2 FILER NAME Johnston, Chavva A. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088050
4 Date 09/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mao, Jennifer	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Frisco, TX 75034		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mcgee, Lisa	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code The Colony, TX 75056		
Principal occupation / Job title (See Instructions) NE		Employer (See Instructions) NE
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nichols, Pamela	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code The Colony, TX 75056		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nitcholas, Stacie	Amount of Contribution (\$) \$125.00
Contributor address; City; State; Zip Code Frisco, TX 75034		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Lewisville ISD
Date 10/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parekh, Aashi	Amount of Contribution (\$) \$30.00
Contributor address; City; State; Zip Code Frisco, TX 75034		
Principal occupation / Job title (See Instructions) Field Director		Employer (See Instructions) Julie Johnson

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/10 Rpt: 10/21
2 FILER NAME Johnston, Chavva A. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088050
4 Date 10/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pena, Macy <hr/> 6 Contributor address; City; State; Zip Code Aubrey, TX 76227	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Crafter		9 Employer (See Instructions) Macy Pena
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rains, David <hr/> Contributor address; City; State; Zip Code the colony, TX 75056	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Fire Alarm Technician.		Employer (See Instructions) LISD
Date 10/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodgets, John <hr/> Contributor address; City; State; Zip Code Pilot Point, TX 76258	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shoals, Lonnell <hr/> Contributor address; City; State; Zip Code The Colony, TX 75056	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) Marvin Replacement
Date 09/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Skelton, Cheryl <hr/> Contributor address; City; State; Zip Code Lewisville, TX 75077	Amount of Contribution (\$) \$6.00
Principal occupation / Job title (See Instructions) Accounting		Employer (See Instructions) Taco Bueno Corp

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/10 Rpt: 11/21
2 FILER NAME Johnston, Chavva A. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088050
4 Date 10/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, David	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Plano, TX 75075		
8 Principal occupation / Job title (See Instructions) Political Consultant		9 Employer (See Instructions) self
Date 10/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spinell, Michelle	Amount of Contribution (\$) \$60.00
Contributor address; City; State; Zip Code McKinney, TX 75072		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steinfeld, Debra	Amount of Contribution (\$) \$36.00
Contributor address; City; State; Zip Code Prosper, TX 75078		
Principal occupation / Job title (See Instructions) Cashier		Employer (See Instructions) Michaels
Date 10/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stevens, Gail	Amount of Contribution (\$) \$35.00
Contributor address; City; State; Zip Code Frisco, TX 75035		
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Power-Mark
Date 10/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swan, Sandy	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Denton, TX 76209		
Principal occupation / Job title (See Instructions) Case Worker		Employer (See Instructions) IFM

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/10 Rpt: 12/21
2 FILER NAME Johnston, Chavva A. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088050
4 Date 09/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Ramona <hr/> 6 Contributor address; City; State; Zip Code Frisco, TX 75036	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tipper, Nicole <hr/> Contributor address; City; State; Zip Code Frisco, TX 75035	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Admin		Employer (See Instructions) Catalyst health
Date 10/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waddell, Christopher <hr/> Contributor address; City; State; Zip Code Frisco, TX 75036	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Human Resources		Employer (See Instructions) not currently employed
Date 10/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warren, Brenda <hr/> Contributor address; City; State; Zip Code Oak Point, TX 75068	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warren, Brenda <hr/> Contributor address; City; State; Zip Code Oak Point, TX 75068	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/10 Rpt: 13/21
2 FILER NAME Johnston, Chavva A. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088050
4 Date 10/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watling, Gregg 6 Contributor address; City; State; Zip Code Allen, TX 75013	7 Amount of Contribution (\$) \$106.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Elizabeth Contributor address; City; State; Zip Code Alamogordo, NM 88310	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) johnston, sean Contributor address; City; State; Zip Code Frisco, TX 75033	Amount of Contribution (\$) \$170.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/2 Rpt: 14/21	
2 FILER NAME Johnston, Chavva A. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088050	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 10/19/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buchanan, Diane	8 Amount of contribution (\$) \$300.00	9 In-kind contribution description beverages for fundraiser
	7 Contributor address; City; State; Zip Code Frisco, TX 75034		
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Not employed		11 Employer (FOR NON-JUDICIAL) (See instructions) 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 contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 10/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Ramona	Amount of contribution (\$) \$800.00	In-kind contribution description Catering for fundraiser
	Contributor address; City; State; Zip Code Frisco, TX 75036		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Not Employed		Employer (FOR NON-JUDICIAL) (See instructions) Not Employed	
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)			
Date 10/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Ramona	Amount of contribution (\$) \$200.00	In-kind contribution description invitations for fundraiser
	Contributor address; City; State; Zip Code Frisco, TX 75036		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Not Employed		Employer (FOR NON-JUDICIAL) (See instructions) Not Employed	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 2/2 Rpt: 15/21	
2 FILER NAME Johnston, Chavva A. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088050	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 10/19/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) follansbee, Janet	8 Amount of contribution (\$) \$500.00	9 In-kind contribution description valet and bartender services for fundraiser
	7 Contributor address; City; State; Zip Code frisco, TX 75036	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) retired		11 Employer (FOR NON-JUDICIAL) (See instructions) Retired	
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 contributor's spouse (if any) (FOR JUDICIAL)	
16 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 -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/5 Rpt: 16/21	2 FILER NAME Johnston, Chavva A. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00088050
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4 Date 10/25/2024	5 Payee name Blip
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6 Amount (\$) \$19.24	7 Payee address; City; State; Zip Code 285 N. Main St, #849 Kaysville, UT 84037
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense digital billboard
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/15/2024	Payee name Bustos, Georgiana
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Amount (\$) \$340.00	Payee address; City; State; Zip Code 5309 Yager the Colony, TX 75056
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postage for postcards
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/30/2024	Payee name Canva
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Amount (\$) \$47.32	Payee address; City; State; Zip Code 3212 E. Cesar Chavez Street Building 1, Suite 1300 Austin, TX 78702
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Graphic design studio
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/5 Rpt: 17/21	2 FILER NAME Johnston, Chavva A. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00088050
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4 Date 10/11/2024	5 Payee name EXECUTIVE PRESS
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6 Amount (\$) \$3,101.00	7 Payee address; City; State; Zip Code 1400 Presidential Dr #110 Richardson, TX 75080
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing for large road signs
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/01/2024	Payee name Facebook
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Amount (\$) \$8.22	Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense meta advertisements
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/07/2024	Payee name Intuit Quick Books
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Amount (\$) \$31.98	Payee address; City; State; Zip Code 2750 Coast Ave Mountain View , CA 94043
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense quick books
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/5 Rpt: 18/21	2 FILER NAME Johnston, Chavva A. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00088050
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4 Date 10/01/2024	5 Payee name Mailchimp
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6 Amount (\$) \$42.64	7 Payee address; City; State; Zip Code 405 N Angier Ave atlanta, GA 30308
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense email program
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/02/2024	Payee name NPG Van
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Amount (\$) \$106.60	Payee address; City; State; Zip Code 655 15th St NW, Suite 650 washington D.C, DC 20052
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Vote builder software
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/27/2024	Payee name Texas winters Consulting
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Amount (\$) \$500.00	Payee address; City; State; Zip Code 1204 Vineland Ct Allen , TX 75002
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign video production
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/5 Rpt: 19/21	2 FILER NAME Johnston, Chavva A. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00088050
4 Date 10/03/2024	5 Payee name The Bearded Monk	
6 Amount (\$) \$15.21	7 Payee address; City; State; Zip Code 122 E McKinney St, Denton, TX 76201-4228	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense debate watch party
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/04/2024	Payee name The colony print and ship	
Amount (\$) \$1.29	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mail box rental
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/07/2024	Payee name 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mail box rental
Complete ONLY if direct expenditure to benefit C/OH	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 Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/5 Rpt: 20/21	2 FILER NAME Johnston, Chavva A. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00088050
4 Date 10/21/2024	5 Payee name loomly	
6 Amount (\$) \$44.69	7 Payee address; City; State; Zip Code 13636 Ventura Blvd #285 Sherman Oaks, CA 91423	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense social media management
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/18/2024	Payee name polaris group	
Amount (\$) \$1,500.00	Payee address; City; State; Zip Code 7210 Virginia Pkwy ste 100 box 6385, mckinney, TX 75071	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consultation fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/23/2024	Payee name trac Phone	
Amount (\$) \$16.66	Payee address; City; State; Zip Code 9700 NW 112th Avenue Miami, FL 33178	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense cell phone service for robocalls
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	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 F2: Sch: 1/1 Rpt: 21/21	2 FILER NAME Johnston, Chavva A. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00088050
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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5 Date 10/01/2024	6 Payee name polaris group
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7 Amount (\$) \$1,000.00	8 Payee address; City; State; Zip Code 7210 Virginia Pkwy ste 100 box 6385, mckinney, TX 75071
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense consulting fees
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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