# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to complete t	(=	ID Commission Filers) 38280	2 Total pages filed: 39
3 CANDIDATE / OFFICEHOLDER		RST arlene	MI	OFFICE USE ONLY
NAME		unene		Date Received  ELECTRONICALLY FILED
	NICKNAME LA:	ST	SUFFIX	01/15/2025
		ard Johnson	33.1.7.	
4 CANDIDATE /	ADDRESS / PO BOX; APT / SU	ITE #; CITY;	ZIP CODE	Date Hand-delivered or Date Postmarked
OFFICEHOLDER MAILING ADDRESS	PO Box 925775			Receipt # Amount
Change of Address	Houston TV 77202			
Change of Address	Houston, TX 77292			Date Processed
				Date Imaged
5 CAMPAIGN	MS / MRS / MR FIR	ST	MI	
TREASURER	Dr. Fel		•••	
NAME		1014		
	NICKNAME LAS	 ST	SUFFIX	
	Far	rar	CPA	
6 CAMPAIGN	STREET ADDRESS (NO PO BO)	( PLEASE);	APT / SUITE #; CITY;	STATE; ZIP CODE
TREASURER ADDRESS	18126 Afton Hollow Ln.			
(Residence or Business)	Richmond, TX 77407			
7 CAMPAIGN TREASURER	AREA CODE PHONE N	UMBER EXTENSION	ON	
PHONE	(832) 978-3629			
8 REPORT				
TYPE	X January 15	80th day before election	Runoff	15th day after campaign treasurer
		,,		appointment (officeholder only)
	July 15 8	8th day before election	Exceeded modified reporting limit	Final Report (Attach C/OH-FR)
9 PERIOD COVERED	Month Day Year		Month Day	Year
COVERED	07/01/2024	THROUGH	12/31/202	4
10 ELECTION	ELECTION DATE		ELECTION TYPE	
10 ELECTION	ELECTION DATE  Month Day Year	Primary	Runoff	Other
	11/05/2024		브	
		X General	Special	
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT	
	HCC Board Trustee Place Hou	uston District 2 Harr	is State Represent	ative Place Houston District 139
		GO TO PAG	F 2	
		GO TO FAG	- L	

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

2 of 39

13 C / OH NAME	Ward Johnson, Char	ene	<b>14</b> Filer ID (00088280	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without in I officeholders are required to report this information	the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THAI ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 50,760.00
EXPENDITURE TOTALS		\$ 0.00		
	4. TOTAL POLITIC	AL EXPENDITURES		<b>\$</b> 22,687.70
CONTRIBUTION BALANCE	REPORTING PE			\$ 26,059.64
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	<b>\$</b> 15,000.00
<b>17</b> AFFIDAVIT		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.		
			ene Ward Johnson  Candidate or Officehol	dor
AFFIX NO	TARY STAMP / SEAL AB	· ·	Candidate of Officerior	uei
Sworn to and subs	crihed hefore me, by the s	aid	this the	day
		ertify which, witness my hand and seal of office.	, uns ure	uay
Signature of office	cer administering	Printed name of officer administering	Title of officer	r administering oath

### SUBTOTALS - C/OH

### FORM C/OH COVER SHEET PG 3

				JVLN 31		of 39
-	ER NAN	nson, Charlene	<b>19</b> Filer ID 00088280	(Ethics Con	nmission Fi	lers)
l		E SUBTOTALS SCHEDULE		SUBT	OTAL AMO	UNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	50	),760.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$		
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$		
4.		SCHEDULE E: LOANS		\$		
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$	22	2,687.70
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$		
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$		
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$		
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$		
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 FOR TO FILER	RETURNED	\$		

	MONET	ARY POLITICAL COI	NTRIBUTION	S		SCHEDUI	_E <b>A1</b>
	The Instru	ction Guide explains how to o	complete this forr	n.	1	Total pages Schedule A1: Sch: 1/11 Rpt: 4/39	
2	FILER NAME Ward Johns	on, Charlene			3	Filer ID (Ethics Commission 00088280	on Filers)
4	Date 10/11/2024	<ul> <li>Full name of contributor</li></ul>			7	Amount of Contribution (\$)	\$1,000.00
		Houston, TX 77027					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Date 08/22/2024	Associated General Contractor Contributor address; City; State; 2		)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	Austin, TX 75768 pation / Job title (See Instructions)		Employer (See Instructions	 ;)		
	Date 10/31/2024	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Date 09/17/2024	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$1,000.00
	Principal occu Consultant	pation / Job title (See Instructions)		Employer (See Instructions Branch Mcgowen	5)		
	Date 12/04/2024	Full name of contributor X of Centene Corporation PAC Contributor address; City; State; Z	out-of-state PAC (ID#: <u>C00</u> Zip Code	397851 )		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			L_				

	MONET	ARY POLITICAL CO	NTRIBUTIO	NS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to	complete this fo	orm.	1	Total pages Schedule A1: Sch: 2/11 Rpt: 5/39	
2	FILER NAME Ward Johnso	on, Charlene			3	Filer ID (Ethics Commission 00088280	n Filers)
4	Date 10/03/2024	<ul> <li>Full name of contributor X</li> <li>Chevron Employees PAC</li> <li>Contributor address; City; State;</li> </ul>	out-of-state PAC (ID#: <u>C</u> Zip Code	00035006 )	7	Amount of Contribution (\$)	\$500.00
_	5	San Ramon, CA 94583					
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	5)		
	Date 10/08/2024	Comcast Corporation& NBCU  Contributor address; City; State;		00248716)		Amount of Contribution (\$)	\$500.00
	Principal occu	Philadelpha, PA 19103 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
		,			_		
	Date 10/18/2024	Full name of contributor  Davis, Joy  Contributor address; City; State;	out-of-state PAC (ID#: Zip Code	)		Amount of Contribution (\$)	\$50.00
	Deire sin al acces	Houston, TX 77022		Faralana (Octobrativations	_		
	Senior Field	pation / Job title (See Instructions) Organizer		Employer (See Instructions Pure Justice	5)		
	Date 10/18/2024	Full name of contributor  Gauthier, Lloyd  Contributor address; City; State;  Houston, TX 77014				Amount of Contribution (\$)	\$50.00
	Principal occu Business An	pation / Job title (See Instructions) alyst		Employer (See Instructions LMG Technology	5)		
	Date 07/05/2024	Full name of contributor  Glenn, Felix  Contributor address; City; State;  Spring, TX 77388	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu Manager	pation / Job title (See Instructions)		Employer (See Instructions Audacy	5)		
				<u> </u>			

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/11 Rpt: 6/39	
2	FILER NAME Ward Johns	on, Charlene		3	Filer ID (Ethics Commission 00088280	n Filers)
4	Date 09/30/2024	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$750.00
_	Dein ein al. a and	Albany, NY 12207	O Frankrica (Con Instruction			
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 09/04/2024	Full name of contributor out-of-state PAC (ID#:_ Gulf States Toyota PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
	Principal occu	Houston, TX 77077  Ipation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 11/13/2024	Full name of contributor out-of-state PAC (ID#:_ Gutierrez, Maria Contributor address; City; State; Zip Code Houston, TX 77072			Amount of Contribution (\$)	\$100.00
	Principal occu Clerk	pation / Job title (See Instructions)	Employer (See Instructions HISD	)		
	Date 10/01/2024	Full name of contributor out-of-state PAC (ID#:_ Gutierrez, Maria Contributor address; City; State; Zip Code Houston, TX 77072			Amount of Contribution (\$)	\$10.00
	Principal occu Clerk	pation / Job title (See Instructions)	Employer (See Instructions HISD	)		
	Date 08/30/2024	Full name of contributor out-of-state PAC (ID#:_ Haley, Anthony  Contributor address; City; State; Zip Code  Austin, TX 78701			Amount of Contribution (\$)	\$500.00
	Principal occu consultant	ipation / Job title (See Instructions)	Employer (See Instructions hmwk, llc	)		

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDUI	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 4/11 Rpt: 7/39	
2	FILER NAME Ward Johnso	on, Charlene		3	Filer ID (Ethics Commission 00088280	on Filers)
4	Date 10/15/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$1,000.00
_	Daine in all access	Austin, TX 78701	lo 5l. (O. J.			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 12/04/2024	Full name of contributor out-of-state PAC (ID#:_ Hillco PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions	<u>,                                     </u>		
	i illicipai occu	oduon 7 oob uuc (occ mandenons)	Employer (See manuchoris	')		
	Date 12/08/2024	Full name of contributor			Amount of Contribution (\$)	\$500.00
		Dallas, TX 75200				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/04/2024	Full name of contributor	C00284885 )		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 12/10/2024	Full name of contributor out-of-state PAC (ID#:_ Homepac Tx Assoc of Builders Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>,</u>		
			1			

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 5/11 Rpt: 8/39	
2	FILER NAME Ward Johnso	on, Charlene		3	Filer ID (Ethics Commission 00088280	on Filers)
4	Date 12/10/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#: Homepac of Texas/Tx Assoc of Builders</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7	Amount of Contribution (\$)	\$250.00
		Austin, TX 78701	1			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 10/22/2024	Full name of contributor out-of-state PAC (ID#: Houston Associated General Contractors PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu	Houston, TX 77092 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Date 10/29/2024	Full name of contributor out-of-state PAC (ID#: Houston Pilots  Contributor address; City; State; Zip Code  Deer Park, TX 77536			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>l</u> 5)		
	Date 11/14/2024	Full name of contributor out-of-state PAC (ID#: Houston Police Retired Officer PAC Fund Contributor address; City; State; Zip Code Houston, TX 77219			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/21/2024	Full name of contributor out-of-state PAC (ID#: Legacy 44  Contributor address; City; State; Zip Code  Austin, TX 78756			Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
			•			

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 6/11 Rpt: 9/39	
2	FILER NAME Ward Johnso	on, Charlene		3	Filer ID (Ethics Commission 00088280	on Filers)
4	Date 10/08/2024	<ul> <li>Full name of contributor</li></ul>	00366559 )	7	Amount of Contribution (\$)	\$1,000.00
_	Deignaignal	Princeton, NJ 08450	O Franks on (Cas Instructions			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 10/08/2024	Full name of contributor out-of-state PAC (ID#:_NUCOR Corporation PAC  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00
		Charlotte, NC 28211				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 10/08/2024	Full name of contributor out-of-state PAC (ID#:_ NUCOR Corporation PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00
		Charlotte, NC 28211				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 10/18/2024	Full name of contributor out-of-state PAC (ID#:_ Nobles, Shannon Contributor address; City; State; Zip Code Pearland, TX 77584	)		Amount of Contribution (\$)	\$100.00
	Principal occu Deputy City	pation / Job title (See Instructions) Controller	Employer (See Instructions City of Houston	)		
	Date 09/19/2024	Full name of contributor out-of-state PAC (ID#:_ TRE-PAC Texas Realtors PAC Contributor address; City; State; Zip Code  Austin, TX 78765	)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 7/11 Rpt: 10/39	
2	FILER NAME Ward Johnso	on, Charlene		3	Filer ID (Ethics Commission 00088280	on Filers)
4	Date 09/24/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$1,500.00
_	Deignigal	Austin, TX 78701	O Franksian (Cas Instructions			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 12/09/2024	Full name of contributor out-of-state PAC (ID#:_ Texans for Lawsuit Reform  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,500.00
	Principal occu	Austin, TX 75701 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Date 09/17/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Apartment Association PAC Contributor address; City; State; Zip Code  Austin, TX 78701			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 07/29/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Automobile Dealers Association  Contributor address; City; State; Zip Code  Austin, TX 78701	)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 08/05/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Democratic Women  Contributor address; City; State; Zip Code  Austin, TX 78703			Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 8/11 Rpt: 11/39	
2	FILER NAME Ward Johns			3	Filer ID (Ethics Commission 00088280	on Filers)
4	Date 07/16/2024	5 Full name of contributor out-of-state PAC (ID#:_ Texas Dental Association PAC  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$500.00
		Austin, TX 78735				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 11/25/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Land Title Association  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	Austin, TX 78703  pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 10/16/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Medical Association PAC Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$500.00
	Dringing occu	Austin, TX 75701 pation / Job title (See Instructions)	Employer (See Instructions			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 10/10/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Medical Association PAC  Contributor address; City; State; Zip Code  Austin, TX 75701	)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 12/10/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Medical Center PAC Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 9/11 Rpt: 12/39	
2	FILER NAME Ward Johnso			3	Filer ID (Ethics Commission 00088280	on Filers)
4	Date 09/30/2024	5 Full name of contributor out-of-state PAC (ID#:_ Texas Optometric PAC  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$1,000.00
_	Daine in all account	Austin, TX 78706				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	)		
	Date 10/01/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Sands PAC Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$4,000.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 08/19/2024	Full name of contributor out-of-state PAC (ID#: Texas State Teachers Association PAC Contributor address; City; State; Zip Code  Austin, TX 78762			Amount of Contribution (\$)	\$2,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 09/19/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Trail lawyers Assoc PAC Contributor address; City; State; Zip Code  Austin, TX 78701			Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 10/08/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Trail lawyers Assoc PAC Contributor address; City; State; Zip Code  Austin, TX 78701	)		Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 10/11 Rpt: 13/39	
2	FILER NAME Ward Johnso			3	Filer ID (Ethics Commission 00088280	on Filers)
4	Date 11/19/2024	<ul> <li>Full name of contributor</li></ul>	7	Amount of Contribution (\$)	\$2,500.00	
•	Dringing! goog	Austin, TX 78701	0 Employer (See Instructions			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	)		
	Date 09/30/2024	Full name of contributor out-of-state PAC (ID#:_ Union Pacific Corporation Fund for Effective Go Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$1,500.00	
	Principal occu	Washington, DC 20004 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 09/18/2024	Full name of contributor out-of-state PAC (ID#:_Vallot, Collette  Contributor address; City; State; Zip Code  Houston, TX 77025			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 10/02/2024	Full name of contributor out-of-state PAC (ID#:_ Vistra Employee PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 12/12/2024	Full name of contributor out-of-state PAC (ID#:_Walle, Armando  Contributor address; City; State; Zip Code  Houston, TX 77039			Amount of Contribution (\$)	\$500.00
	Principal occu Lawyer	pation / Job title (See Instructions)	Employer (See Instructions Self	)		

	MONET	ARY POLITICAL CONTRIBUTIO	SCHEDULE A1				
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 11/11 Rpt: 14/39		
2	FILER NAME Ward Johns	on, Charlene		3	Filer ID (Ethics Commission 00088280	on Filers)	
4	Date 08/16/2024	5 Full name of contributor out-of-state PAC (ID#:_ Walle, Armando  6 Contributor address; City; State; Zip Code	7	Amount of Contribution (\$)	\$500.00		
_		Houston, TX 77039					
8	Principal occu Lawyer	pation / Job title (See Instructions)	9 Employer (See Instructions Self	S)			
	Date 09/10/2024	Full name of contributor out-of-state PAC (ID#:_ Warner, Freddy Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$250.00		
	Principal occu	Houston, TX 77019 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)			
	Healthcare		Memorial Hermann				
Date  O9/16/2024  Full name of contributor  Out-of-state PAC (ID#:  Weiss, Lisa  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$250.00		
		Houston, TX 77018					
	Principal occu physician	pation / Job title (See Instructions)	Employer (See Instructions Kelsey Seybold	s)			
	Date 10/16/2024	Full name of contributor out-of-state PAC (ID#:_ Wholesale Beer Distributors of Texas  Contributor address; City; State; Zip Code  Austin Tx, TX 78701	)	•	Amount of Contribution (\$)	\$1,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Con Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a contrary not listed above)

	Candidate/Officeholder/Politica			_egal Services	s Expense	Salaries/W		se s/Contract Labor		OTHER (enter a	strict category not listed a	bove)
	Credit Card Payment			The Instruction G	Guide explains h	now to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commis	sion Filers)
	Sch: 1/25 Rpt: 15/39		Ward Johns	on, Charlene						00088280		
4	Date	5	Payee name						_			
	12/10/2024		24 Hour Din	er								
6	Amount (\$)	7	Payee addres	s; City;	State;	Zip Co	de					
	\$56.77		3600 Preside	ential Blvd								
			Austin, TX 7	8719								
8	PURPOSE	(a)	Category (Se	e Categories listed at	the ton of this sche	Aluha)	(b)	Description				
	OF	<b> `</b> ´	Food/Bevera		the top of this scrie	cuule)	` ′		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE							_		officeholder living	g expense	
								food expense	<del>)</del>			
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	eholder name	0	office sou	ght			Office h	eld	
		_										
	Date		Payee name									
	10/16/2024		832 Congres	ss Parking								
	Amount (\$)		Payee addres	s; City;	State;	Zip Co	de					
	\$34.64		823 Congres	SS								
			Austin, TX 7	8701								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Transportation Equipment And Related			Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense						
			Expense					parking fee	, 17,	onicendidei iivinį	у ехрепзе	
								pontant group				
	Complete ONLY if direct		Candidate/Offic	eholder name	0	office sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н					-					
_	Date		Payee name									
	12/11/2024		AMLI 300									
	Amount (\$)		Payee addres	s; City;	State:	Zip Co	de					
	\$600.00		300 N Lama	-	,							
			Austin, TX 7	8703								
	PURPOSE	(a)		e Categories listed at	the ten of this cabe	aduda)	(b)	Description				
	OF	(-,		e categories listed at lead/Rental Ex		euule)	(,		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE				•				, TX,	officeholder living	g expense	
								austin rental				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offic	enolder name	0	office sou	ght			Office h	eld	

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commi Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1: Sch: 2/25 Rpt: 16/39	2 FILER NAME Ward Johnson, Charlene	3 Filer ID (Ethics Commission Filers) 00088280			
4	Date	5 Payee name				
	12/26/2024	AMLI 300				
6	Amount (\$) \$285.01	7 Payee address; City; State; Zip Code 300 N Lamar Blvd Austin, TX 78703				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
•	OF EXPENDITURE	Office Overhead/Rental Expense	outside of Texas. Complete Schedule T. TX, officeholder living expense			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	09/07/2024	Acres Homes Historical Society				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$50.00	6719 W. Montgomery Rd				
		Houston, TX 77091				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Event Expense	utside of Texas. Complete Schedule T. TX, officeholder living expense			
		event sponso				
		event sponso	i sinp			
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	12/08/2024	Buc Ees				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$27.05	27106 Hempstead				
	Ψ21.00	27 100 Hempstead				
		Houston, TX 77433				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Transportation Equipment 7 tha Related	outside of Texas. Complete Schedule T.			
		Expense La Check if Austin, transportation	TX, officeholder living expense			
		แลกรุงกลแบก	10031			
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held			
	expenditure to benefit C/OI		5555.2			

#### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Ser	vices Salaries/ truction Guide explains how to c	Wages	s/Contract Labor		OTHER (enter a	category not listed above	<del>)</del>
_	Total marca Cabadula F1.					_	Files ID	(Ethios Commission	Filoro\
1	Total pages Schedule F1: Sch: 3/25 Rpt: 17/39	Ward Johnson, Ch	arlene			3	Filer ID 00088280	(Ethics Commission	Filers)
_	-	<u> </u>							
4	Date	5 Payee name							
	12/10/2024	Buc Ees							
6	Amount (\$)	•	City; State; Zip C	ode					
	\$25.35	27106 Hempstead							
		Houston, TX 77433	3						
8	PURPOSE	(a) Category (See Categor	ies listed at the top of this schedule)	(b)	Description				
	OF EXPENDITURE		ipment And Related				ide of Texas. Comp		
	EXI ENDITORE	Expense			_		, officeholder living	expense	
					transportation	1 C	OST		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholde	r name Office so	ught			Office he	eld	
	Date	Payee name							
	07/01/2024	Circle K							
	Amount (\$)	Payee address;	City; State; Zip C	ode					
	\$30.93	N Shepherd							
		Houston, TX 77093	1						
	PURPOSE	(a) Category (See Category	ies listed at the top of this schedule)	(b)	Description				
	OF EXPENDITURE		ipment And Related		Check if travel	outs	ide of Texas. Comp	olete Schedule T.	
	EXPENDITORE	Expense			ш		, officeholder living	expense	
					transportation	ı e	xpense		
				<u> </u>					
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholde	r name Office so	ught			Office he	eld	
	Date	Payee name							
	07/05/2024	Circle K							
	Amount (\$)	Payee address;	City; State; Zip C	ode					
	\$41.74	N Shepherd							
		Houston, TX 77093	l						
	PURPOSE	(a) Category (See Categor	ies listed at the top of this schedule)	(b)	Description				
	OF EXPENDITURE		ipment And Related				ide of Texas. Comp		
	LAFENDITORE	Expense			_		, officeholder living	expense	
					transportation	ı e	xpense		
				<u> </u>					
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholde	r name Office so	ught			Office he	eld	
	experience to belieff 6/01	•							

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	,
Sch: 4/25 Rpt: 18/39	Ward Johnson, Charlene 00088280
4 Date	5 Payee name
07/16/2024	Circle K
6 Amount (\$) \$37.28	7 Payee address; City; State; Zip Code N Shepherd
	Houston, TX 77091
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
	Expense Check if Austin, TX, officeholder living expense
	transportation expense
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H
Date	Payee name
07/24/2024	Circle K
Amount (\$)	Payee address; City; State; Zip Code
\$32.64	N Shepherd
	Houston, TX 77091
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
EXPENDITURE	Transportation Equipment And Related  Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	transportation expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
08/03/2024	Circle K
Amount (\$)	Payee address; City; State; Zip Code
\$34.74	N Shepherd
, , , , ,	·
	Houston, TX 77091
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
	Expense
	ii ansportation expense
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

#### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
_	Sch: 5/25 Rpt: 19/39	2 FILER NAME Ward Johnson, Charlene 3 Filer ID (Ethics Commission Filers) 00088280
4	Date	5 Payee name
	08/21/2024	Circle K
6	Amount (\$) \$40.65	7 Payee address; City; State; Zip Code N Shepherd
		Houston, TX 77091
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORL	Expense Check if Austin, TX, officeholder living expense
		transportation expense
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/28/2024	Circle K
_	Amount (\$)	Payee address; City; State; Zip Code
	` ,	
	\$35.75	N Shepherd
		Houston, TX 77091
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORL	Expense Check if Austin, TX, officeholder living expense
		transportation expense
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/28/2024	Circle K
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.29	N Shepherd
		Houston, TX 77091
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORL	Expense Check if Austin, TX, officeholder living expense
		transportation cost
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
_	Sch: 6/25 Rpt: 20/39	2 FILER NAME Ward Johnson, Charlene 3 Filer ID (Ethics Commission Filers) 00088280
4	Date	5 Payee name
	10/04/2024	Circle K
6	Amount (\$) \$37.77	7 Payee address; City; State; Zip Code N Shepherd  Houston, TX 77091
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense  Check if Austin, TX, officeholder living expense transportation expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/10/2024	Circle K
	Amount (\$)	Payee address; City; State; Zip Code
	\$36.24	N Shepherd
		Houston, TX 77091
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.  Expense Check if Austin, TX, officeholder living expense
		Expense Check if Austin, TX, officeholder living expense transportation cost
		transportation cost
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/15/2024	Circle K
	Amount (\$)	Payee address; City; State; Zip Code
	\$33.46	N Shepherd
		Houston, TX 77091
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
	ZA ZHOHOKZ	Expense Check if Austin, TX, officeholder living expense
		transportation expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/25 Rpt: 21/39	Ward Johnson, Charlene 00088280
4	Date	5 Payee name
	10/17/2024	Circle K
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$39.27	N Shepherd
		Houston, TX 77091
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.  Expense Check if Austin, TX, officeholder living expense
		Expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	the state of the s
	Date	Payee name
	10/23/2024	Circle K
	Amount (\$)	Payee address; City; State; Zip Code
	\$37.34	N Shepherd
		Houston, TX 77091
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense
		ii ansportation expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	10/29/2024	Circle K
	Amount (\$)	Payee address; City; State; Zip Code
	\$29.59	N Shepherd
		Houston, TX 77091
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related
	LXI LINDITORL	Expense Check if Austin, TX, officeholder living expense
		transportation expense
	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Legal Se	ards/Memorials Expervices struction Guide			ages	/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed above	e)
1	Total pages Schedule F1:	2 FII F							3	Filer ID	(Ethics Commission	Filers)
	Sch: 8/25 Rpt: 22/39		d Johnson, C	harlene						00088280	(Ethios Commission	
4	Date	5 Paye	e name									
	11/09/2024	Circle	e K									
6	Amount (\$) \$31.40	N Sh	e address; nepherd ston, TX 7709	City; 91	State;	Zip Coo	de					
8	PURPOSE	(a) Cate	gory (See Categ	ories listed at the t	op of this sched	dule)	(b)	Description				
	OF		sportation Ed			au.o,			outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE	Expe	•					Check if Austin,	TX,	officeholder living	j expense	
								transportation	CC	ost		
9	Complete ONLY if direct expenditure to benefit C/OI	Candio	late/Officehold	er name	Of	fice souç	ght			Office he	eld	
	Date	Paye	e name									
	11/20/2024	Circle	e K									
	Amount (\$)	Paye	e address;	City;	State;	Zip Cod	de					
	\$33.47	N Sh	epherd									
			ston, TX 7709									
	PURPOSE OF		gory (See Categ			dule)	(b)	Description				
	EXPENDITURE	Transportation Equipment And Related Expense				Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense						
		Expe	ense					transportation			j expense	
								liansportation	1 66	)3l		
		- "										
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candid	late/Officehold	er name	Of	fice souç	gnt			Office he	eia	
	Date	Paye	e name									
	11/25/2024	Circle	e K									
	Amount (\$)	Paye	e address;	City;	State;	Zip Cod	de					
	\$30.63	N Sh	epherd									
			•									
		Hous	ston, TX 7709	91		ı						
	PURPOSE OF		gory (See Categ			dule)	(b)	Description				
	EXPENDITURE		sportation Ed	uipment An	d Related						plete Schedule T.	
	-	Expe	ense							officeholder living	g expense	
								transportation	ı ex	rhense		
_	Operation Children	<u> </u>	I-+-10#			· · · ·	ul. t			· ·	-1-1	
	Complete ONLY if direct expenditure to benefit C/OI	Candid	late/Officehold	er name	Of	fice sou	ynt			Office he	eiu	
	- Farmano to sonone oron											

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commi Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment		mmittee I	Legal Services			/ages	s/Contract Labor		OTHER (enter a	strict category not listed al	oove)
				The Instruction G	Guide explains h	low to col	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commiss	sion Filers)
	Sch: 9/25 Rpt: 23/39		Ward Johns	on, Charlene						00088280		
4	Date	5	Payee name									
	11/29/2024		Circle K									
6	Amount (\$)	7	Payee addres	s; City;	State;	Zip Co	de					
	\$24.14		N Shepherd									
			Houston, TX	77091								
8	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	edule)	(b)	Description				
	OF			age Expense		,		Check if travel	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE							Check if Austin,	, TX,	officeholder living	g expense	
								food expense	à			
9	Complete ONLY if direct		Candidate/Offic	eholder name	0	ffice sou	ght			Office h	eld	
	expenditure to benefit C/OI	H										
	Date		Payee name									
	12/11/2024		Circle K									
	Amount (\$)		Payee addres	s; City;	State;	Zip Co	de					
	\$35.30		N Shepherd									
			Houston, TX	77091								
_	PURPOSE	(a)		e Categories listed at			(h)	Description				
	OF	(",					(~)		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		Transportation Equipment And Related Expense				Check if Austin, TX, officeholder living expense					
			·					transportation	n co	ost		
	Complete ONLY if direct		Candidate/Offic	eholder name	0	ffice sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	12/18/2024		Circle K									
	Amount (\$)		Payee addres	s; City;	State;	Zip Co	de					
	\$36.20		N Shepherd									
			·									
			Houston, TX	77091								
	PURPOSE	(a)		e Categories listed at	the ten of this sal-	odulo)	(b)	Description				
	OF	``		on Equipment			(-,		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		Expense	on Equipmont	7 and Projector			Check if Austin,	, TX,	officeholder living	g expense	
								transportation	n co	ost		
	Complete ONLY if direct		Candidate/Offic	eholder name	0	ffice sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
ı												

### SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 10/25 Rpt: 24/39	Ward Johnson, Charlene 00088280
4	Date	5 Payee name
	07/15/2024	Constant Contact
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$191.88	1601 TrapelonRd
		Waltham, PA 02451
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  enewsletter service
		CHEWSICKET SCI VICE
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
$\vdash$	Date	Payee name
	08/13/2024	Constant Contact
	Amount (\$)	Payee address; City; State; Zip Code
	\$191.88	1601 TrapelonRd
		Waltham, PA 02451
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  enewsletter expense
		Chewaletter expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	09/12/2024	Constant Contact
	Amount (\$)	
	\$191.88	
	\$191.00	1601 TrapelonRd
		W W DA 00474
		Waltham, PA 02451
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		enewsletter subscription
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 11/25 Rpt: 25/39	Ward Johnson, Charlene 00088280
4	Date	5 Payee name
	10/12/2024	Constant Contact
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$202.54	1601 TrapelonRd
		Waltham, PA 02451
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		enewsletter subscription
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	
_	Date	Payee name
	11/12/2024	Constant Contact
	Amount (\$)	Payee address; City; State; Zip Code
	\$202.54	1601 TrapelonRd
	Ψ202.34	1001 Hapeloniku
		Waltham, PA 02451
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  enewsletter subscription
		Chewsletter subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Davies name
	12/12/2024	Payee name Constant Contact
	Amount (\$)	Payee address; City; State; Zip Code
	\$202.54	1601 TrapelonRd
		Waltham, PA 02451
	PURPOSE	To a second seco
	OF	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		enewsletter subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	<del>1</del>

### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	Al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.		
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
Sch: 12/25 Rpt: 26/39	Ward Johnson, Charlene 00088280		
4 Date	5 Payee name		
11/03/2024	Corner Bakery Cafe		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$57.87	1000 Main		
	Houston, TX 77002		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Food/Beverage Expense		
	Check if Austin, TX, officeholder living expense		
	food for poll greeters		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		
experience to believe eye			
Date	Payee name		
11/26/2024	Corner Bakery Cafe		
Amount (\$)	Payee address; City; State; Zip Code		
\$65.56	1000 Main		
	Houston, TX 77002		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.		
	Check if Austin, TX, officeholder living expense food expense		
	1000 expense		
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
Complete <u>ONLY</u> if direct expenditure to benefit C/O			
Date	Payee name		
09/20/2024	Cubesmart		
Amount (\$)	Payee address; City; State; Zip Code		
\$84.41	3735 Mangum Rd		
	Houston, TX 77092		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Office Overhead/Rental Expense		
_/	Check if Austin, TX, officeholder living expense		
	storage for campaign supplies		
Complete ONLY Station	Condidate/Officeholder name		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		
·			

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 13/25 Rpt: 27/39	Ward Johnson, Charlene 00088280	
4	Date	5 Payee name	
	10/19/2024	Cubesmart	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$55.55	3735 Mangum Rd	
		Houston, TX 77092	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
ľ	OF	Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		storage for campaign supplies	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experiantific to belieff 6/01		
	Date	Payee name	
	11/19/2024	Cubesmart	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$55.55	3735 Mangum Rd	
		Houston, TX 77092	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
	LXI LINDITORE	Check if Austin, TX, officeholder living expense	
		storage for campaign supplies	
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	<b>y</b>	
L	5.		
	Date 12/19/2024	Payee name Cubesmart	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$55.55	3735 Mangum Rd	
		Houston, TX 77092	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		storage for campaign supplies	
		222.292 22.090 22.000	
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		

### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	. •	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 14/25 Rpt: 28/39	Ward Johnson, Charlene	00088280
4		5 Payee name	
L	12/01/2024	Davis, Trip	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$4,000.00	2910 E 17th street	
		Austin, TX 78705	
8	PURPOSE		
ľ	OF	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  (b) Description  Check if trave	l outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austi	in, TX, officeholder living expense
		Salary	
Ļ	0 1: 0:0:0:0:0:0:0:0:0:0:0:0:0:0:0:0:0:0		05.
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
⊨	Data		
	Date 09/17/2024	Payee name Esther's Cajun Cafe	
┝	Amount (\$)	Payee address; City; State; Zip Code	
	\$416.60	5007 N Shepherd	
	Ψ410.00	3007 N Shephera	
		Houston, TX 77091	
┝	PURPOSE		
	OF		l outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austi	in, TX, officeholder living expense
		fundraiser	
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	<b>9</b>	Office field
┝	Date	Payee name	
	09/28/2024	Esther's Cajun Cafe	
H	Amount (\$)	Payee address; City; State; Zip Code	
	\$65.08	5007 N Shepherd	
		·	
		Houston, TX 77091	
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense	l outside of Texas. Complete Schedule T.
	EXPENDITORE		in, TX, officeholder living expense
		food expens	c
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
ı			

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		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: 15/25 Rpt: 29/39	Ward Johnson, Charlene	00088280		
4	Date	5 Payee name			
	10/19/2024	Esther's Cajun Cafe			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$63.63	5007 N Shepherd			
		Houston, TX 77091			
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	1 000/Beverage Expense	vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense		
		food exper			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held		
	expenditure to benefit C/OF				
	Date	Payee name			
	07/01/2024	Family Dollar			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$28.15	4917 N Shepherd			
		Houston, TX 77018			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Event Expense	vel outside of Texas. Complete Schedule T.		
		event expe	stin, TX, officeholder living expense		
		ovent expe			
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held		
	expenditure to benefit C/OF		Chiec held		
	Data	Davisa maria			
	Date 08/10/2024	Payee name			
		Floyd's Cajun Seafood			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$50.36	27126 Northwest Fwy			
		Cyrpress, TX 77433			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	1 ood/Beverage Expense	vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense		
		food exper			
		ioou exper			
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held		
	expenditure to benefit C/OH				

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committ Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
-	Total pages Cabadula 54:	<u> </u>	_
1	Total pages Schedule F1: Sch: 16/25 Rpt: 30/39	2 FILER NAME Ward Johnson, Charlene 3 Filer ID (Ethics Commission Filers) 00088280	
4	Date	5 Payee name	
	12/22/2024	GoDaddy.com	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$166.17	2155 E GoDaddy Way	
		Tempe, AZ 85284	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF	Advertising Expense  Cry Description  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		website domain	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	Н	
$\vdash$	Date	Payeo nama	=
		Payee name Golden Gents	
	07/05/2024		_
	Amount (\$)	Payee address; City; State; Zip Code	
	\$171.02	12525 Wellington Parkway	
		Houston, TX 77014	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		event sponsorship	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experiantare to benefit Great		
	Date	Payee name	
	08/02/2024	Golden Gents	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$140.00	12525 Wellington Parkway	
		Houston, TX 77014	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Event Expense	
	EXPENDITORE	Check if Austin, TX, officeholder living expense	
		event sponsorship	
L			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H	

### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor 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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
	Sch: 17/25 Rpt: 31/39	Ward Johnson, Charlene	00088280		
4	Date	5 Payee name			
	11/19/2024	Hilton			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$169.98	301 W 17th St, Austin			
		Austin, TX 78701			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE		outside of Texas. Complete Schedule T.		
		l	n, TX, officeholder living expense pislative policy conference		
		1.515.15.259	.c.ao policy conficence		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held		
	expenditure to benefit C/O				
F	Date	Payee name			
	11/03/2024	House of Pies			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$87.75	3112 Kirby Dr			
		Houston, TX 77098			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	1 000/Develage Expense	outside of Texas. Complete Schedule T.  n, TX, officeholder living expense		
		food expense			
		·			
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held		
	expenditure to benefit C/O	4			
	Date	Payee name			
	12/27/2024	Howard, Rhonda			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$222.44	10753 sandpiper			
		Houston, TX 77096			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Jaianes/ Wages/Contract Labor	outside of Texas. Complete Schedule T.		
		Wages	n, TX, officeholder living expense		
		wages			
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held		
	expenditure to benefit C/O				
1					

### SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

Credit Card P	ayment	The Instruction Guide explains ho	ow to complet	•	category not listed above)
1 Total pages	Schedule F1:	2 FILER NAME	•	3 Filer ID	(Ethics Commission Filers)
	5 Rpt: 32/39	Ward Johnson, Charlene		00088280	
4 Date		5 Payee name		<u>'</u>	
09/28/2024	4	Kroger			
6 Amount (\$)		7 Payee address; City; State;	Zip Code		
	\$55.39	1352 West 43			
		Houston, TX 77018			
8 PURPO	SE	(a) Category (See Categories listed at the top of this schedule	ule) (b)	Description	
OF EXPENDIT	TUDE	Food/Beverage Expense		Check if travel outside of Texas. Com	plete Schedule T.
EXPENDI	IURE			Check if Austin, TX, officeholder living	expense
				food expense for staff	
	<u>NLY</u> if direct to benefit C/O		ice sought	Office he	eld
Date		Payee name			
07/15/202	4	Levine Campaign Strategy			
Amount (\$)		Payee address; City; State;	Zip Code		
	\$300.00	9600 Glenfield			
		Houston, TX 77096			
PURPO	SE	(a) Category (See Categories listed at the top of this schedule	ule) (b)	Description	
OF EXPENDIT	TURE	Salaries/Wages/Contract Labor	´   !	Check if travel outside of Texas. Com	
LAI LIIDII	IOIL			Check if Austin, TX, officeholder living	expense
				contract labor	
Complete O	NII V if direct	Condidate/Officeholder name Off	ioo ooyaht	Office h	ald.
	<u>NLY</u> if direct to benefit C/O		ice sought	Office he	eiu
		1			
Date		Payee name			
08/19/202	4	Levine Campaign Strategy			
Amount (\$)			Zip Code		
	\$300.00	9600 Glenfield			
		Houston, TX 77096			
PURPO	SE	(a) Category (See Categories listed at the top of this schedule	<sub>ule)</sub> (b)	Description	
OF EXPENDIT	TURE	Salaries/Wages/Contract Labor		Check if travel outside of Texas. Com	•
				Check if Austin, TX, officeholder living	expense
				contract wayes	
Complete C	NII V if direct	Candidate/Officeholder name Off	ica sought	Office he	ald
	<u>NLY</u> if direct to benefit C/O		ice sought	Onice no	iu .

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 19/25 Rpt: 33/39	Ward Johnson, Charlene 00088280
4	Date	5 Payee name
	08/15/2024	Mt. Sinai MBC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$300.00	4730 Gaston
		Houston, TX 77093
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Event sponsorship
		Event sponsorship
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
⊨	<u> </u>	
	Date	Payee name
	12/08/2024	Mt. Sinai MBC
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	4730 Gaston
		Houston, TX 77093
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		event sponsorship
L		
	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
L	<u>'</u>	
	Date	Payee name
	10/25/2024	Nickerson, Fay Fay
	Amount (\$)	Payee address; City; State; Zip Code
	\$600.00	7521 Lockwood
		Houston, TX 77016
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		poll greeter wages
$ldsymbol{ld}}}}}}$		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientare to benefit 6/01	•

### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 20/25 Rpt: 34/39	Ward Johnson, Charlene 00088280
4	Date	5 Payee name
	11/01/2024	Nickerson, Fay Fay
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$820.00	7521 Lockwood
	!	
		Houston, TX 77016
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	!	poll greeter wages
	!	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	12/07/2024	Noble, Charles
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	10214 Rockway street
	<del>,</del>	1021 Frommay 555.
		Houston, TX 77016
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	!	wages
	!	
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OH	
H	Date	Payee name
	08/06/2024	Post Oak Grill
$\vdash$	Amount (\$)	Payee address; City; State; Zip Code
	\$23.76	1415 S Post Oak Ln
	!	
	!	Houston, TX 77056
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	!	Check if Austin, TX, officeholder living expense food expense
	!	lood expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica			Travel Out of Di OTHER (enter a	strict category not listed above)	
	Credit Card Payment	The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2 FILER NAME	3	Filer ID	(Ethics Commission Filers)	
	Sch: 21/25 Rpt: 35/39	Ward Johnson, Charlene		00088280		
4	Date	5 Payee name				
	09/08/2024	Post Oak Grill				
6	Amount (\$)	7 Payee address; City; State; Zip Code				_
	\$23.80	1415 S Post Oak Ln				
	<del>+</del> 20.00					
		Houston TV 770E6				
		Houston, TX 77056				
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	1 dod/Beverage Expense		side of Texas. Com K, officeholder living		
		food expen		t, omoonoider iiviit,	у олроноо	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office h	eld	_
•	expenditure to benefit C/OI			000 11	a	
	Data	Davis game				_
	Date	Payee name				
	10/24/2024	Post Oak Grill				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$23.80	1415 S Post Oak Ln				
		Houston, TX 77056				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Food/Beverage Expense		side of Texas. Com		
		,		K, officeholder living	g expense	
		food expen	se			
	Commiste ONII V if diseast	Condidate/Officeholder neget		Office b	-1 d	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought		Office h	eia	
						_
	Date	Payee name				
	10/14/2024	RPC Printing				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$250.00	4410 Majestic Street				
		Houston, TX 77026				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				_
	OF EXPENDITURE	Printing Expense		side of Texas. Com		
	EXI ENDITORE			K, officeholder living	g expense	
		printing pus	nca	ras		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought		Office h	eld	
	experioritare to periorit G/OFI					

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 22/25 Rpt: 36/39	Ward Johnson, Charlene 00088280
4	Date	5 Payee name
	07/08/2024	Run Sister Run PAC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$200.00	P.O. Box 66470
		Houston, TX 77266
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Contribution
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	Date	Payee name
	10/13/2024	St Johns Northwest
	Amount (\$)	Payee address; City; State; Zip Code
	\$107.00	6696 Antoine Dr
		Houston, TX 77091
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	!	event sponsor
	!	Cvork operior
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
L	·	
	Date	Payee name
	12/07/2024	Taylor, Anthony
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	2413 Race st
		Fort Worth, TX 76111
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense
		wages
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	- experientare to benefit or or	

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
	Sch: 23/25 Rpt: 37/39	Ward Johnson, Charlene 00088280					
4	Date	5 Payee name					
	12/02/2024	Texas House Democratic Caucus					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$1,500.00	PO Box 12453					
		Austin, TX 78711					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.  Check if Avetic TV officeholder living gyreege					
		Candidate/Officeholder/Political Committee					
		Contribution dues					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
ľ	expenditure to benefit C/OI	the state of the s					
F	Date	Payee name					
	10/09/2024	Texas Lobby Guide					
⊢	Amount (\$)	Payee address; City; State; Zip Code					
	\$54.13	PO Box 461753					
	Ψ0 1.120	1 G BOX 102100					
		San Antonio, TX 78763					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE		lobby guide subscription  Check if travel outside of Texas. Complete Schedule T.					
		Check if Austin, TX, officeholder living expense    lobby guide subscription					
		lobby guide Subscription					
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OH						
H	Date	Payee name					
	07/20/2024	Triple J's Smokehouse					
H	Amount (\$)	Payee address; City; State; Zip Code					
\$89.41 6715 Homestead Rd							
	,,,,,						
		Houston, TX 77028					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.					
		Check if Austin, TX, officeholder living expense  food expense					
		ιουα έχρετισε					
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
1	expenditure to benefit C/OI						
$\vdash$							

#### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to comple	ete this form.							
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)							
	Sch: 24/25 Rpt: 38/39	Ward Johnson, Charlene	00088280							
4	Date	5 Payee name								
	11/24/2024	United Airlines								
6	Amount (\$)	7 Payee address; City; State; Zip Code								
	\$573.94	233 S. Wacker Drive								
		Chicago, IL 60606								
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description							
	OF EXPENDITURE	Travel Out of District	Check if travel outside of Texas. Complete Schedule T.							
			Check if Austin, TX, officeholder living expense  Travel to Austin for legislative policy conference.							
			,							
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held							
	expenditure to benefit C/O	Н								
	Date	Payee name								
	12/09/2024	Wu Chow								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$49.30	500 W 5th St								
		Austin, TX 78701								
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description							
OF EXPENDITURE		Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.							
	EXI ENDITORE		Check if Austin, TX, officeholder living expense food expense							
			Toou expense							
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held									
	expenditure to benefit C/O	9								
	Date	Payee name								
	09/20/2024	Zenith Strategies								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$3,250.59 12701 Gordon Blvd									
Woodridge , VA 23261										
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description							
	OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.							
	EXPENDITORE		Check if Austin, TX, officeholder living expense							
			mail piece							
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held							
	expenditure to benefit C/O		Onice Held							

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Cor	mmittee	Food/Beverage Ex Gift/Awards/Memor Legal Services The Instruction	pense rials Expense n Guide explains	Polling Exp Printing Ex Salaries/Wa how to cor	pense ages/Cor			Travel in District Travel Out of Dis OTHER (enter a	trict category not listed al	oove)
1	Total pages Schedule F1:	2							3	Filer ID	(Ethics Commiss	ion Filers)
	Sch: 25/25 Rpt: 39/39		Ward John	son, Charlene	)					00088280		
4	Date	5	Payee name									
	09/30/2024		Zenith Stra	tegies								
6	Amount (\$)	7	Payee addre		State	e; Zip Coo	de					
	\$3,000.00		12701 Gor	don Blvd								
			Woodridge	, VA 23261								
8	PURPOSE	(a)	Category (S	See Categories listed	at the top of this sch	hedule)	(b) De	scription				
	OF EXPENDITURE		Advertising							de of Texas. Com officeholder living		
							LJ ma	ail piece	1, 1 ^,	officerolaer living	expense	
9	Complete ONLY if direct expenditure to benefit C/Oh		Candidate/Of	ïceholder name	) (	Office souç	jht			Office he	eld	