FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00080581 18 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Kelli NAME Date Received **ELECTRONICALLY FILED** 01/15/2025 NICKNAME LAST **SUFFIX** Johnson CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked CITY; ZIP CODE **OFFICEHOLDER** 1717 W 34th Street, Suite 600-258 MAILING Amount Receipt # **ADDRESS** Change of Address Houston, TX 77018 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Ms. Angela J. NAME NICKNAME LAST **SUFFIX** Beavers STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE **CAMPAIGN** APT / SUITE #; CITY; STATE; **TREASURER** 1118 S. Shepherd **ADDRESS** (Residence or Business) Houston, TX 77019 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (713) 240-9661 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff lx| appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 07/01/2024 12/31/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year Primary Runoff Other 11/05/2024 χ General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE Criminal District Court Judge District 178 Harris

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 18

13 C / OH NAME	Johnson, Kelli (The F	onorable)	14 Filer ID 00080581	(Ethics Com	mission Filers)	
15 NOTICE FROM POLITICAL COMMITTEE(S)	litures made by political at the candidate's or offi ion only if they receive i	ceholder's kno	wledge or			
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
_	GENERAL					
		COMMITTEE ADDRESS				
	SPECIFIC					
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDR	ESS			
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS(OTHER TH. ES OF LOANS, OR CONTRIBUTIONS MADE EL		, \$	0.00	
		ICAL CONTRIBUTIONS		\$	0.00	
EXPENDITURE TOTALS						
	4. TOTAL POLITICAL EXPENDITURES					
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE RIOD	LAST DAY OF THE	\$	10,065.26	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS A TING PERIOD	AS OF THE LAST DAY	\$	22,000.00	
17 AFFIDAVIT		I swear, or affirm, under pena true and correct and includes under Title 15, Election Code	all information required			
		The H	onorable Kelli Johnso	on		
		Signature	of Candidate or Officeh	older		
AFFIX NO	TARY STAMP / SEAL AB	DVE				
Sworn to and subs	cribed before me, by the s	aid	, this the		_ day	
of	, 20, to c	ertify which, witness my hand and seal of office.				
Signature of offi	cer administering oath	Printed name of officer administering oath	Title of office	er administerii	ng oath	

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

		3 of 18		
l	ER NAN	ME Kelli (The Honorable)	19 Filer ID 00080581	(Ethics Commission Filers)
I	HEDULI ME OF	SUBTOTAL AMOUNT		
1.		\$		
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$
4.	X	SCHEDULE E(J): LOANS (JUDICIAL)		\$ 22,000.00
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$ 8,170.73
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.	X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$ 22,000.00
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS IT TO FILER	RETURNED	\$

	LOANS (J	UDICIAL)				SCHEDUL	E E(J)	
	The Instruction	n Guide explains how to complete this t	form.	1 Total pages Schedule E(J): Sch: 1/1 Rpt: 4/18				
2	FILER NAME Johnson, Kelli (1	he Honorable)		1	Filer ID 000805	(Ethics Commiss	sion Filers)	
4	TOTAL OF UN	ITEMIZED LOANS				\$	22,000.00	
5	Date of loan	7 Name of lender out-of-state PA	AC (ID#:)	9 Loan Amount	(\$)	
6	Is lender a financial institution?	8 Lender address; City; State;	Zip Code			10 Interest Rate		
						11 Maturity Date		
12	Lender's Principal	Occupation	13 Lender's Job Title					
14	Lender's Employe	/Law Firm	15 Law Firm of lender's spous	se (if	any)			
16	If lender is child, la	w firm of parent(s) (if any)						
17	Description of Coll None	ateral	18 Check if personal funds were deposited into political account (See Instructions)					
19	GUARANTOR INFORMATION	20 Name of guarantor				22 Amount Guar	anteed (\$)	
23	not applicable	21 Guarantor address; City; State; pal Occupation	Zip Code Zip Code					
25	Cuavanteria Francia	week an Fire	26 Law Firms of avarage at a sa	26 Law Firm of guarantor's spouse (if any)				
	Guarantor's Emplo		26 Law Firm of guarantor's sp	ouse	e (II ariy)			
27	If guarantor is child	d, law firm of parent(s) (if any)						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor,

	Candidate/Officeholder/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: 1/12 Rpt: 5/18	Johnson, Kelli (The Honorable) 00080581
4	Date	5 Payee name
	12/05/2024	Artisana
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$51.71	965 Pinemont Dr #800
		Houston, TX 77018
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 Christmas event
		Gilliotinae event
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	09/21/2024	Barnaby's Cafe
	Amount (\$)	Payee address; City; State; Zip Code
	\$42.37	801 South Congress
	Ţ. <u>=</u> .5.	co_ coalii coiigi coc
		Houston, TX 77002
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		staff expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OH	1
	Date	Payee name
	12/11/2024	Constant Contact
	Amount (\$)	Payee address; City; State; Zip Code
	\$127.92	1601 Trapelo Road
		Waltham, MA 02451
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Website
		Website
	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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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 (outer a category pet listed above)

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/12 Rpt: 6/18	Johnson, Kelli (The Honorable) 00080581
4	Date	5 Payee name
	07/23/2024	Empanada Company
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$86.94	2925 W TC Jester Blvd
		Houston, TX 77018
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense event
		CVCIIL
_	Complete ONLY if direct	Candidate/Officeholder name Office sought
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/02/2024	Google Suite
	Amount (\$)	Payee address; City; State; Zip Code
	\$23.03	1600 Amphitheatre Parkway
		Mountain View, CA 94043
	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
		website
		Website
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
L	11/02/2024	Google Suite
	Amount (\$)	Payee address; City; State; Zip Code
	\$23.03	1600 Amphitheatre Parkway
		Mountain View, CA 94043
	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 website
		wensite
_	Complete ONLY if direct	Candidate/Officeholder name Office sought
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

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

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 o	ompl	lete this form.
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 3/12 Rpt: 7/18		Johnson, Kelli (The Honorable)		00080581
4	Date	5	Payee name		•
	10/02/2024		Google Suite		
6	Amount (\$)	7	Payee address; City; State; Zip C	ode	
	\$23.03		1600 Amphitheatre Parkway		
			Mountain View, CA 94043		
8	PURPOSE	(a	Category (See Categories listed at the top of this schedule)	(b)) Description
	OF EXPENDITURE		Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORE				Check if Austin, TX, officeholder living expense
					website3
_	Complete ONLY if direct		Condidate (Office holder name) Office as	.uabt	Office hold
9	Complete ONLY if direct expenditure to benefit C/Ol		Candidate/Officeholder name Office so	ugni	t Office held
		_			
	Date		Payee name		
	09/02/2024	┖	Google Suite		
	Amount (\$)		Payee address; City; State; Zip C	ode	
	\$23.03		1600 Amphitheatre Parkway		
			Mountain View, CA 94043		
	PURPOSE	(a	Category (See Categories listed at the top of this schedule)	(b)) Description
	OF EXPENDITURE		Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T.
					Check if Austin, TX, officeholder living expense Website
	Complete ONLY if direct		Candidate/Officeholder name Office so	ught	t Office held
	expenditure to benefit C/O			3	
	Date	Т	Payee name		
	08/02/2024		Google Suite		
	Amount (\$)	H	Payee address; City; State; Zip C	ode.	
	\$23.03		1600 Amphitheatre Parkway	ouc	
	+ 20.00		2000 /		
			Mountain View, CA 94043		
	DUDDOCE	/-		(1-)	10
	PURPOSE OF	(a	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(a)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Office Overhead/Kerital Expense		Check if Austin, TX, officeholder living expense
					website
	Complete ONLY if direct		Candidate/Officeholder name Office so	ught	t Office held
	expenditure to benefit C/Ol	Н			

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services		inting Exp laries/Wa		e /Contract Labor		OTHER (enter a	strict a category not listed above	e)
				The Instruction Gu	ide explains hov	to con	nple	te this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission	Filers)
l	Sch: 4/12 Rpt: 8/18		Johnson, Ke	elli (The Honoral	ole)					00080581		
4	Date	5	Payee name									
l	07/02/2024		Google Suit	e								
6	Amount (\$)	7	Payee addres	ss; City;	State; Z	in Cod	de					
ľ	\$23.03			theatre Parkway		.,						
l	¥=3.33											
l			Mountain Vi	ew, CA 94043								
Ļ		_										
8	PURPOSE OF	(a)		e Categories listed at th		e)	(b)	Description		d4.T O	oulete Calcadule T	
l	EXPENDITURE		Office Overl	nead/Rental Exp	ense			=		officeholder livin	nplete Schedule T. g expense	
l								website			5 - p	
l												
9	Complete ONLY if direct		Candidate/Offi	ceholder name	Offic	e soug	aht			Office h	eld	
l	expenditure to benefit C/O	Н										
H	Date	Π	Payee name									
l	11/03/2024			sociation of Won	nen Judnes							
┝	Amount (\$)		Payee addres		State; Z	in Cor	40					
l	\$255.00		P.O. Box 33	•	State, Z	ір Сос	Je					
	Ψ255.00		F.O. DOX 30	103								
			14/									
L		L	Warrenton,	VA 20188								
l	PURPOSE OF	(a)		e Categories listed at th		e)	(b)	Description	outoi.	do of Toyon Com	poloto Cobadulo T	
l	EXPENDITURE			s/Donations Ma Officeholder/Polit	,			-		officeholder livin	nplete Schedule T. g expense	
l			Carialdate	oniceriolaei/i oni	icai committe	.		assoc				
l												
H	Complete ONLY if direct		Candidate/Offi	ceholder name	Offic	e soug	ght			Office h	eld	
l	expenditure to benefit C/OI	Н										
F	Date		Payee name									
l	09/28/2024		Sqsp INV15	1470								
⊢	Amount (\$)		Payee addres		State; Z	in Cod	de					
l	\$12.00		1234 main	.e, e.e,	Otato, 2	p 000						
l	·											
l			houston, TX	77002								
\vdash	DUDDOSE	(2)				1.	(h)	Description				
l	PURPOSE OF	(a)	Category (See	e Categories listed at th	e top of this schedul	e)	(n)	Description Check if travel	outsi	de of Texas. Com	nplete Schedule T.	
	EXPENDITURE		Credit Card	rayillelli				브		officeholder livin		
l								purchase				
	Complete ONLY if direct		Candidate/Offi	ceholder name	Offic	e soug	ght			Office h	eld	
	expenditure to benefit C/OI	H										
l												

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 (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: 5/12 Rpt: 9/18	Johnson, Kelli (The Honorable) 00080581
4	Date	5 Payee name
	09/28/2024	Sqsp INV151470
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$12.00	1234 main
		houston, TX 77002
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		purchase
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	12/08/2024	The Caucus
	Amount (\$) \$10.00	Payee address; City; State; Zip Code
	Φ10.00	401 Branard St, 2nd Fl
		Houston, TX 77006
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Contributions/Donations Made By Candidate/Officeholder/Political Committee Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		LGBT organization
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OH	-1
-	Date	Payee name
	11/08/2024	The Caucus
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.00	401 Branard St, 2nd Fl
	Ψ10.00	401 Brahard St, 2nd Fr
		Houston, TX 77006
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	EXPENDITORE	Candidate/Officeholder/Political Committee
		donation
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	- Oxperialitare to belieff of or	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense Accounting/Banking

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	
1	Total pages Schedule F1:	
L	Sch: 6/12 Rpt: 10/18	Johnson, Kelli (The Honorable) 00080581
4	Date	5 Payee name
	10/08/2024	The Caucus
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.00	401 Branard St, 2nd Fl
		Houston, TX 77006
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense donation
		donation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	Date	Payee name
L	09/01/2024	The Caucus
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.00	401 Branard St, 2nd Fl
		Houston, TX 77006
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense donation
		uonation
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Davisa nama
	Date 08/01/2024	Payee name The Caucus
	Amount (\$) \$10.00	Payee address; City; State; Zip Code 401 Branard St, 2nd Fl
	Φ10.00	401 Dianaru St, Ziiu Fi
		Houston, TX 77006
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense donation
		as nation
	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 Commit 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	
Ļ		· · · · · · · · · · · · · · · · · · ·
1	Total pages Schedule F1:	
	Sch: 7/12 Rpt: 11/18	Johnson, Kelli (The Honorable) 00080581
4	Date	5 Payee name
	07/01/2024	The Caucus
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.00	401 Branard St, 2nd Fl
		Houston, TX 77006
_	DUDDOCE	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		donation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
١	expenditure to benefit C/OI	
\vdash	Date	Power name
	09/17/2024	Payee name The Empanade Company
		The Empanada Company
	Amount (\$)	Payee address; City; State; Zip Code
	\$43.68	2925 W TC Jester
		Houston, TX 77018
	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.
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		court expense
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/01/2024	Thewebpagesite.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$29.40	5178 Westheimer Rd.
		Suite 1000FF
		Houston, TX 77057
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		website
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Ma 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: 8/12 Rpt: 12/18	Johnson, Kelli (The Honorable) 00080581
4	Date	5 Payee name
	11/01/2024	Thewebpagesite.com
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$29.40	5178 Westheimer Rd.
		Suite 1000FF
		Houston, TX 77057
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	LAI LINDITORE	Check if Austin, TX, officeholder living expense
		website
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/01/2024	Thewebpagesite.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$29.40	5178 Westheimer Rd.
		Suite 1000FF
		Houston, TX 77057
		I
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Taylor Complete Schedule T
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		website
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	09/01/2024	Thewebpagesite.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$29.40	5178 Westheimer Rd.
		Suite 1000FF
		Houston, TX 77057
\vdash	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		website
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	By - Gift/Awards/Memorials Expense Printing Expense Travel	n District Dut of District t (enter a category not listed above)
1	Total pages Schedule F1:	<u> </u>	D (Ethics Commission Filers)
	Sch: 9/12 Rpt: 13/18	Johnson, Kelli (The Honorable) 0008	
4	Date	5 Payee name	
	08/01/2024	Thewebpagesite.com	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$29.40	5178 Westheimer Rd.	
		Suite 1000FF	
		Houston, TX 77057	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
ľ	OF	Office Overhead/Rental Expense	kas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeho	lder living expense
		website	
9	Complete ONLY if direct expenditure to benefit C/O		ffice held
	Date	Payee name	
	07/01/2024	Thewebpagesite.com	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$29.40	5178 Westheimer Rd.	
		Suite 1000FF	
		Houston, TX 77057	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	xas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeho	lder living expense
		website	
	Occupated ONLY if alice at	Our stide to 10 ff as had don name of the seconds.	CC II-I
	Complete ONLY if direct expenditure to benefit C/Oł		ffice held
	Date	Payee name	
	12/13/2024	Trader Joe's	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$84.48	2922 S Shepherd	
		Houston, TX 77098	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Te:	
		Check if Austin, TX, officeho Staff Christmas party	
		Stati Simbilitas party	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought C	ffice held
	expenditure to benefit C/O		

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Conditate/Officebolder/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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
TTALE (Control of State Control of C

	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: 10/12 Rpt: 14/18	Johnson, Kelli (The Honorable) 00080581				
4	Date	5 Payee name				
	12/05/2024	Tritico Rainey				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$6,715.71	1523 Yale				
		Houston, TX 77008				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Legal Services Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense legal services				
		legal services				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI					
F	Date	Payee name				
	08/13/2024	Uber				
H	Amount (\$)	Payee address; City; State; Zip Code				
	\$41.62	555 Market St				
		San Francisco, CA 94105				
	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 Staff				
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI					
F	Date	Payee name				
	08/12/2024	Uber				
Н	Amount (\$) Payee address; City; State; Zip Code					
	\$53.20	555 Market St				
		San Francisco, CA 94105				
	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 Supplies				
		зиррнез				
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI					
\vdash						
I						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contra The Instruction Guide explains how to complete this	
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
_	Sch: 11/12 Rpt: 15/18	Johnson, Kelli (The Honorable)	00080581
Ļ	·	· · · · · · · · · · · · · · · · · · ·	0000001
4	Date	Payee name	
L	09/12/2024	United	
6	Amount (\$)	Payee address; City; State; Zip Code	
	\$100.00	609 Main	
		Houston, TX 77002	
8	PURPOSE		crintion
ľ	OF	, , ,	heck if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Great Sara r ayment	heck if Austin, TX, officeholder living expense
		ever	nt
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
_	Date	Davida nama	
		Payee name	
	08/15/2024	Walgreens	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$42.57	1215 W 43rd St	
		Houston, TX 77018	
	PURPOSE	Category (See Categories listed at the top of this schedule) (b) Desc	cription
	OF EXPENDITURE		heck if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	c	heck if Austin, TX, officeholder living expense
		supp	olies
L			
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
	Date	Payee name	
	11/25/2024	Wo Hop	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$103.95	123	
	φ103.35	120	
		who knows, TX 77002	
	PURPOSE	Category (See Categories listed at the top of this schedule) (b) Desc	
	OF EXPENDITURE	1 000/Develage Expense	check if travel outside of Texas. Complete Schedule T.
			heck if Austin, TX, officeholder living expense
		frau	u
	Operation Objects "	One distance (Office Includes:	Off.
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Oracide to borionic O/OI		

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	/ - al Coi	mmittee	Food/Beverage E Gift/Awards/Mem Legal Services The Instruction	Expense norials Expense on Guide explain:		ense ges/Contract		Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)
1	Total pages Schedule F1:	2	FILER NAM	IE				3	Filer ID	(Ethics Commission Filers)
	Sch: 12/12 Rpt: 16/18			Kelli (The Hor	norable)				00080581	
4	Date	5	Payee name	e				-		
	07/12/2024		harris cour							
6	Amount (\$)	7	Payee addr		Stat	e; Zip Cod	 e			
ľ	\$23.00	ľ	1400 Fran		J.u.	o, <u></u> p ood				
	,									
			Houston, 7							
8	PURPOSE OF	(a)	Category (See Categories liste	ed at the top of this so	chedule) (b) Descri			
	EXPENDITURE		Office Ove	rhead/Rental	l Expense		_		side of Texas. Com C, officeholder living	
							expen		., onicenduel living	expense
							07.00.			
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Of	fficeholder nam	ne	Office soug	nt		Office he	eld

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. FILER NAME Total pages Schedule G: Filer ID (Ethics Commission Filers) Sch: 1/1 Rpt: 17/18 Johnson, Kelli (The Honorable) 00080581 Date Payee name Tritico Rainey 11/15/2024 6 Amount (\$) Payee address; City; State; Zip Code \$22,000.00 1523 Yale Reimbursement from political contributions intended Houston, TX 77008 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Legal Services **EXPENDITURE** legal Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE L			
1 Total pages Schedule L: Sch: 1/1 Rpt: 18/18			
3 Filer ID (Ethics Commission Filers) 00080581			