CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to compl	ete this form.	1 Filer ID (Ethics Commi 00082035		2 Total pages file	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	ISE ONLY
OFFICEHOLDER NAME	The Honorable	Julie			Date Received	
					ELECTRONICA	I I Y FII FD
	NICKNAME	LAST		SUFFIX	01/15/2025	
	INICKNAIVIE	Johnson		SUFFIX	01/10/2020	
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or	Date Postmarked
MAILING	3441 Golfing Green Drive				Receipt #	Amount
ADDRESS						
Change of Address	Farmers Branch, TX 7523	4			Date Processed	ı
					Date Imaged	
5 CAMPAIGN TREASURER	MS / MRS / MR	FIRST		MI		
NAME		Amelia				
	NICKNAME	LAST		SUFFIX		
		Anderson				
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO	BOX PLEASE);	AP	T / SUITE #; CITY;	STA	TE; ZIP CODE
ADDRESS	624 Inglenook Ct.					
(Residence or Business)						
,	Coppell, TX 75019					
7 CAMPAIGN	AREA CODE PHON	IE NUMBER E	EXTENSION			
TREASURER	(602) 717-1966	IL NOWBER E	-XTENSION			
PHONE	(002) 111-1300					
8 REPORT						
TYPE	January 15	30th day before	election	Runoff	15th day after can	
		- Oth day before	alastian \Box	Eveneded modified	appointment (offic	
	July 15	8th day before 6	election	Exceeded modified reporting limit	Final Report (Atta	cn C/OH-FR)
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	07/01/2024	TH	IROUGH	Month Day 01/15/202		
	0170172024	•••		01/13/202	-5	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	P	rimary	Runoff	Other	
			eneral	Special		
			enerai	Бресіаі		
11 OFFICE	OFFICE LIFL D (if any)			12 OFFICE COLICUT	C (if Impum)	
11 OFFICE	OFFICE HELD (if any) State Representative Distr	rict 115		12 OFFICE SOUGHT	(II KHOWH)	
	State Representative Distr	101 113				
		GO T	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 26

13 C / OH NAME	Ethics Comm	ission Filers)							
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures me	ccepted or political expenditu ay have been made without t iired to report this information	he candidate's or office	holder's knov	vledge or			
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME							
_	GENERAL								
	_	COMMITTEE ADDRESS							
	SPECIFIC								
		COMMITTEE CAMPAIGN TREASURER NAME							
		COMMITTEE CAMPA	AIGN TREASURER ADDRES	SS					
46 CONTRIBUTION	4	IZED DOLUTION CON	TRIBUTIONS (OTUED TUAN	UDIEDOES LOANS	1				
16 CONTRIBUTION TOTALS			TRIBUTIONS (OTHER THAN ONTRIBUTIONS MADE ELEC		\$	0.00			
		CAL CONTRIBUTIONS PLEDGES, LOANS, OF	R GUARANTEES OF LOANS	()	\$	0.00			
EXPENDITURE TOTALS	3. TOTAL UNITEM		\$	402.95					
	4. TOTAL POLITIC	CAL EXPENDITURES			\$	52,845.94			
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		MAINTAINED AS OF THE LA	AST DAY OF THE	\$	0.00			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR		OUTSTANDING LOANS AS	OF THE LAST DAY	\$	0.00			
17 AFFIDAVIT		tru	wear, or affirm, under penalty e and correct and includes al der Title 15, Election Code.						
			The Hone	orable Julie Johnson	ı				
			Signature of	Candidate or Officehol	der				
AFFIX NO	TARY STAMP / SEAL AB	OVE							
Sworn to and subs	cribed before me, by the s	aid		, this the		_ day			
of	, 20, to co	ertify which, witness my	hand and seal of office.						
Signature of office	cer administering	Printed name of (officer administering	Title of officer	administerin	g oath			

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

3 of 26

<u> </u>				3 of 26				
18 FILER NAN Johnson,	(Ethics Commission	n Filers)						
	Johnson, Julie (The Honorable) 20 SCHEDULE SUBTOTALS NAME OF SCHEDULE							
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	0.00				
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00				
3. X	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00				
4. X	SCHEDULE E: LOANS		\$	0.00				
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$	52,845.94				
6. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00				
7. X	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	0.00				
8. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00				
9. X	9. X SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS							
10.	10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH							
11.	\$							
12.	\$							
			•					

PLEI	DGED CONTRIBU	TIONS			SCHEDULE E	}
Т	he Instruction Guide exp	lains how to compl	ete this form.	1	Total pages Schedule B: Sch: 1/1 Rpt: 4/26	
2 FILER N Johnsor	AME n, Julie (The Honorable)			3		
<u></u>	OF UNITEMIZED PLEDG	GES		\dagger		0.00
5 Date	6 Full name of pledgor7 Pledgor Address;	out-of-state PAC (ID#		8	Amount of pledge (\$) 9	
10 Deinainal	Language / Joh title /Con langtu	ations)	144 = 1 (0)	[Check if travel outside of Texas. Complete Sched	ule T
10 Principai	l occupation / Job title (See Instru	ctions)	11 Employer (See Ins	struction	ons)	

	LOANS					SCHEDU	JLE E
	The Instruction	on Guide explains how to	orm.	I	ages Schedule E: /1 Rpt: 5/26		
2	FILER NAME Johnson, Julie (*	The Honorable)			3 Filer ID 00082	(Ethics Commission	n Filers)
4	TOTAL OF UN	IITEMIZED LOANS			I	\$	0.00
5	Date of loan	7 Name of lender	out-of-state PA	.C (ID#:		9 Loan Amount (\$)
6	Is lender a financial institution?	8 Lender address; City;	State;	Zip Code		10 Interest Rate	
						11 Maturity Date	
12	Principal occupation	on / Job title (See Instructions)		13 Employer (See Instruc	tions)	_	
14	Description of Coll None	ateral		15 Check if personal fund	ls were deposite	d into political account (See Instructions	
16	GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guarant	teed (\$)
	not applicable	18 Guarantor address; City;	State;	Zip Code			
20	Principal occupation	on		21 Employer (See Instruc	tions)		

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

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

	Candidate/Officeholder/Politica Credit Card Payment		mittee I	∍iπ/Awards/Memoria ∟egal Services			/ages	/Contract Labor		OTHER (enter a	strict a category not listed ab	ove)
				The Instruction (Guide explains	how to co	mple	ete this form.				
1	Total pages Schedule F1:	2 F	FILER NAME						3	Filer ID	(Ethics Commiss	ion Filers)
	Sch: 1/20 Rpt: 6/26	J	Johnson, Jul	ie (The Hono	rable)					00082035		
4	Date	5 F	Payee name									
	10/07/2024		AC Hotel									
6	Amount (\$)	7 F	Payee addres	s; City;	State	; Zip Co	de					
	\$435.97	8	367 New Jei	sey Ave SE								
		ĺν	Nashington.	DC 20003-33	885							
8	PURPOSE	├					(h)	Description				
ľ	OF		Fravel Out o	e Categories listed at	the top of this scr	nedule)	(5)	`	outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE	'	naver out o	District				Check if Austin,	, TX,	officeholder livin	g expense	
								Lodging				
9	Complete ONLY if direct		andidate/Offic	eholder name	(Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	H										
	Date	F	Payee name									
	10/07/2024	/	AC Hotel									
	Amount (\$)	F	Payee addres	s; City;	State	; Zip Co	de					
	\$435.97	٤	367 New Jei	sey Ave SE								
				•								
		ĺν	Washington.	DC 20003-33	885							
	PURPOSE	_					(h)	Description				
	OF		Fravel Out o	e Categories listed at	tne top of this scr	nedule)	(2)	`	outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE	'	naver out o	District				Check if Austin,	, TX,	officeholder livin	g expense	
								Lodging				
	Complete ONLY if direct		andidate/Offic	eholder name	(Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date	F	Payee name									
	11/12/2024	<i> </i>	American Aiı	rlines								
	Amount (\$)	F	Payee addres	s; City;	State	; Zip Co	de					
	\$36.96	1	L Skyview D	r								
		F	ort Worth,	ΓX 76155-180	1							
	PURPOSE	(a) (Category (Sei	e Categories listed at	the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Travel Out o			,			outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITORE							—	, TX,	officeholder livin	g expense	
								Travel				
		<u> </u>										
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Offic	eholder name	(Office sou	ght			Office h	eld	
		•										

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	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)							
	Sch: 2/20 Rpt: 7/26	Johnson, Julie (The Honorable) 00082035							
4	Date	5 Payee name	_						
	11/12/2024	American Airlines							
6	Amount (\$)	7 Payee address; City; State; Zip Code	_						
	\$36.96	1 Skyview Dr							
		Fort Worth, TX 76155-1801							
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.							
	EXPENDITORE	Check if Austin, TX, officeholder living expense							
		Travel							
_	Operation ONE V # discort	Out distant (Office health are now as the control of the control o							
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H							
	· 		_						
	Date	Payee name							
	11/08/2024	American Airlines							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$402.95	1 Skyview Dr							
		Fort Worth, TX 76155-1801							
	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							
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_						
	expenditure to benefit C/OI								
	Date	Payee name	_						
	11/08/2024	American Airlines							
	Amount (\$)	Payee address; City; State; Zip Code	_						
	\$402.95	1 Skyview Dr							
	,								
		Fort Worth, TX 76155-1801							
	PURPOSE								
	OF	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T.							
	EXPENDITURE	Check if Austin, TX, officeholder living expense							
		Travel							
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held							
	cyperiulture to beliefft C/OI								

SCHEDULE F1

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	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: 3/20 Rpt: 8/26	Johnson, Julie (The Honorable) 00082035
4	Date	5 Payee name
	11/06/2024	American Airlines
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$834.95	1 Skyview Dr
		Fort Worth, TX 76155-1801
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
		Travel
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Data	
	Date	Payee name
L	10/29/2024	American Airlines
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,576.95	1 Skyview Dr
		Fort Worth, TX 76155-1801
	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
		Travel
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Power name
	09/18/2024	Payee name Averie Bishop for Texas
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$5,000.00	819 W Arapaho Rd
		Ste 24B
L		Richardson, TX 75080-5040
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
1		Donation
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
_	Sch: 4/20 Rpt: 9/26	Johnson, Julie (The Honorable) 00082035	
4	Date	5 Payee name	_
	12/12/2024	Brown, Jermaca	
6	Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code 817 Walnut Creek Dr	
		Fairfield, TX 75840-2205	
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 Salary	
		Jaiai y	
_	0 1: 0.11.7.7.1.		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	09/23/2024	Cassandra Hernandez for Texas	
	Amount (\$)	Payee address; City; State; Zip Code	\neg
	\$5,000.00	PO Box 1289	
		Addison, TX 75001-1289	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	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	
		Bondion	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/Ol		
	Date	Payee name	
	08/20/2024	Dallas County Democratic Party	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$200.00	4209 Parry Ave	
		Dallas, TX 75223-2755	
	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 Sponsorship	
		Lvent opensorsing	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		

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: 5/20 Rpt: 10/26	Johnson, Julie (The Honorable) 00082035									
4 Date	5 Payee name									
09/05/2024	Dallas County Democratic Party									
6 Amount (\$)	7 Payee address; City; State; Zip Code									
\$10,000.00	4209 Parry Ave									
	Dallas, TX 75223-2755									
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									
	Donation									
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held									
expenditure to benefit C/O										
Date	Davies 2000									
08/26/2024	Payee name Denton County Democratic Party									
Amount (\$)	Payee address; City; State; Zip Code									
\$2,500.00	529 Malone St									
	# 119									
	Denton, TX 76201-2778									
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description									
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									
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held									
expenditure to benefit C/O	H									
Date	Payee name									
09/20/2024	Elizabeth for Texas									
Amount (\$)	Payee address; City; State; Zip Code									
\$5,000.00	4502 W Lovers Ln									
, , , , , , , , ,										
	Dallas, TX 75209-3132									
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description									
OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.									
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense									
	Donation									
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held									
experialities to beliefft C/O										

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment			es/Co			OTHER (enter a	category not listed above)	
			The Instruction Guide explains how to comple	ete	this form.				
1	Total pages Schedule F1:	2	FILER NAME		3	}	Filer ID	(Ethics Commission Filer	s)
	Sch: 6/20 Rpt: 11/26		Johnson, Julie (The Honorable)				00082035		
4	Date	5	Payee name		•				
	10/22/2024		Foster, Amanda						
6	Amount (\$)	7	Payee address; City; State; Zip Code	_					
	\$3,424.66		2223 Waterloo City Ln						
	, , ,		Apt 332						
			Austin, TX 78741-0009						
_		_		_					
8	PURPOSE OF	(a)	c , (cor consigning material are to per a mine constant)	D	escription	to: o	lo of Toyon Com	plata Cabadula T	
	EXPENDITURE		Salaries/Wages/Contract Labor	F	Check if travel out Check if Austin, T.				
				S	Salary				
					_				
9	Complete ONLY if direct		Candidate/Officeholder name Office sought				Office he	eld	
	expenditure to benefit C/OI	Н							
	Date		Payee name	_					
	08/30/2024		Foster, Amanda						
	Amount (\$)	┝	Payee address; City; State; Zip Code	—					
	\$1,987.07		2223 Waterloo City Ln						
	Ψ1,307.07								
			Apt 332						
			Austin, TX 78741-0009						
	PURPOSE OF	(a)	(continued in the taper in the continued)	D	escription				
	EXPENDITURE		Loan Repayment/Reimbursement	F	Check if travel out Check if Austin, T.				
				F	_			upplies and refreshm	ents
	Complete ONLY if direct		Candidate/Officeholder name Office sought	_			Office he	eld	
	expenditure to benefit C/OI	Н	5						
	Date	Г	Davos nama	—					
	12/24/2024		Payee name Frost Bank						
	Amount (\$)		Payee address; City; State; Zip Code						
	\$35.00		7859 Walnut Hill Ln						
			Dallas, TX 75230-5605						
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule) (b)	D	escription				
	EXPENDITURE		Fees	F	Check if travel out Check if Austin, T.			•	
				F	ees	Λ,	onicentituel living	rexpense	
				•	003				
	Complete ONLY if direct	Ц,	Candidate/Officeholder name Office sought	_			Office he	-id	
	expenditure to benefit C/OI		And action of the first of the sought				Onice ne		

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
-	Total pages Schedule F1:		
1	Sch: 7/20 Rpt: 12/26	2 FILER NAME Johnson, Julie (The Honorable) 3 Filer ID (Ethics Commission Filers 00082035)
4	Date	5 Payee name	
	12/02/2024	Frost Bank	
6	Amount (\$) \$27.50	7 Payee address; City; State; Zip Code 7859 Walnut Hill Ln	
	Ψ21.00	7000 Walifut Fill Eli	
		Dallas, TX 75230-5605	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Fees	
L			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	11/04/2024	Frost Bank	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$27.50	7859 Walnut Hill Ln	
		Dallas, TX 75230-5605	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Fees	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	10/31/2024	Frost Bank	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$5.00	7859 Walnut Hill Ln	
		Dallas, TX 75230-5605	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Fees	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	п	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 8/20 Rpt: 13/26	Johnson, Julie (The Honorable) 00082035
4	Date	5 Payee name
	10/02/2024	Frost Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$122.25	7859 Walnut Hill Ln
		Dallas, TX 75230-5605
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	09/30/2024	Frost Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.00	7859 Walnut Hill Ln
		Dallas, TX 75230-5605
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	09/03/2024	Frost Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$27.50	7859 Walnut Hill Ln
		Dallas, TX 75230-5605
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

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)

	Credit Card Payment	The Instruction Guide explains how to cor	mple	lete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 9/20 Rpt: 14/26	Johnson, Julie (The Honorable)		00082035
4	Date	5 Payee name		<u>'</u>
	08/30/2024	Frost Bank		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$5.00	7859 Walnut Hill Ln		
		Dallas, TX 75230-5605		
8	PURPOSE		(h)	1 Description
0	OF	(a) Category (See Categories listed at the top of this schedule) Fees	(D)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	1 663		Check if Austin, TX, officeholder living expense
				Fees
9	Complete ONLY if direct	Candidate/Officeholder name Office sout	ght	Office held
	expenditure to benefit C/O	1		
	Date	Payee name	_	
	08/02/2024	Frost Bank		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$27.50	7859 Walnut Hill Ln		
		Dallas, TX 75230-5605		
	DUDDOCE		<u> </u>	<u></u>
	PURPOSE OF	,	(n)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees		Check if Austin, TX, officeholder living expense
				Fees
	Complete ONLY if direct	Candidate/Officeholder name Office sout	ght	Office held
	expenditure to benefit C/O	1		
	Date	Payee name	_	
	07/31/2024	Frost Bank		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$5.00	7859 Walnut Hill Ln		
	40.00			
		Dallas, TX 75230-5605		
		·		
	PURPOSE OF	,	(b)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees		Check if Austin, TX, officeholder living expense
				Fees
	Complete ONLY if direct	Candidate/Officeholder name Office sout	ght	Office held
	expenditure to benefit C/O			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
	Sch: 10/20 Rpt: 15/26	Johnson, Julie (The Honorable) 00082035						
4	Date	5 Payee name						
	07/01/2024	Frost Bank						
6	Amount (\$) \$27.50	7 Payee address; City; State; Zip Code 7859 Walnut Hill Ln Dallas, TX 75230-5605						
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fees						
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held						
	Date	Payee name						
	08/15/2024	Funky East Dallas Democrats						
	Amount (\$) \$120.00	Payee address; City; State; Zip Code PO Box 181734 Dallas, TX 75218-8734						
	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 Tickets						
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held						
	Date	Payee name						
	09/11/2024	Funky East Dallas Democrats						
	Amount (\$) \$380.00	Payee address; City; State; Zip Code PO Box 181734						
		Dallas, TX 75218-8734						
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Event Tickets						
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held						

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By 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	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 11/20 Rpt: 16/26	Johnson, Julie (The Honorable)	00082035
4	Date	5 Payee name	•
	12/16/2024	Intuit Quickbooks	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$90.61	2700 Coast Ave	
		Mountain View, CA 94043-1140	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Accounting/Banking	I outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austi	n, TX, officeholder living expense
		Subscription	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		Office field
_	Date		
	11/18/2024	Payee name Intuit Quickbooks	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$90.61	2700 Coast Ave	
		M	
		Mountain View, CA 94043-1140	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	Loutside of Toyon Complete Cabadula T
	EXPENDITURE	/ Accounting/Banking	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense
		Subscription	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	Н	
	Date	Payee name	
	10/16/2024	Intuit Quickbooks	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$90.61	2700 Coast Ave	
		Mountain View, CA 94043-1140	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE		l outside of Texas. Complete Schedule T.
	EXPENDITURE	l	n, TX, officeholder living expense
		Subscription	
	0 1. 0		000
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought H	Office held

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor 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: 12/20 Rpt: 17/26	Johnson, Julie (The Honorable) 00082035
4	Date	5 Payee name
	09/16/2024	Intuit Quickbooks
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$90.61	2700 Coast Ave
		Mountain View, CA 94043-1140
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Subscriptions
		Subscriptions
_	0 1: 0 1: 0	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/16/2024	Intuit Quickbooks
	Amount (\$)	Payee address; City; State; Zip Code
	\$90.61	2700 Coast Ave
		Mountain View, CA 94043-1140
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Subscription
		Cubbonpuon
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	07/16/2024	Intuit Quickbooks
	Amount (\$)	Payee address; City; State; Zip Code
	\$79.95	2700 Coast Ave
		Mountain View, CA 94043-1140
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Subscriptions
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experialiture 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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
-	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
1	Sch: 13/20 Rpt: 18/26	2 FILER NAME Johnson, Julie (The Honorable) 3 Filer ID (Ethics Commission Filers) 00082035
4	Date	5 Payee name
	12/16/2024	Jessica Gonzalez Campaign
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	400 S Zang Blvd
		Ste 1022
		Dallas, TX 75208-6609
8	PURPOSE	
ľ	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	Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee
		Donation
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/16/2024	Laurel Jordan Swift for Texas House District 121
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	PO Box 6866
		San Antonio, TX 78209-0866
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Donation
		Donation
	Operation ONLY if allowed	Our field to 10ff and hald an array of the array to the field
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/18/2024	Longview Flower Shop
	Amount (\$)	Payee address; City; State; Zip Code
	\$310.34	701 E Methvin St
		Longview, TX 75601-6522
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Condolence Flowers
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	CAPETIGITATE TO DELIETT C/OI	
ı		

SCHEDULE F1

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

Contributions/ Dotations Made By - Candidate/Officeholder/Political Committee Credit Card Payment								strict category not listed ab	oove)				
orean out a syment				The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commiss	sion Filers)	
	Sch: 14/20 Rpt: 19/26		Johnson, Ju	llie (The Honor	able)					00082035			
4	Date	5	Payee name										
	12/04/2024		Parekh, Aas	shi									
6	Amount (\$)	7	Payee addres	ss; City;	State;	; Zip Co	de						
	\$1,000.00		11 Shadow	Ridge Ct									
			Frisco, TX 7	5034-6849									
8	PURPOSE	(a)		e Categories listed at	the ten of this cah	odulo)	(b)	Description					
	OF	``		ges/Contract L		edule)	()	:	outsi	de of Texas. Con	plete Schedule T.		
	EXPENDITURE		00	.900/00	-0.00			Check if Austin	, TX,	officeholder living	g expense		
								Salary					
9	Complete ONLY if direct		Candidate/Offic	ceholder name	C	Office sou	ght			Office h	eld		
	expenditure to benefit C/OI	П											
	Date		Payee name										
	09/17/2024		Plesa for Te	exas									
	Amount (\$)		Payee addres	ss; City;	State;	; Zip Co	ode						
	\$5,000.00		PO Box 796	311									
			Dallas, TX 7	'5379-6311									
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sch	edule)	(b)	Description					
	OF EXPENDITURE		Contributions/Donations Made By					_	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
			Candidate/C	Officeholder/Po	litical Comm	ittee		—	, TX,	officeholder living	g expense		
								Donation					
_	Complete ONLY if direct	<u> </u>	Candidate/Offic	ceholder name		Office sou	aht			Office h	old		
	expenditure to benefit C/OI		Januluale/Onic	centituel fiame		Jilice Sou	gni			Office II	ciu		
_	Date	_											
	Date		Payee name	nort									
	09/03/2024		Quorum Rep			-: -							
	Amount (\$)		Payee addres	ss; City;	State;	; Zip Co	ode						
	\$389.70		PO Box 8										
			Austin, TX 7	78767-0008									
	PURPOSE OF	(a)		e Categories listed at	the top of this sch	edule)	(b)	Description					
	EXPENDITURE		Subscription	1				브		officeholder living	nplete Schedule T.		
								Subscription	, 17,	omeenoider iiviii	у ехрепас		
\vdash	Complete ONLY if direct	Щ	 Candidate/Offic	ceholder name		Office sou	<u>l</u> ght			Office h	eld		
	expenditure to benefit C/OI						J						
l													

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 15/20 Rpt: 20/26	Johnson, Julie (The Honorable) 00082035
4	Date	5 Payee name
	11/04/2024	Ransom Funches for Denton County Constable
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$520.87	PO Box 117822
		Carrollton, TX 75011-7822
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 travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Cponsors.iip
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
F	Date	Payee name
	10/25/2024	ReadyRefresh by Nestle
H	Amount (\$)	Payee address; City; State; Zip Code
	\$37.24	4718 Mountain Creek Pkwy
		· · · · · · · · · · · · · · · · · · ·
		Dallas, TX 75236-4604
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Water
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	09/26/2024	ReadyRefresh by Nestle
H	Amount (\$)	Payee address; City; State; Zip Code
	\$58.95	4718 Mountain Creek Pkwy
		Dallas, TX 75236-4604
	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 Water
		νναισι
\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 Candidate/Officeholder/Political Committee

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 16/20 Rpt: 21/26	Johnson, Julie (The Honorable) 00082035
4	Date	5 Payee name
	08/26/2024	ReadyRefresh by Nestle
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$56.96	4718 Mountain Creek Pkwy
		Dallas, TX 75236-4604
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Water
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	07/25/2024	ReadyRefresh by Nestle
	Amount (\$)	Payee address; City; State; Zip Code
	\$55.88	4718 Mountain Creek Pkwy
	400.00	Trib mountain Grook riking
		Dallas, TX 75236-4604
	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
		Water
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Payee name
	12/10/2024	Squarespace
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.18	225 Varick St
	Ψ00.10	FI 12
		New York, NY 10014-4383
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Website
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	H .

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Food/Beverage Expense Polling Expense Travel in E Gift/Awards/Memorials Expense Printing Expense Travel Out					Travel in Distr		
L			The Instruction Guide 6	explains how to co	mple	ete this form.				
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commission	Filers)
	Sch: 17/20 Rpt: 22/26	Johnson, J	ulie (The Honorable)					00082035	5	
4	Date	5 Payee name	<u> </u>							
	11/12/2024	Squarespa								
_		7 Payee addre		State; Zip Co	nd c					
6	Amount (\$)	_		State, Zip Co	oue					
	\$35.18	225 Varick	SI							
		Fl 12								
		New York,	NY 10014-4383		_					
8	PURPOSE	(a) Category (S	See Categories listed at the top	of this schedule)	(b)	Description				
	OF EXPENDITURE	Website				=			omplete Schedule T.	
						Check if Austin Website	, TX,	omceholder livi	ng expense	
						vven2ile				
<u> </u>	0 1. 0	0 11 : /=-	r		<u> </u>			~ · ·		
9	Complete ONLY if direct expenditure to benefit C/Oh		ficeholder name	Office sou	ugnt			Office	neid	
	Date	Payee name	<u> </u>							
	10/10/2024	Squarespa	ce							
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode					
	\$35.18	225 Varick St								
		Fl 12								
			NV 10014 4202							
_			NY 10014-4383							
	PURPOSE OF		See Categories listed at the top	of this schedule)	(b)	Description	a	do of Tour	umplata Cabadida T	
	EXPENDITURE	Website				Check if travel			ing expense	
						Website	, . , , ,		2	
	Complete ONLY if direct	Candidate/Of	ficeholder name	Office sou	<u>l</u> uaht			Office	held	
	expenditure to benefit C/O			200 000	5.70			200	-	
\vdash	Data	D								
	Date	Payee name								
	09/10/2024	Squarespa								
	Amount (\$)	Payee addre		State; Zip Co	ode					
	\$35.18	225 Varick	St							
		Fl 12								
		New York,	NY 10014-4383							
	PURPOSE	(a) Category (s	See Categories listed at the top	of this schedule)	(b)	Description				
	OF	Advertising		2. Ino concounty] _		outsi	de of Texas. Co	omplete Schedule T.	
	EXPENDITURE					Check if Austin	, TX,	officeholder liv	ng expense	
						Website				
	Complete ONLY if direct		ficeholder name	Office sou	ught			Office	held	
	expenditure to benefit C/OF	1								

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services The Instruction Guide	Salaries/\	Wages	s/Contract Labor		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Fil	ers)
	Sch: 18/20 Rpt: 23/26	Johnson, Ju	ılie (The Honorabl	e)				00082035		
4	Date	5 Payee name								
	08/12/2024	Squarespac	e							
6	Amount (\$)	7 Payee addre	ss; City;	State; Zip Co	ode					
	\$30.91	225 Varick	St							
		Fl 12								
		New York, I	NY 10014-4383							
8	PURPOSE	(a) Category (S	ee Categories listed at the t	op of this schedule)	(b)	Description				
	OF EXPENDITURE	Advertising	Expense					de of Texas. Com		
						Website	, IX,	officeholder living	expense	
						VVCDSILC				
9	Complete ONLY if direct	Candidate/Offi	ceholder name	Office sou	l ught			Office he	eld	
	expenditure to benefit C/OI	H								
	Date	Payee name								
	07/10/2024	Squarespac	e							
	Amount (\$)	Payee addre	ss; City;	State; Zip Co	ode					
	\$30.91	225 Varick	St							
		Fl 12								
		New York, I	NY 10014-4383							
	PURPOSE	(a) Category (S	ee Categories listed at the t	op of this schedule)	(b)	Description				
	OF EXPENDITURE	Advertising	Expense					de of Texas. Comp		
						Website	, IA,	officeholder living	expense	
						Website				
	Complete ONLY if direct expenditure to benefit C/Oh		ceholder name	Office sou	ught			Office he	eld	
	experientare to benefit or of									
	Date	Payee name								
	07/23/2024	Texas Hous	se LGBTQ Caucus	3						
	Amount (\$)	Payee addre	ss; City;	State; Zip Co	ode					
	\$2,500.00	1100 S Cor	gress Ave							
		Austin, TX	78704-1728		_					
	PURPOSE OF		ee Categories listed at the t		(b)	Description				
	EXPENDITURE		ns/Donations Made					de of Texas. Comp officeholder living		
		Candidate/G	Officeholder/Politic	ai Committee		Donation	, 1,	officerolder living	expense	
						20				
\vdash	Complete ONLY if direct	L Candidate/Offi	ceholder name	Office sou	<u>l</u> ught			Office he	eld	
	expenditure to benefit C/OI				J -					
l										

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 19/20 Rpt: 24/26	Johnson, Julie (The Honorable) 00082035
4	Date	5 Payee name
	09/03/2024	Texas House of Representatives
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$25.00	PO Box 2910
		Austin, TX 78768-2910
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 House Photos
		Flouse Flous
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊢	Data	
	Date	Payee name
	12/16/2024	USPS
	Amount (\$)	Payee address; City; State; Zip Code
	\$73.00	8300 N Underground Dr
		Kansas City, MO 64162-9998
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Postage Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Postage
		. Some
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	12/16/2024	USPS
	Amount (\$)	Payee address; City; State; Zip Code
	\$73.00	8300 N Underground Dr
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		Kansas City, MO 64162-9998
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Postage Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Postage
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		

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

	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: 20/20 Rpt: 25/26	Johnson, Julie (The Honorable) 00082035			
4	Date	5 Payee name			
	09/30/2024	Urban Stems			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$190.53	1615 L St NW			
		Ste 1230			
		Washington, DC 20036-5674			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Gift/Awards/Memorials Expense			
	EXPENDITURE	Check if Austin, TX, officeholder living expense			
		Condolence flowers			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held			
	Date	Payee name			
	09/30/2024	Urban Stems			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$163.46	1615 L St NW			
		Ste 1230			
		Washington, DC 20036-5674			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		Condolence flowers			
Complete ONLY if direct Candidate/Officeholder name Office sought Office held					
expenditure to benefit C/OH					
	Date	Payee name			
	09/30/2024	Urban Stems			
Amount (\$) Payee address; City; State; Zip Code					
	\$162.38	1615 L St NW			
		Ste 1230			
		Washington, DC 20036-5674			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE	Check if Austin, TX, officeholder living expense			
		Condolence flowers			
Complete ONLY if direct Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OH				

		FORM C/OH - FR			
	The Instruction Guide explains how to complete this form. ** Complete only if "Report Type" on page 1 is marked "Final Report" **	Page 26 of 26			
1	C/OH NAME	2 Filer ID (Ethics Commission Filers)			
	Johnson, Julie (The Honorable)	00082035			
3	SIGNATURE				
	I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.				
	The Honorable Julie Johnson				
		andidate / Officeholder			
_					
4	4 FILER WHO IS NOT AN OFFICEHOLDER				
	** Complete A & B below only if you are not an officeholder **				
	A CAMPAIGN FUNDS				
	Check only one:				
	I do not have unexpended contributions or unexpended interest or income earned from political contributions.				
	I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code 254.204.				
	B ASSETS				
	Check only one:				
	X I do not retain assets purchased with political contributions or interest or other income from political contributions.				
	I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, 254.204.				
	The Henry	blo Julio Johnson			
		ble Julie Johnson			
	Signatur	e of Candidate			
5	OFFICEHOLDER				
	** Complete this section only if you are an officeholder **				
	I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.				
	Signature	e of Officeholder			