CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to comp	olete this form.	1 Filer ID (Ethics Commi 00067972		2 Total pages file	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	SE ONLY
OFFICEHOLDER NAME	The Honorable	Ann			Date Received	
10 000					ELECTRONICAL	I V EILED
					07/15/2025	
	NICKNAME	LAST		SUFFIX	07/15/2025	
		Johnson				
4 CANDIDATE /	ADDRESS / PO BOX; AP	T / SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or D	Date Postmarked
OFFICEHOLDER MAILING	P.O. Box 56386					_
ADDRESS					Receipt #	Amount
Change of Address	Houston, TX 77256					
	Tiousion, TX TT250				Date Processed	
					Date Imaged	
F. CAMBAICNI	MC (MDC (MD	FIDET			<u> </u>	
5 CAMPAIGN TREASURER	MS / MRS / MR	FIRST		MI		
NAME	Mr.	Sheldon				
	NICKNAME	LAST		SUFFIX		
		Wadler				
6 CAMPAIGN	STREET ADDRESS (NO PO	O BOX PLEASE);	AP.	T / SUITE #; CITY;	STAT	E; ZIP CODE
TREASURER ADDRESS	10710 S. Sam Houston F	² kwy. W #280				
(Residence or Business)	Houston, TX 77031					
7 CAMPAIGN TREASURER		NE NUMBER E	EXTENSION			
PHONE	(713) 771-3131					
8 REPORT TYPE						
1176	January 15	30th day before	election	Runoff	15th day after campappointment (office	
	X July 15	8th day before 6	election	Exceeded modified	Final Report (Attacl	
	ا کا		ш	reporting limit		,
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/01/2025	TH	IROUGH	06/30/202		
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	XP	rimary	Runoff	Other	
	03/03/2026		-		ш	
			eneral	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT		
	State Representative Dis	trict 134		State Represent	tative District 134	
	!					
		GO T	O PAGE 2			
			•			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 69

13 C / OH NAME Johnson, Ann (The Honorable) 14 Filer ID 00067972					(Ethics Cor	nmission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures m	ccepted or political expenditu ay have been made without t uired to report this information	he candidate's or offic	eholder's kr	nowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL					
		COMMITTEE ADDRE	SS			
	SPECIFIC					
		COMMITTEE CAMPA	AIGN TREASURER NAME			
		COMMITTEE CAMPA	AIGN TREASURER ADDRES	SS		
16 CONTRIBUTION	1. TOTAL UNITEM	IZED DOLITICAL COM	TRIBUTIONS (OTHER THAI	N DI EDCES I OANS	1	
TOTALS	OR GUARANTE	ONTRIBUTIONS MADE ELEC		\$	0.00	
		CAL CONTRIBUTIONS PLEDGES, LOANS, OF	R GUARANTEES OF LOANS	i)	\$	122,199.76
EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES TOTALS						778.96
	4. TOTAL POLITIC		\$	130,518.46		
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		MAINTAINED AS OF THE LA	AST DAY OF THE	\$	531,825.92
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.			
				orable Ann Johnso		
			Signature of	Candidate or Officeho	older	
AFFIX NO	TARY STAMP / SEAL AB	OVE				
				, this the		day
of	, 20, to co	ertify which, witness my	hand and seal of office.			
Signature of offi	cer administering	Printed name of	officer administering	Title of office	er administe	ring oath

SUBTOTALS - C/OH

FORM COH **COVER SHEET PG 3**

					3 01 69
	ER NAM	ME Ann (The Honorable)	19 Filer ID 00067972	(Eth	ics Commission Filers)
		E SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	121,704.50
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	495.26
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS	\$		
4.		SCHEDULE E: LOANS	\$		
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	129,708.84	
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	809.62
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
12.	X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS FOR TO FILER	RETURNED	\$	102.18

	MONET	ARY POLITICAL CONTRIBU	JTION	IS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete	this for	n.	1	Total pages Schedule A1: Sch: 1/16 Rpt: 4/69	
2	FILER NAME Johnson, An	n (The Honorable)			3	Filer ID (Ethics Commission 00067972	on Filers)
4	Date 06/27/2025	 Full name of contributor out-of-state PAr Adams, Will Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$5,000.00
8	Principal occu Lawyer	Katy, TX 77494 pation / Job title (See Instructions)	9	Employer (See Instructions Will Adams Law Firm	<u> </u>		
	Date 06/29/2025	Full name of contributor out-of-state PAGE Anderson, Frances Contributor address; City; State; Zip Code Houston, TX 77002)		Amount of Contribution (\$)	\$1,000.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 06/24/2025	Full name of contributor out-of-state PA Axis Strategic Partners LLC Contributor address; City; State; Zip Code	C (ID#:)		Amount of Contribution (\$)	\$500.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 06/27/2025	Full name of contributor out-of-state PAR Bernstein, Alan Contributor address; City; State; Zip Code Bellaire, TX 77401				Amount of Contribution (\$)	\$40.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Date 06/24/2025	Full name of contributor out-of-state PAR Blackridge Contributor address; City; State; Zip Code Austin, TX 78701				Amount of Contribution (\$)	\$2,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			L_				

	MONET	ARY POLITICAL CONTRIBUT	ΓΙΟΝ	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete th	is for	rm.	1	Total pages Schedule A1: Sch: 2/16 Rpt: 5/69	
2	FILER NAME Johnson, An	n (The Honorable)			3	Filer ID (Ethics Commission 00067972	n Filers)
4	Date 06/24/2025	 Full name of contributor out-of-state PAC (I Bryan, Sandy Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$100.00
_	Dringing Loggy	Houston, TX 77005	lo.	Employer (Coo Instructions	<u></u>		
ð	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Date 06/24/2025	Full name of contributor out-of-state PAC (I Burge, Dorothy Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$100.00
	Principal occu	Houston, TX 77005 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
	i illopai occa			Employer (See manualions	,		
	Date 06/30/2025	Full name of contributor out-of-state PAC (I Burks, Robin Contributor address; City; State; Zip Code	ID#:)	•	Amount of Contribution (\$)	\$500.00
		Houston, TX 77005					
	Principal occu Clinical Psyc	pation / Job title (See Instructions) hologist		Employer (See Instructions Robin J. Burks, Ph.D.	s)		
	Date 06/30/2025	Full name of contributor out-of-state PAC (I Butler, Donald Contributor address; City; State; Zip Code Houston, TX 77096			•	Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 06/24/2025	Full name of contributor out-of-state PAC (I Cammack & Strong, P.C. Contributor address; City; State; Zip Code Austin, TX 78701	I)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDU	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/16 Rpt: 6/69	
2	FILER NAME Johnson, An	ın (The Honorable)		3	Filer ID (Ethics Commission 00067972	on Filers)
4	Date 06/30/2025	5 Full name of contributor out-of-state PAC (ID#:_ Carlisle, Sallie 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$25.00
_	Duinning Langu	Houston, TX 77081	O Faralayar (Good Instructions			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date 06/28/2025	Full name of contributor out-of-state PAC (ID#:_Cemo, Jason Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00
	Principal occu	Houston, TX 77005 pation / Job title (See Instructions)	Employer (See Instructions			
	Timolpai occa	pation 7 oob title (occ monucions)	Employer (See Manacions	,		
	Date 06/28/2025	Full name of contributor out-of-state PAC (ID#:_ Chamberlain, John Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00
		Houston, TX 77005				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired)		
	Date 06/28/2025	Full name of contributor out-of-state PAC (ID#:_Clark, Patsy Contributor address; City; State; Zip Code Spring, TX 77379			Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 06/24/2025	Full name of contributor out-of-state PAC (ID#:_ Consulting Engineers 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 CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 4/16 Rpt: 7/69	
2	FILER NAME Johnson, An	n (The Honorable)		3	Filer ID (Ethics Commission 00067972	n Filers)
4	Date 06/30/2025	 Full name of contributor		7	Amount of Contribution (\$)	\$100.00
_	5	Houston, TX 77006				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 06/23/2025	Full name of contributor out-of-state PAC (ID#: Dalton, Brad Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
		Houston, TX 77007				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 06/24/2025	Full name of contributor out-of-state PAC (ID#:_ Danburg, Debra Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$150.00
		Austin, TX 78704				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 06/26/2025	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
	Principal occu	Houston, TX 77025 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)		
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#:_ Delagarza, Haley Contributor address; City; State; Zip Code Houston, TX 77098			Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this 1	form.	1	Total pages Schedule A1: Sch: 5/16 Rpt: 8/69	
2	FILER NAME Johnson, An	n (The Honorable)		3	Filer ID (Ethics Commission 00067972	n Filers)
4	Date 06/30/2025	 Full name of contributor		7	Amount of Contribution (\$)	\$100.00
_	District	Houston, TX 77006	le Frankrik (On Instruction			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	S)		
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#:_ Dumke, Matt Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2.50
	Dringinal occu	Portland, OR 97232 pation / Job title (See Instructions)	Employer (See Instructions	<u>-/</u>		
	Fillicipal occu	Janoi 17 Job line (See Instructions)	Employer (See instructions	>)		
	Date 06/24/2025	Full name of contributor out-of-state PAC (ID#:_Eiland & Bonnin, P.C. Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$500.00
		Galveston, TX 77550				
	Principal occu	oation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#:_Eiman, Norma Contributor address; City; State; Zip Code Houston, TX 77025			Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>I</u> S)		
	Date 06/27/2025	Full name of contributor out-of-state PAC (ID#:_Estefan, Ron Contributor address; City; State; Zip Code Houston, TX 77009			Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
			'			

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	E A1
	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 6/16 Rpt: 9/69	
2	FILER NAME Johnson, An	n (The Honorable)		3	Filer ID (Ethics Commission 00067972	on Filers)
4	Date 06/23/2025	 Full name of contributor		7	Amount of Contribution (\$)	\$25.00
Ω	Principal occu	Houston, TX 77096 pation / Job title (See Instructions)	9 Employer (See Instructions	·,		
0	r inicipal occu	pation / Job title (See matrictions)	5 Employer (See instructions)		
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#:_ Fyke, Steve Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$250.00
	Deinsinal assu	Houston, TX 77005	Franks var (Cas krativ stiens	<u></u>		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 06/24/2025	Full name of contributor out-of-state PAC (ID#:_ Grant, Kathy Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00
		Austin, TX 78701				
		pation / Job title (See Instructions) Relations Consultant	Employer (See Instructions Kathy Grant Group	5)		
	Date 06/28/2025	Full name of contributor out-of-state PAC (ID#:_ Gregg, Kerry Contributor address; City; State; Zip Code Houston, TX 77003			Amount of Contribution (\$)	\$1,000.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	5)		
	Date 06/24/2025	Full name of contributor out-of-state PAC (ID#:_ Greyhawk Public Affairs, LLC Contributor address; City; State; Zip Code Austin, TX 78749)		Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 7/16 Rpt: 10/69	
2	FILER NAME Johnson, An	n (The Honorable)		3	Filer ID (Ethics Commission 00067972	Filers)
4	Date 06/24/2025	 Full name of contributor		7	Amount of Contribution (\$)	\$100.00
		Houston, TX 77005				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	i)		
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#:_ Harris, David Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	51,000.00
	Deinsinal assu	Corpus Christi, TX 78401	Franksian (Caalinatuustiana	_		
	Lawyer	pation / Job title (See Instructions)	Employer (See Instructions Sico Hoelshcer & Harris			
	Date 06/23/2025	Full name of contributor out-of-state PAC (ID#:_ Harris, Gerald Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
		Houston, TX 77098				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 06/23/2025	Full name of contributor out-of-state PAC (ID#:_ Hedges, Kay Contributor address; City; State; Zip Code Houston, TX 77019)		Amount of Contribution (\$)	\$500.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	()		
	Date 06/23/2025	Full name of contributor out-of-state PAC (ID#:_ Huebel, Martha Contributor address; City; State; Zip Code Houston, TX 77035			Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CON	ITRIBUTION	S		SCHEDUI	E A1
	The Instru	ction Guide explains how to co	omplete this forn	n.	1	Total pages Schedule A1: Sch: 8/16 Rpt: 11/69	
2	FILER NAME Johnson, An	n (The Honorable)			3	Filer ID (Ethics Commission 00067972	on Filers)
4	Date 06/28/2025	 Full name of contributor our Kerr, Garland Contributor address; City; State; Zip 	t-of-state PAC (ID#: p Code		7	Amount of Contribution (\$)	\$100.00
		Houston, TX 77005	į				
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions)		
	Date 06/27/2025	Kherkher, Steven Contributor address; City; State; Zip	t-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5,000.00
	Principal occu	Houston, TX 77098 pation / Job title (See Instructions)		Employer (See Instructions)		
	Lawyer			Kherkher Garcia LLP	-		
	Date 06/30/2025	Full name of contributor our our Killian, Thomas Contributor address; City; State; Zip	rt-of-state PAC (ID#: p Code)		Amount of Contribution (\$)	\$100.00
		Houston, TX 77096					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 06/23/2025	Full name of contributor our Kohnert, Peggie Contributor address; City; State; Zip Houston, TX 77098)		Amount of Contribution (\$)	\$2,500.00
	Principal occu Realtor	pation / Job title (See Instructions)		Employer (See Instructions Keller Williams)		
	Date 06/28/2025	Full name of contributor our Lester, Jim Contributor address; City; State; Zip Bogata, TX 75417	t-of-state PAC (ID#: p Code			Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
			1				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDU	LE A1
	The Instruc	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 9/16 Rpt: 12/69	
2	FILER NAME Johnson, An	n (The Honorable)		3	Filer ID (Ethics Commission 00067972	ion Filers)
4	Date 06/23/2025	 Full name of contributor		7	Amount of Contribution (\$)	\$250.00
_	5	Houston, TX 77025		Ţ		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	S)		
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID# Ligon, Katharine Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00
	Dringing age	Houston, TX 77008	Employer (Coo Instructions	<u></u>		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	S)		
	Date 06/29/2025	Full name of contributor out-of-state PAC (ID# Lisotta, Christopher Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1.00
		San Francisco, CA 94110				
	Principal occu	oation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 06/26/2025	Full name of contributor out-of-state PAC (ID# Loeb, Margery Contributor address; City; State; Zip Code Houston, TX 77027)		Amount of Contribution (\$)	\$1,000.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	s)		
	Date 06/23/2025	Full name of contributor out-of-state PAC (ID# Loewy, Adam Contributor address; City; State; Zip Code Austin, TX 78701	:		Amount of Contribution (\$)	\$10,000.00
	Principal occu Lawyer	pation / Job title (See Instructions)	Employer (See Instructions Loewy Law Firm	s)		
	-		1			

	MONET	ARY POLITICAL (CONTRIBUTIO	N	S		SCHEDUL	E A1
	The Instru	ction Guide explains hov	v to complete this fo	rr	m.	1	Total pages Schedule A1: Sch: 10/16 Rpt: 13/69	
2	FILER NAME Johnson, An	n (The Honorable)				3	Filer ID (Ethics Commission 00067972	n Filers)
4	Date 06/30/2025	5 Full name of contributor Martin, Carroll	out-of-state PAC (ID#: tate; Zip Code)	7	Amount of Contribution (\$)	\$500.00
_	Dringing! aggs	Austin, TX 78746	I	_	Employer (See Instructions	<u></u>		
8	Lawyer	pation / Job title (See Instructions	5)	9	Employer (See Instructions Scott Douglass & McCo		co LLP	
	Date 06/30/2025	Full name of contributor McAdams, Annie Contributor address; City; S)	•	Amount of Contribution (\$)	\$500.00
	Principal occu	Houston, TX 77092 pation / Job title (See Instructions	5)		Employer (See Instructions	;) 		
	Lawyer	panon / dob the (occ mondent)			Annie McAdams PC	,,		
	Date 06/28/2025	Full name of contributor McCullough, Mark Contributor address; City; S	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$250.00
		Bellaire, TX 77401						
	Principal occu	pation / Job title (See Instructions	5)		Employer (See Instructions	5)		
	Date 06/30/2025	Full name of contributor McGuffee, Elizabeth Contributor address; City; S Nederland, CO 80466	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions	5)		Employer (See Instructions	<u> </u>		
	Date 06/24/2025	Full name of contributor Moreno, Mark Contributor address; City; S Houston, TX 77025	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions	s)		Employer (See Instructions	s)		

	MONET	ARY POLITICAL CONTRIBUTI	ONS		SCHEDU	LE A1
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 11/16 Rpt: 14/69	
2	FILER NAME Johnson, An	n (The Honorable)		3	Filer ID (Ethics Commission 00067972	on Filers)
4	Date 06/30/2025	 Full name of contributor		7	Amount of Contribution (\$)	\$5.00
_	Deinsinal	Houston, TX 77005	To Fundament (Constructions	<u></u>		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	S)		
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID# Neidig, Kati Contributor address; City; State; Zip Code	<u>:</u>		Amount of Contribution (\$)	\$150.00
	Principal occu	Hayward, CA 94542 pation / Job title (See Instructions)	Employer (See Instructions	s)		
	i iliopai occa	sation, our time (ede mondonolis)	Employer (eee meadedone	<i></i>		
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID# Onstad, Jo-El Contributor address; City; State; Zip Code	f:)		Amount of Contribution (\$)	\$25.00
		Seguin, TX 78155				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 06/23/2025	Full name of contributor out-of-state PAC (ID# Parker, Chris Contributor address; City; State; Zip Code Houston, TX 77081	÷)		Amount of Contribution (\$)	\$250.00
	Principal occu	oation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 06/26/2025	Full name of contributor out-of-state PAC (ID# Perdue, Jim Contributor address; City; State; Zip Code Houston, TX 77056	<u>:</u>)		Amount of Contribution (\$)	\$5,000.00
	Principal occu Lawyer	oation / Job title (See Instructions)	Employer (See Instructions Perdue & Kidd	s)		
			•			

	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDUI	E A1
	The Instru	ction Guide explains how to com	nplete this forr	n.	1	Total pages Schedule A1: Sch: 12/16 Rpt: 15/69	
2	FILER NAME Johnson, An	n (The Honorable)			3	Filer ID (Ethics Commission 00067972	on Filers)
4	Date 06/27/2025	 Full name of contributor out-of- Phariss, Mark Contributor address; City; State; Zip C 	-state PAC (ID#:		7	Amount of Contribution (\$)	\$250.00
_	<u> </u>	Plano, TX 75093					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Date 06/30/2025	Riley, Traci	-state PAC (ID#:			Amount of Contribution (\$)	\$250.00
		Houston, TX 77008					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	i)		
	Date 06/28/2025	Full name of contributor out-of- Rosenau, Milton Contributor address; City; State; Zip C	-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
		Bellaire, TX 77401					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 06/26/2025	Rosenberg, Marci)		Amount of Contribution (\$)	\$5,000.00
	Principal occu Owner	pation / Job title (See Instructions)		Employer (See Instructions MRS Couture	5)		
	Date 06/30/2025	Rubin, Marlene	-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			I				

	MONET	ARY POLITICAL CONTRIBUT	IOI	IS		SCHEDUI	E A1
	The Instru	ction Guide explains how to complete thi	s for	m.	1	Total pages Schedule A1: Sch: 13/16 Rpt: 16/69	
2	FILER NAME Johnson, An	n (The Honorable)			3	Filer ID (Ethics Commission 00067972	on Filers)
4	Date 06/23/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$500.00
8	Principal occu	Houston, TX 77098 pation / Job title (See Instructions)	9	Employer (See Instructions	 		
	Paralegal	•		Matthews & Associates			
	Date 06/23/2025	Full name of contributor out-of-state PAC (II Smith, Judy Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
		Houston, TX 77005					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Date 06/23/2025	Full name of contributor out-of-state PAC (II Smith, William Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$1.00
		Houston, TX 77008					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>. </u>		
	Date 06/30/2025	Full name of contributor out-of-state PAC (II Sorola-Pohlman, Lenora Contributor address; City; State; Zip Code Houston, TX 77008				Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Date 06/29/2025	Full name of contributor out-of-state PAC (II Spanjian, Laura Contributor address; City; State; Zip Code Houston, TX 77005				Amount of Contribution (\$)	\$1,000.00
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Global Policy	v Director		Airbnb			

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 14/16 Rpt: 17/69
2	FILER NAME Johnson, An	n (The Honorable)		3	Filer ID (Ethics Commission Filers) 00067972
4	Date 06/27/2025	 Full name of contributor		7	Amount of Contribution (\$) \$200.00
_		Houston, TX 77005		L	
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)	
	Date 06/26/2025	Full name of contributor out-of-state PAC (ID#:_ Texans for Truth & Liberty PAC Contributor address; City; State; Zip Code Austin, TX 78701)		Amount of Contribution (\$) \$25,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)	
	Date 06/24/2025	Full name of contributor out-of-state PAC (ID#:_ Texas Lobby Partners LLP Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$2,000.00
	Deinsinal assu	Austin, TX 78701	Franks var (Caa kastuvatiana		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	S)	
	Date 06/24/2025	Full name of contributor out-of-state PAC (ID#: Texas Medical Association 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	<u>I</u> s)	
	Date 06/24/2025	Full name of contributor out-of-state PAC (ID#:_ Texas Trial Lawyers Association PAC Contributor address; City; State; Zip Code Austin, TX 78701)		Amount of Contribution (\$) \$20,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)	

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 15/16 Rpt: 18/69	
2	FILER NAME Johnson, An	(The Honorable)		3	Filer ID (Ethics Commission 00067972	on Filers)
4	Date 06/30/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$10.00
0	Dringing oggu	Houston, TX 77098	0 Employer (See Instructions			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#:_ Watts, Mikal Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5,000.00
	Principal occu	Dorado PR 00646 Puerto Rico pation / Job title (See Instructions)	Employer (See Instructions			
	Lawyer	pation 7 cos title (cos metadotorio)	Watts Law Firm LLP			
	Date 06/23/2025	Full name of contributor)		Amount of Contribution (\$)	\$10.00
		Houston, TX 77005				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 06/28/2025	Full name of contributor out-of-state PAC (ID#:_ Weltge, Arlo Contributor address; City; State; Zip Code Bellaire, TX 77401			Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 06/27/2025	Full name of contributor out-of-state PAC (ID#:_ Wholesale Beer Distributors of Texas 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	SCHEDULE A1
	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 16/16 Rpt: 19/69
2	FILER NAME Johnson, An	ın (The Honorable)	(The Honorable)	
4	Date 06/26/2025	 Full name of contributor)	7 Amount of Contribution (\$) \$10,000.00
_		Houston, TX 77017		
8	Lawyer	pation / Job title (See Instructions)	9 Employer (See Instructions) Williams Hart & Boundas	
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#:_ Williamson, William Contributor address; City; State; Zip Code)	Amount of Contribution (\$) \$100.00
	Principal occu	Houston, TX 77005 pation / Job title (See Instructions)	Employer (See Instructions	s)
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#:_ Yount, Richard Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$1,000.00
	Discipal	Houston, TX 77098		
	Owner -	pation / Job title (See Instructions)	Employer (See Instructions Patients Emergency Roo	
	Date 06/27/2025	Full name of contributor out-of-state PAC (ID#:_Zilkha, Cornelia Contributor address; City; State; Zip Code Houston, TX 77019)	Amount of Contribution (\$) \$2,000.00
	Principal occu Philanthropis	pation / Job title (See Instructions)	Employer (See Instructions Self Employed	s)

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 20/69 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Johnson, Ann (The Honorable) 00067972 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS 6 Full name of contributor 9 In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 06/24/2025 Cuevas, Jo Cassandra \$495.26 | Event venue and 7 Contributor address; City; State; Zip Code refreshments Austin, TX 78701 Check if travel outside of Texas. Complete Schedule T. (See instructions) 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) Founder / Lobbyist The De Cuebaz Company 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

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 Salarice Magnet/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 1/46 Rpt: 21/69	Johnson, Ann (The Honorable) 00067972
4	Date	5 Payee name
	01/29/2025	AT&T
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$65.65	208 W. Akard St.
		Dallas, TX 75202
8	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
		Austin apartment utilities
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	
_	Date	Payee name
	03/03/2025	AT&T
	Amount (\$)	Payee address; City; State; Zip Code
	\$64.98	208 W. Akard St.
	4000	
		Dallas, TX 75202
	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
		Austin apartment utilities
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	
_	Date	Payee name
	03/31/2025	AT&T
	Amount (\$)	Payee address; City; State; Zip Code
	\$45.76	208 W. Akard St.
	4.5	
		Dallas, TX 75202
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense Austin apartment utilities
		Austin apartment utilities
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	U
	·	

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

	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: 2/46 Rpt: 22/69	Johnson, Ann (The Honorable)	3 Filer ID (Ethics Commission Filers) 00067972
4	Date	5 Payee name	
	04/29/2025	AT&T	
6	Amount (\$) \$55.54	7 Payee address; City; State; Zip Code 208 W. Akard St. Dallas, TX 75202	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	utside of Texas. Complete Schedule T. TX, officeholder living expense ent utilities
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	05/28/2025	AT&T	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$60.61	208 W. Akard St.	
		Dallas, TX 75202	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Office Overfiedd/Nertial Experise	utside of Texas. Complete Schedule T. TX, officeholder living expense
		Austin apartm	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	06/23/2025	ActBlue	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2,492.75	P.O. Box 441146	
		Somerville, MA 02144	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	1 003	utside of Texas. Complete Schedule T. TX, officeholder living expense
		Online contrib	
		Simile contrib	
	Complete ONLY 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

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

	Credit Card Payment	The Instruction Guide explains how to compl	olete ti	his form.		
1	Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
	Sch: 3/46 Rpt: 23/69	Johnson, Ann (The Honorable)			00067972	
4	Date	5 Payee name		•		
	02/02/2025	Amazon				
6	Amount (\$)	7 Payee address; City; State; Zip Code	9			
	\$103.42	410 Terry Ave. N				
		Seattle, WA 98109				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)) De	escription		
	OF EXPENDITURE	Office Overhead/Rental Expense		Check if travel outsid		
	LAFLINDITORL			Check if Austin, TX, o		
			Su	upplies for TV in	1 Capitoi Oi	пісе
_	Operation ONLY if the est	Open lideta IO ffina haldan na na			O#: I	.1.1
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	It		Office he	ela
	· 					
	Date	Payee name				
	06/20/2025	Amazon				
	Amount (\$)	Payee address; City; State; Zip Code	9			
	\$546.60	410 Terry Ave. N				
		Seattle, WA 98109				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)		escription		
	OF EXPENDITURE	Office Overhead/Rental Expense		Check if travel outsid Check if Austin, TX, o		
			_	fice supplies	Jiliceriolder living	ехрепзе
	Complete ONLY if direct	Candidate/Officeholder name Office sought	nt		Office he	eld
	expenditure to benefit C/O					
	Date	Payee name				
	06/27/2025	Amazon				
	Amount (\$)	Payee address; City; State; Zip Code	, 			
	\$120.12	410 Terry Ave. N				
	, -	,				
		Seattle, WA 98109				
	PURPOSE		, Da			
	OF	(a) Category (See Categories listed at the top of this schedule) Event Expense		escription Check if travel outsid	e of Texas. Com	plete Schedule T.
	EXPENDITURE	Event Expense		Check if Austin, TX, o		
			Pri	ide Parade sup	plies	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	nt		Office he	eld
	expenditure to benefit C/Ol	1				

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 4/46 Rpt: 24/69	Johnson, Ann (The Honorable) 00067972
4	Date	5 Payee name
	06/30/2025	Amazon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$29.13	410 Terry Ave. N
		Seattle, WA 98109
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.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Pride parade supplies
_		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/06/2025	Bayou Blue Democrats
	Amount (\$)	Payee address; City; State; Zip Code
	\$350.00	2645 Westgate
		Houston, TX 77098
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	EXI ENDITORE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
		Event sponsorship
	Complete ONLY if direct	Candidata/Officeholder name Office country Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/13/2025	Blue Victory Communications
	Amount (\$)	Payee address; City; State; Zip Code
	\$5,000.00	P.O. Box 300624
		Austin, TX 78703
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Communications consulting
		Communications consulting
	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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 5/46 Rpt: 25/69	2 FILER NAME Johnson, Ann (The Honorable) 3 Filer ID (Ethics Commission 00067972	on Filers)
4	Date 03/05/2025	5 Payee name Blue Victory Communications	
6	Amount (\$) \$5,000.00	7 Payee address; City; State; Zip Code P.O. Box 300624 Austin, TX 78703	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Communications consulting	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held OH	
	Date 03/31/2025	Payee name Blue Victory Communications	
	Amount (\$) \$5,000.00	Payee address; City; State; Zip Code P.O. Box 300624	
	PURPOSE OF EXPENDITURE	Austin, TX 78703 (a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Communications consulting	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held OH	
	Date 05/02/2025	Payee name Blue Victory Communications	
	Amount (\$) \$5,000.00	Payee address; City; State; Zip Code P.O. Box 300624	
		Austin, TX 78703	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Communications consulting	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held 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

	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: 6/46 Rpt: 26/69	Johnson, Ann (The Honorable) 00067972	
4	Date	5 Payee name	
	01/28/2025	Canva	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$15.00	3212 E. Cesar Chavez St., #1300	
		Austin, TX 78702	
8	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	
		Graphic design software	
		Graphic design solution	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
9	Complete ONLY if direct expenditure to benefit C/O		
L	·		
	Date	Payee name	
	02/28/2025	Canva	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$15.00	3212 E. Cesar Chavez St., #1300	
		Austin, TX 78702	
	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	
		Graphic design software	
		Crapino design solivare	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
	Date	Payee name	
	03/28/2025	Canva	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$15.00	3212 E. Cesar Chavez St., #1300	
		Austin, TX 78702	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	
		Craphic decign coffware	
		Graphic design software	
	Complete ONE V. C.	Condidate/Officeholder name	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Cor	mmittee	Gift/Awards/Memorials Legal Services The Instruction Gi	•		ages	/Contract Labor		Travel Out of D OTHER (enter	oistrict a category not listed above)
_	Tatal manus Oct 11 51	_	EU ED MANT		ac expiaiiis		pic		_	Files ID	(Ethiop Commission Eller)
	Total pages Schedule F1:				I-1-X				ა	Filer ID	(Ethics Commission Filers)
	Sch: 7/46 Rpt: 27/69		Jonnson, A	nn (The Honora	pie)					00067972	
4	Date	5	Payee name							<u></u>	
	04/28/2025		Canva								
6	Amount (\$)	7	Payee addre	ss; City;	State	; Zip Co	de				
	\$15.00		•	sar Chavez St.,							
	+ =0.30			2 2 2 2 3 3 4 3 4 4 4 4 4 4 4 4 4 4 4 4							
			Austin TV	70702							
			Austin, TX	18/02		 					
8	PURPOSE	(a)	Category (S	ee Categories listed at t	he top of this sch	nedule)	(b)	Description			
	OF EXPENDITURE		Office Over	head/Rental Ex _l	pense			_			mplete Schedule T.
								Graphic designment		officeholder livir	iy expense
								σιαμπιο αθδίξ	JII S	Joilwait	
Ļ											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offi	ceholder name	(Office sou	ght			Office h	neld
L	experience to beliefft C/OI	'									
	Date		Payee name								
	05/28/2025		Canva								
	Amount (\$)	\vdash	Payee addre	ss; City;	State	; Zip Co	de				
	\$15.00		,	sar Chavez St.,							
	Ψ10.00		J	Jan Oliavoz Oli,	1000						
			Assetts == XX	70700							
		L	Austin, TX	78702							
	PURPOSE	(a)	Category (S	ee Categories listed at t	he top of this sch	nedule)	(b)	Description			
	OF EXPENDITURE		Office Over	head/Rental Exp	pense			—			mplete Schedule T.
	-							—		officeholder livir	ng expense
								Graphic desig	Ju s	suiware	
_											
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offi	ceholder name	(Office sou	ght			Office h	neld
L	SAPERICITOR DEFICIT C/OI										
	Date		Payee name								
	06/30/2025		Canva								
	Amount (\$)	\vdash	Payee addre	ss; City;	State	; Zip Co	de				
	\$15.00		•	sar Chavez St.,		,p 00					
	Ψ10.00		0212 L. 06	Jai Oliavez Ji.,	,, 1000						
L		L	Austin, TX	78702							
	PURPOSE	(a)	Category (S	ee Categories listed at t	he top of this sch	nedule)	(b)	Description			
	OF EXPENDITURE		Office Over	head/Rental Exp	pense						mplete Schedule T.
										officeholder livir	ng expense
								Graphic desig	yn s	soπware	
	Complete ONLY if direct		Candidate/Offi	ceholder name	(Office sou	ght			Office h	neld
	expenditure to benefit C/OI	Н									

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 Committe

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		ot listed above)
	Credit Gard F dyment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics	Commission Filers)
	Sch: 8/46 Rpt: 28/69	Johnson, Ann (The Honorable) 00067972	
4	Date	5 Payee name	
	02/11/2025	City of Austin	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
٠	\$63.49		
	Ψ00.40	1.0. Box 2201	
		Austin TV 70702	
		Austin, TX 78783	
8	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 Sche	dule T.
		Austin apartment utilities	
		Addition apartment admitted	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
9	expenditure to benefit C/OI		
	Date	Payee name	
	03/11/2025	City of Austin	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$73.57	P.O. Box 2267	
		Austin, TX 78783	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Office Overhead/Rental Expense	dule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Austin apartment utilities	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	JH	
	Date	Payee name	
	04/08/2025	City of Austin	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$61.97		
		Austin, TX 78783	
	DUDDO05		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	dulo T
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Sche Check if Austin, TX, officeholder living expense	uule 1.
		Austin apartment utilities	
	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

Event Expense Loan Re Fees Office O' Food/Beverage Expense Polling E Gift/Awards/Memorials Expense Printing I Legal Services Salaries.

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

	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: 9/46 Rpt: 29/69	Johnson, Ann (The Honorable) 00067972
4	Date	5 Payee name
	05/09/2025	City of Austin
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$61.84	P.O. Box 2267
		Austin, TX 78783
8	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
		Austin apartment utilities
		, asam aparamone annuo
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	David and the second se
	06/09/2025	Payee name City of Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$64.83	P.O. Box 2267
		Austin, TX 78783
	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
		Austin apartment utilities
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/07/2025	City of Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$58.74	P.O. Box 2267
	Ψ30.74	1.O. Box 2207
		Austin, TX 78783
	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
		Austin apartment utilities
	Commission ONU V. M. alling .	Constitute (Office helder nove
	Complete ONLY if direct expenditure to benefit C/OI	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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 10/46 Rpt: 30/69	2 FILER NAME Johnson, Ann (The Honorable) 3 Filer ID (Ethics Commission Filers) 00067972
4	Date 04/03/2025	5 Payee name City of West U Parks & Rec Dept.
6	Amount (\$) \$1,250.00	7 Payee address; City; State; Zip Code 2631 Pittsburg
		Houston, TX 77005
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Event sponsorship
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 06/05/2025	Payee name City of West University Place
	Amount (\$) \$150.00	Payee address; City; State; Zip Code 4210 Bellaire Blvd.
		West University Place, TX 77025
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Event sponsorship
	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 04/03/2025	Payee name Clayton Spangler Photographic Design
	Amount (\$) \$549.00	Payee address; City; State; Zip Code 235 Point Lick Drive
		Charleston, WV 25306
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 2025 Panamoric Photo
	Complete ONLY 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

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 Salarice Magnet/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	<u> </u>	
_	Sch: 11/46 Rpt: 31/69	Johnson, Ann (The Honorable) 00067972	
4	Date	5 Payee name	
	01/21/2025	Constant Contact	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$37.31	1601 Trapelo Road	
		Waltham, MA 02451	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	
	EXI ENDITORE	Check if Austin, TX, officeholder living expense	
		Eblast software	
_			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	02/18/2025	Constant Contact	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$37.31	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	
	EXI ENDITORE	Check if Austin, TX, officeholder living expense	
		Eblast software	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
	Date	Payee name	
	03/18/2025	Constant Contact	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$37.31	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.	
	EXI ENDITORE	Check if Austin, TX, officeholder living expense	
		Eblast software	
	Complete ONLY if direct	Condidate/Officeholder name Office county Office	
	Complete ONLY if direct expenditure to benefit C/OI	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 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	
<u>_</u>	Tatal name C	
1	Total pages Schedule F1:	
	Sch: 12/46 Rpt: 32/69	Johnson, Ann (The Honorable) 00067972
4	Date	5 Payee name
	04/18/2025	Constant Contact
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$117.26	1601 Trapelo Road
		Waltham, MA 02451
		1
8	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
		Eblast software
		Estast Software
<u>_</u>	Complete ONLY !! -!!!	Condidate/Officeholder name
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	05/19/2025	Constant Contact
	Amount (\$)	Payee address; City; State; Zip Code
	\$117.26	1601 Trapelo Road
		Waltham, MA 02451
_	DUDDOSE	1
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Eblast software
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	• · · · · · · · · · · · · · · · · · · ·
\vdash	Data	
	Date	Payee name
	06/18/2025	Constant Contact
	Amount (\$)	Payee address; City; State; Zip Code
	\$117.26	1601 Trapelo Road
		Waltham, MA 02451
	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
		Eblast software
	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)

Event Expense Loan Repayment/Reimbu

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this fo	orm.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 13/46 Rpt: 33/69	Johnson, Ann (The Honorable)	00067972
4	Date	5 Payee name	•
	01/13/2025	Cubesmart	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$84.00	2701 S. Congress Ave.	
		Austin, TX 78704	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descrip	tion
	OF EXPENDITURE	Office Overhead/Rental Expense	k if travel outside of Texas. Complete Schedule T.
			k if Austin, TX, officeholder living expense aign storage
		Campa	aigh storage
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		Office Held
_	Date	Davies wares	
	02/13/2025	Payee name Cubesmart	
	Amount (\$) \$84.00	Payee address; City; State; Zip Code 2701 S. Congress Ave.	
	φ04.00	2701 3. Congress Ave.	
		Austin TV 70704	
		Austin, TX 78704	
	PURPOSE OF	(a) Category (see Categories listed at the top of this schedule) (b) Descrip	tion k if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overficad/Nertial Expense	k if Austin, TX, officeholder living expense
		Campa	aign storage
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	l	
	Date	Payee name	
	03/13/2025	Cubesmart	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$84.00	2701 S. Congress Ave.	
		Austin, TX 78704	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descrip	tion
	OF EXPENDITURE		k if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		k if Austin, TX, officeholder living expense
		Campa	aign storage
	Complete ONII V if allow	Candidata/Officabalday rama	Office heal-
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
<u> </u>			

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

	The Instruction Guide explains how to com	plete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 14/46 Rpt: 34/69	Johnson, Ann (The Honorable)	00067972
4 Date	5 Payee name	<u>'</u>
04/14/2025	Cubesmart	
6 Amount (\$)	7 Payee address; City; State; Zip Code	е
\$84.00	2701 S. Congress Ave.	
	Austin, TX 78704	
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.
EXPENDITURE		Check if Austin, TX, officeholder living expense
		Campaign storage
		000
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sougl H	ht Office held
Date	Payee name	
05/13/2025	Cubesmart	
Amount (\$)	Payee address; City; State; Zip Code	e
\$84.00	2701 S. Congress Ave.	
	Austin, TX 78704	
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 Campaign storage
		ounipuign eterage
Complete ONLY if direct	Candidate/Officeholder name Office sough	ht Office held
expenditure to benefit C/O		
Date	Payee name	
06/13/2025	Cubesmart	
Amount (\$)	Payee address; City; State; Zip Code	ρ
\$84.00	2701 S. Congress Ave.	
401.00	2101 6. 30 ng. 330 7 tt 0.	
	Austin, TX 78704	
	Austin, 17, 70704	
DUDDOCE		h) Description
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	b) Description Check if travel outside of Texas. Complete Schedule T.
		b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
OF	(a) Category (See Categories listed at the top of this schedule)	Check if travel outside of Texas. Complete Schedule T.
OF	(a) Category (See Categories listed at the top of this schedule)	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
OF EXPENDITURE Complete ONLY if direct	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Candidate/Officeholder name Office sough	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign storage
OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Candidate/Officeholder name Office sough	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign storage
OF EXPENDITURE Complete ONLY if direct	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Candidate/Officeholder name Office sough	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign storage

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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	l 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: 15/46 Rpt: 35/69	Johnson, Ann (The Honorable) 00067972
4	Date	5 Payee name
	04/04/2025	Gina Ortiz Jones Campaign
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	P.O. Box 12246
		San Antonio, TX 78212
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 travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
		Campaign continuation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
F	Date	Payee name
	01/01/2025	Grant Martin Campaigns
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,098.25	2383 Bush Street
		San Francisco, CA 94115
	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
		Print ad and fees
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	02/02/2025	Grant Martin Campaigns
H	Amount (\$)	Payee address; City; State; Zip Code
	\$2,531.81	2383 Bush Street
		San Francisco, CA 94115
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Flags and fees
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		

SCHEDULE F1

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

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

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: 16/46 Rpt: 36/69	Johnson, Ann (The Honorable) 00067972
4	Date	5 Payee name
	03/28/2025	Grant Martin Campaigns
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$12,216.56	2383 Bush Street
		San Francisco, CA 94115
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fees, supplies and staffing
		rees, supplies and stanning
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/O	
_		
	Date	Payee name
	06/05/2025	Grant Martin Campaigns
	Amount (\$)	Payee address; City; State; Zip Code
	\$7,592.37	2383 Bush Street
		San Francisco, CA 94115
	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 Print ad, fees and staffing
		Time ad, lees and staining
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	
	Date 01/03/2025	Payee name
		Gusto
	Amount (\$)	Payee address; City; State; Zip Code
	\$68.22	525 20th Street
		San Francisco, CA 94107
	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
		Payroll processing fee
\vdash	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

	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: 17/46 Rpt: 37/69	Johnson, Ann (The Honorable) 00067972						
4	Date	5 Payee name						
	01/14/2025	Gusto						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$800.09	525 20th Street						
		San Francisco, CA 94107						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.						
		Check if Austin, TX, officeholder living expense Payroll taxes						
		T dyron taxes						
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
ľ	expenditure to benefit C/OI	the state of the s						
H	Date	Payee name						
	01/14/2025	Gusto						
┝	Amount (\$)	Payee address; City; State; Zip Code						
	\$3,360.55	525 20th Street						
	φ3,300.33	323 Zour Suleet						
		Con Francisco CA 04407						
L		San Francisco, CA 94107						
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.						
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
		Payroll						
Г	Complete ONLY if direct							
	expenditure to benefit C/OI	H						
	Date	Payee name						
	01/30/2025	Gusto						
Г	Amount (\$)	Payee address; City; State; Zip Code						
	\$800.03	525 20th Street						
		San Francisco, CA 94107						
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Salaries/Wages/Contract Labor						
	LXI ENDITORE	Check if Austin, TX, officeholder living expense						
		Payroll taxes						
L	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 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

	Credit Card Payment		The Instruction Guide explains ho	w to co	mple	ete this form.
1	Total pages Schedule F1:	2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	Sch: 18/46 Rpt: 38/69		Johnson, Ann (The Honorable)			00067972
4	Date	5	Payee name			<u>'</u>
	01/30/2025		Gusto			
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de	
	\$3,360.58		525 20th Street			
			San Francisco, CA 94107			
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedu	(alu	(b)	Description
	OF	``	Salaries/Wages/Contract Labor	uie)	()	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		3			Check if Austin, TX, officeholder living expense
						Payroll
_						
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name Offi	ice sou	ght	Office held
	<u>'</u>	_				
	Date		Payee name			
	02/04/2025		Gusto			
	Amount (\$)		Payee address; City; State; 2	Zip Co	de	
	\$68.22		525 20th Street			
			San Francisco, CA 94107			
	PURPOSE	(a)	Category (See Categories listed at the top of this schedu	ule)	(b)	Description
	OF EXPENDITURE		Salaries/Wages/Contract Labor			Check if travel outside of Texas. Complete Schedule T.
						Check if Austin, TX, officeholder living expense Payroll processing fee
						. ayıcı processing loc
	Complete ONLY if direct		Candidate/Officeholder name Offi	ice sou	ght	Office held
	expenditure to benefit C/OI	Н			•	
H	Date		Payee name			
	02/13/2025		Gusto			
	Amount (\$)	H	Payee address; City; State;	Zip Co	de	
	\$800.09		525 20th Street	,	-	
			San Francisco, CA 94107			
	PURPOSE	(a)	Category (See Categories listed at the top of this schedu	ulo)	(h)	Description
	OF	(")	Salaries/Wages/Contract Labor	uie)	(~)	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Caranes, Trages, Contract Last.			Check if Austin, TX, officeholder living expense
						Payroll taxes
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name Offi	ice sou	ght	Office held
	onpolicitate to bollolit 0/01					
L						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ising 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 Salaries/Wages/Contract Labor

	Credit Card Payment		The Instruction Guide explains ho	ow to co	mple	ete this form.
1	Total pages Schedule F1:	2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	Sch: 19/46 Rpt: 39/69		Johnson, Ann (The Honorable)			00067972
4	Date	5	Payee name			<u>'</u>
	02/13/2025		Gusto			
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de	
	\$3,360.55		525 20th Street			
			San Francisco, CA 94107			
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedu	lule)	(b)	Description
	OF	ľ` <i>′</i>	Salaries/Wages/Contract Labor	iuie)	` '	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		· ·			Check if Austin, TX, officeholder living expense
						Payroll
Ļ	Complete ONII V if direct	<u> </u>	Candidata/Officabaldan nama	e:	a. la.t	Office hold
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name Off	fice sou	ynt	Office held
L	Data	_				
	Date		Payee name			
	02/27/2025	L	Gusto			
	Amount (\$)		Payee address; City; State;	Zip Co	de	
	\$800.03		525 20th Street			
			San Francisco, CA 94107			
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedu	lule)	(b)	Description
	EXPENDITURE		Salaries/Wages/Contract Labor			Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
						Payroll taxes
						,
	Complete ONLY if direct		Candidate/Officeholder name Off	fice sou	ght	Office held
	expenditure to benefit C/OI	Н				
F	Date		Payee name			
	02/27/2025		Gusto			
	Amount (\$)	H	Payee address; City; State;	Zip Co	de	
	\$3,360.58		525 20th Street	•		
			San Francisco, CA 94107			
	PURPOSE	(a)	Category (See Categories listed at the top of this schedu	lule)	(b)	Description
	OF	ľ` <i>′</i>	Salaries/Wages/Contract Labor	luic)	` '	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		· ·			Check if Austin, TX, officeholder living expense
						Payroll
L	Complete CNUV'S	<u> </u>	Constitution (Office leading to the second	Gan -	aul- ·	Office held
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name Off	fice sou	ynt	Office held
L						

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	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: 20/46 Rpt: 40/69	Johnson, Ann (The Honorable) 00067972
4	Date	5 Payee name
	03/03/2025	Gusto
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$93.22	525 20th Street
		San Francisco, CA 94107
8	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 Payroll processing fee
		rayioli piocessilig lee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Data	David and the second se
	Date	Payee name
	03/13/2025	Gusto
	Amount (\$)	Payee address; City; State; Zip Code
	\$800.09	525 20th Street
		San Francisco, CA 94107
	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
		Payroll taxes
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_	Data	David and the second se
	Date 03/13/2025	Payee name
		Gusto
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,360.55	525 20th Street
		San Francisco, CA 94107
	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 Payroll
		i ayıoli
_	Complete ONLY if direct	Candidate/Officeholder name Office sought 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 Committee

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:		_
_	Sch: 21/46 Rpt: 41/69	Johnson, Ann (The Honorable) 00067972	
4	Date	5 Payee name	-
	03/28/2025	Gusto	
6	Amount (\$)	7 Payee address; City; State; Zip Code	-
	\$409.48	525 20th Street	
		San Francisco, CA 94107	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	-
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Payroll taxes	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	1	
	Date	Payee name	=
	03/28/2025	Gusto	
			_
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,809.51	525 20th Street	
		San Francisco, CA 94107	
	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	
		Payroll	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	1	
	Date	Payee name	_
	04/02/2025	Gusto	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$77.81	525 20th Street	
	ψ11.0 <u>1</u>	323 2341 34 34	
		Con Francisco OA 04407	
		San Francisco, CA 94107	
	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	
		Payroll processing fee	
	0 1: 0		_
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Superiord to belieff 0/01	· 	
	· · · ·		_

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/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: 22/46 Rpt: 42/69	Johnson, Ann (The Honorable) 00067972
4	Date	5 Payee name
	04/14/2025	Gusto
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$408.02	525 20th Street
		San Francisco, CA 94107
8	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 Payroll taxes
		rayioli laxes
_	Operation ONLY if allowed	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	
	Date	Payee name
	04/14/2025	Gusto
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,809.49	525 20th Street
		San Francisco, CA 94107
	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
		Payroll
		T ayron
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
-	Data	Davis same
	Date 04/29/2025	Payee name
		Gusto
	Amount (\$)	Payee address; City; State; Zip Code
	\$400.48	525 20th Street
		San Francisco, CA 94107
	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
		Payroll taxes
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought 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 Com Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services 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: 23/46 Rpt: 43/69	Johnson, Ann (The Honorable) 00067972
4	Date	5 Payee name
	04/29/2025	Gusto
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,809.51	525 20th Street
		San Francisco, CA 94107
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Payroll
		1 dyron
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Data	
	Date	Payee name
L	05/05/2025	Gusto
	Amount (\$)	Payee address; City; State; Zip Code
	\$77.81	525 20th Street
		San Francisco, CA 94107
	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
		Payroll processing fee
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Date	
	Date	Payee name
	05/14/2025	Gusto
	Amount (\$)	Payee address; City; State; Zip Code
	\$399.02	525 20th Street
		San Francisco, CA 94107
	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 Payroll taxes
		Fayıuli laxes
\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 Committee Credit Card Payment

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

	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: 24/46 Rpt: 44/69	Johnson, Ann (The Honorable)	00067972
4	Date	5 Payee name	'
	05/14/2025	Gusto	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,809.49	525 20th Street	
		San Francisco, CA 94107	
8	PURPOSE		2
٠	OF		ravel outside of Texas. Complete Schedule T.
	EXPENDITURE		Austin, TX, officeholder living expense
		Payroll	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/Ol	1	
	Date	Payee name	
	05/29/2025	Gusto	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$371.98	525 20th Street	
		San Francisco, CA 94107	
	PURPOSE		2
	OF		ravel outside of Texas. Complete Schedule T.
	EXPENDITURE		Austin, TX, officeholder living expense
		Payroll ta	xes
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	4	
	Date	Payee name	
	05/29/2025	Gusto	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,809.51	525 20th Street	
		San Francisco, CA 94107	
	PURPOSE		2
	OF	, , , , , , , , , , , , , , , , , , ,	ravel outside of Texas. Complete Schedule T.
	EXPENDITURE	Salaries/Wages/Contract Eabor	Austin, TX, officeholder living expense
		Payroll	
	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 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

	Credit Card Payment	The Instruction Guide explains how to cor	nple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 25/46 Rpt: 45/69	Johnson, Ann (The Honorable)		00067972
4	Date	5 Payee name		·
	06/04/2025	Gusto		
6	Amount (\$)	7 Payee address; City; State; Zip Cod	de	
l	\$77.81	525 20th Street		
l				
L		San Francisco, CA 94107		
8	PURPOSE OF	, , ,	(b)	Description Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Salaries/Wages/Contract Labor		Check if Austin, TX, officeholder living expense
				Payroll processing fee
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office soug	ght	Office held
┡	·			
l	Date 06/12/2025	Payee name		
┡		Gusto State: 7in Co.	40	
l	Amount (\$) \$365.27	Payee address; City; State; Zip Coo 525 20th Street	ue	
l	Ψ303.21	323 Zour Succe		
		San Francisco, CA 94107		
┝	PURPOSE		(b)	Description
l	OF EXPENDITURE	Salaries/Wages/Contract Labor	(,	Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	-		Check if Austin, TX, officeholder living expense
				Payroll taxes
┝	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
	expenditure to benefit C/O	•	,	
F	Date	Payee name		
l	06/12/2025	Gusto		
H	Amount (\$)	Payee address; City; State; Zip Cod	de	
	\$1,809.49	525 20th Street		
l				
l		San Francisco, CA 94107		
	PURPOSE OF	,	(b)	Description
l	EXPENDITURE	Salaries/Wages/Contract Labor		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l				Payroll
	Complete ONLY if direct	Candidate/Officeholder name Office sout	ght	Office held
L	expenditure to benefit C/Ol	1		

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

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services The Instruction Guide	Salaries	Wages	s/Contract Labor		OTHER (enter a	category not listed ab	ove)
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commiss	ion Filers)
	Sch: 26/46 Rpt: 46/69	Johnson, A	Ann (The Honorable)) 				00067972		
4	Date	5 Payee name	e							
	06/27/2025	Gusto								
6	Amount (\$)	7 Payee addr	ess; City;	State; Zip C	ode					
	\$1,809.51	525 20th S	street							
		San Franc	isco, CA 94107							
8	PURPOSE OF	(a) Category (See Categories listed at the to	p of this schedule)	(b)	Description				
	EXPENDITURE	Salaries/W	ages/Contract Labo	r		=			plete Schedule T.	
						Payroll	, 1,	officeholder living	j expense	
						1 dylon				
_	Computate ONLY if diseast	Caradidata/Of	finale alder manes	0#:				Office by	al al	
9	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office so	ugni			Office he	eia	
	Date	Payee name								
	06/27/2025	Gusto								
	Amount (\$)	Payee addr	ess; City;	State; Zip C	ode					
	\$358.48	525 20th S	•							
	4000.10	020 2011 0	an oot							
		San Franc	isco, CA 94107							
	PURPOSE	(a) Category (See Categories listed at the to	p of this schedule)	(b)	Description				
	OF EXPENDITURE		ages/Contract Labo						plete Schedule T.	
						ш	, TX,	officeholder living	g expense	
						Payroll taxes				
					<u> </u>					
	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office so	ught			Office he	eld	
	experience to benefit Gree									
	Date	Payee name	e							
	03/06/2025	HBAD								
	Amount (\$)	Payee addr	ess; City;	State; Zip C	ode					
	\$200.00	P.O. Box 2	02116							
		Houston, 7	X 77220							
	PURPOSE	(a) Category (s	See Categories listed at the to	p of this schedule)	(b)	Description				
	OF EXPENDITURE		ns/Donations Made						plete Schedule T.	
	LAFENDITORE	Candidate	Officeholder/Politica	d Committee			, TX	officeholder living	expense	
						Event tickets				
	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office so	ught			Office he	eld	
	experiorare to benefit C/OI									
	<u>-</u>									0 (4 0 10(10

SCHEDULE F1

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

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 Salaries/Wages/Contract Labor

	Candidate/Officenoider/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: 27/46 Rpt: 47/69	Johnson, Ann (The Honorable) 00067972					
4	Date	5 Payee name					
	05/22/2025	HEB					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$92.92	2652 Lake Austin Blvd.					
		Austin, TX 78703					
8	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					
		Office refreshments					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/O	1					
	Date	Payee name					
	06/11/2025	HEB					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$352.42	5225 Buffalo Speedway					
		Houston, TX 77005					
	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					
		Event refreshments					
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O	1					
	Date	Payee name					
	01/08/2025	Harris County Democratic Party					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$1,035.25	4619 Lyons Ave.					
		Houston, TX 77020					
	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					
		Spondonary					
	Complete ONLY if direct	Candidate/Officeholder name Office sought 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 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		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 28/46 Rpt: 48/69	Johnson, Ann (The Honorable) 00067972	
4	Date	5 Payee name	
	06/16/2025	Harris County Democratic Party	
6	Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 4619 Lyons Ave.	
		Houston, TX 77020	
8	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	
		Sponsorship	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	=
	02/28/2025	Hotel Icon	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,020.14	220 Main St.	
		Houston, TX 77002	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Staff lodging in district	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
H	Date	Payee name	_
	02/13/2025	IT Caucus	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$250.00	1108 Lavaca St., Suite 110-701	
		Austin, TX 78701	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Member dues	
	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

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 Salaries (Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
_	Sch: 29/46 Rpt: 49/69	Johnson, Ann (The Honorable) 00067972
4	Date	5 Payee name
	05/26/2025	John Bucy Campaign
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$42.50	P.O. Box 536
		Austin, TX 78767
8	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.
	LAI LINDITORE	Check if Austin, TX, officeholder living expense
		Reimbursement - Chairman gift
_		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/10/2025	Johnson, Ann
	Amount (\$)	Payee address; City; State; Zip Code
	\$809.62	P.O. Box 56386
		Houston, TX 77256
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Reimbursement of Schedule G expenditures
	Operation ONLY if allowed	Occadidate (Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/19/2025	Legislative Study Group
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	P.O. Box 12943
		Austin, TX 78711
	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.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Member dues
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Orialiano to bonioni O/Oi	

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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 30/46 Rpt: 50/69	Johnson, Ann (The Honorable) 00067972
4	Date	5 Payee name
	04/07/2025	NGP VAN Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,753.48	655 15th St. NW #650
		Washington, DC 20005
8	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
		Campaign database software
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	03/31/2025	Primo Brands
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.13	1150 Assembly Dr., #800
		Tampa, FL 33607
	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
		Drinking water for office
		3
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	04/10/2025	Primo Brands
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.13	1150 Assembly Dr., #800
		Tampa, FL 33607
	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 Drinking water for office
		Drinking water for office
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
l		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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	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: 31/46 Rpt: 51/69	Johnson, Ann (The Honorable) 00067972	
4	Date	5 Payee name	
	04/10/2025	Primo Brands	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$9.84	1150 Assembly Dr., #800	
		Tampa, FL 33607	
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.	
		Check if Austin, TX, officeholder living expense Drinking water for office	
		Difficing water for office	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
ľ	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·	
-	Date	Power name	
	04/14/2025	Payee name Primo Brands	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$143.60	1150 Assembly Dr., #800	
		Tampa, FL 33607	
	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 Drinking water for office	
		Difficility water for office	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
_	Data	Davies same	
	Date 04/28/2025	Payee name Primo Brands	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$91.94	1150 Assembly Dr., #800	
		Tampa, FL 33607	
	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 Drinking water for office	
		Diffixing water for office	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
_			
L			

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

	Credit Gard Layment	The Instruction Guide explains how to con	nple	te this form.				
1	Total pages Schedule F1:	2 FILER NAME		3		Filer ID	(Ethics Commission File	rs)
	Sch: 32/46 Rpt: 52/69	Johnson, Ann (The Honorable)			(00067972		
4	Date	5 Payee name		•				
	05/12/2025	Primo Brands						
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de					
	\$9.84	1150 Assembly Dr., #800						
		Tampa, FL 33607						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description				
	OF EXPENDITURE	Office Overhead/Rental Expense		Check if travel outs				
				Check if Austin, TX Drinking water 1			expense	
				Drinking water i		Office		
9	Complete ONLY if direct	Candidate/Officeholder name Office souc	ht			Office he	ıld.	
	expenditure to benefit C/OI		,,,,			Office fic	ii u	
	Date	Davios namo						
	05/19/2025	Payee name Primo Brands						
	Amount (\$)	Payee address; City; State; Zip Coo	10					
	\$91.94	1150 Assembly Dr., #800	iC.					
	Ψ31.34	1130 / GSEMBIY Dr., #000						
		Tampa, FL 33607						
	PURPOSE		(h)	December				
	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(D)	Description Check if travel outs	sid	e of Texas. Comp	olete Schedule T.	
	EXPENDITURE	Office Overheau/Nerital Expense		Check if Austin, TX				
				Drinking water f	fo	r office		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ght			Office he	eld	
	experientare to benefit G/OI	1						
	Date	Payee name						
	05/29/2025	Primo Brands						
	Amount (\$)	Payee address; City; State; Zip Coo	de					
	\$7.13	1150 Assembly Dr., #800						
		Tampa, FL 33607						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description				
	OF EXPENDITURE	Office Overhead/Rental Expense		Check if travel outs Check if Austin, TX				
				Drinking water f			expense	
				Dimming Water i		011100		
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht			Office he	eld	
	expenditure to benefit C/OI		,			200 710		
_								

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 Lenal 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: 33/46 Rpt: 53/69	Johnson, Ann (The Honorable) 00067972
4	Date	5 Payee name
	06/06/2025	Primo Brands
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$7.13	1150 Assembly Dr., #800
		Tampa, FL 33607
8	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 Drinking water for office
		Drinking water for office
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
H	Date	Payee name
	06/18/2025	Primo Brands
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$69.80	
	Ф09.60	1150 Assembly Dr., #800
L		Tampa, FL 33607
	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
		Drinking water for office
		Dimining Water for Office
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Date	Payee name
	01/02/2025	Ready Refresh
L		
	Amount (\$) \$107.81	Payee address; City; State; Zip Code
	\$107.81	11740 Miramar Parkway
		Miramar, FL 33025
	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
		Drinking water for office
		Diffixing water for office
\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 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

	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: 34/46 Rpt: 54/69	Johnson, Ann (The Honorable)	00067972
4	Date	5 Payee name	
	01/06/2025	Ready Refresh	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$7.13	11740 Miramar Parkway	
		Miramar, FL 33025	
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.
	EXI ENDITORE		Check if Austin, TX, officeholder living expense
			Drinking water for office
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		Office field
H	Date	Daves name	
	02/06/2025	Payee name Ready Refresh	
		,	
	Amount (\$) \$7.13	Payee address; City; State; Zip Code	
	\$7.13	11740 Miramar Parkway	
		M El 00005	
		Miramar, FL 33025	
	PURPOSE OF	2 (Description Charlest travel outside of Tourse Complete Schoolule T
	EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Drinking water for office
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OF	1	
	Date	Payee name	
	02/06/2025	Ready Refresh	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$91.72	11740 Miramar Parkway	
		Miramar, FL 33025	
	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.
	EXI ENDITORE		Check if Austin, TX, officeholder living expense Drinking water for office
			Difficulty water for office
I			200
	Complete ONLY if direct	Candidate/Officeholder name Office sought	()ttice held
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
			Office held
			Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officenoider/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: 35/46 Rpt: 55/69	Johnson, Ann (The Honorable) 00067972
4	Date	5 Payee name
	02/18/2025	Ready Refresh
6	Amount (\$) \$77.49	7 Payee address; City; State; Zip Code 11740 Miramar Parkway Miramar, FL 33025
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Drinking water for office
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/06/2025	Ready Refresh
	Amount (\$) \$7.13	Payee address; City; State; Zip Code 11740 Miramar Parkway Miramar, FL 33025
	PURPOSE	
	OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Drinking water for office
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/24/2025	Ready Refresh
	Amount (\$) \$109.43	Payee address; City; State; Zip Code 11740 Miramar Parkway
		Miramar, FL 33025
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Drinking water for office
	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 Comm

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	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: 36/46 Rpt: 56/69	Johnson, Ann (The Honorable) 00067972
4	Date	5 Payee name
	01/02/2025	Republic Square
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3,195.89	422 Guadalupe St.
		Austin, TX 78701
8	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
		Austin apartment rent
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
H	Date	Payee name
	02/03/2025	Republic Square
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,191.56	422 Guadalupe St.
		Austin, TX 78701
	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
		Austin apartment rent
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	y
H	Date	Payee name
	03/03/2025	Republic Square
H		· · ·
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,206.09	422 Guadalupe St.
		Austin, TX 78701
_	D. 10000	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Austin apartment rent
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		

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 Cabadula F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
1	Total pages Schedule F1: Sch: 37/46 Rpt: 57/69	2 FILER NAME Johnson, Ann (The Honorable) 3 Filer ID (Ethics Commission Filers) 00067972	
4	Date	5 Payee name	
	04/02/2025	Republic Square	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$3,218.56	422 Guadalupe St.	
		Austin TV 79701	
		Austin, TX 78701	
8	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	
		Austin apartment rent	
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
_	D :		
	Date	Payee name	
	05/02/2025	Republic Square	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$3,217.08	422 Guadalupe St.	
	7-5,		
		Austin, TX 78701	
	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	
		Austin apartment rent	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
	Date	Payee name	
	06/02/2025	Republic Square	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$3,215.70	422 Guadalupe St.	
	Ψ0,213.70	422 Odduddope of.	
		Austin, TX 78701	
	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	
		Austin apartment rent	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
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 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: 38/46 Rpt: 58/69	Johnson, Ann (The Honorable) 00067972
4	Date	5 Payee name
	01/29/2025	Squarespace.com
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$12.00	225 Varick St., 12th Floor
		New York, NY 10014
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.
		Check if Austin, TX, officeholder living expense Campaign website
		Campaign website
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
"	expenditure to benefit C/OI	
⊨		
	Date	Payee name
L	01/29/2025	Squarespace.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.00	225 Varick St., 12th Floor
		New York, NY 10014
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	2/11/2/10/12	Check if Austin, TX, officeholder living expense
		Campaign website
L	Commiste ONII V if diseast	Condidate/Officeholder name
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
┕		
	Date	Payee name
	01/29/2025	Squarespace.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.00	225 Varick St., 12th Floor
		New York, NY 10014
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Campaign website
L	Complete CNUV'S	Condidate (Office helder name
1	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
L		

SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Contributions/ Donations Made By - Gift/Awards/Mer

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		
		The Instruction Guide explains how to complete t	
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
	Sch: 39/46 Rpt: 59/69	Johnson, Ann (The Honorable)	00067972
4	Date	5 Payee name	
	02/10/2025	Squarespace.com	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$93.53	225 Varick St., 12th Floor	
		New York, NY 10014	
_	DUDDOCE		
8	PURPOSE OF		escription Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense	Check if Austin, TX, officeholder living expense
		Ca	ampaign website
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
	Date	Payee name	
	03/10/2025	Squarespace.com	
		· · ·	
	Amount (\$) \$93.53	Payee address; City; State; Zip Code	
	Φ93.53	225 Varick St., 12th Floor	
		New York, NY 10014	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	escription
	OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		C	ampaign website
			ampaign website
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	<u> </u>	Office field
	Date	Payee name	
	04/08/2025	Squarespace.com	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$109.12	225 Varick St., 12th Floor	
		New York, NY 10014	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) De	escription
	OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
	2/11/2/10/12		Check if Austin, TX, officeholder living expense
		Cá	ampaign website
	0 1: 0		000
	Complete ONLY 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

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: 40/46 Rpt: 60/69	Johnson, Ann (The Honorable) 00067972	
4	Date	5 Payee name	
	05/08/2025	Squarespace.com	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$109.12	225 Varick St., 12th Floor	
		New York, NY 10014	
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.	
		Check if Austin, TX, officeholder living expense Campaign website	
		Sampaigh website	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
9	expenditure to benefit C/O		
\vdash	Data	Davies same	
	Date	Payee name	
	06/09/2025	Squarespace.com	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$109.12	225 Varick St., 12th Floor	
		New York, NY 10014	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	
		Compaign website	
		Campaign website	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
_	Data		
	Date	Payee name	
	01/07/2025	Squarespace.com	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$93.53	225 Varick St., 12th Floor	
		New York, NY 10014	
	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.	
		Compaign website	
		Campaign website	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought 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 Comm

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

	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: 41/46 Rpt: 61/69	Johnson, Ann (The Honorable) 00067972							
4	Date	5 Payee name							
(02/02/2025	Strong Strategies, LLC							
6	Amount (\$) \$1,237.92	7 Payee address; City; State; Zip Code 325 W. 18th St. Houston, TX 77008							
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fundraising & compliance services							
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H							
	Date	Payee name							
(02/04/2025	Strong Strategies, LLC							
,	Amount (\$) Payee address; City; State; Zip Code \$1,155.11 325 W. 18th St.								
Houston, TX 77008									
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fundraising & compliance services							
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H							
	Date	Payee name							
(03/05/2025	Strong Strategies, LLC							
,	Amount (\$) \$1,006.65	Payee address; City; State; Zip Code 325 W. 18th St.							
	Houston, TX 77008								
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fundraising & compliance services							
	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

	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: 42/46 Rpt: 62/69	Johnson, Ann (The Honorable) 00067972			
4	Date	5 Payee name			
	04/08/2025	Strong Strategies, LLC			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$1,000.00	325 W. 18th St.			
		Houston, TX 77008			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense Fundraising & compliance services			
		Tanadan g a compilation con rocc			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O				
	Date	Payee name			
	05/05/2025	Strong Strategies, LLC			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$1,000.73	325 W. 18th St.			
	, ,				
		Houston, TX 77008			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF	Consulting Expense Check if travel outside of Texas. Complete Schedule T.			
Check if Austin, TX, officeholder living expense					
		Fundraising & compliance services			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O	y			
	Date	Davisa nama			
	06/11/2025	Payee name Strong Strategies, LLC			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$1,502.19	325 W. 18th St.			
	Ψ1,002.10	525 W. 15th St.			
		Houston, TX 77008			
	PURPOSE				
	OF	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE	Check if Austin, TX, officeholder living expense			
		Fundraising & compliance services			
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			
	experience 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 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

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1	Total pages Schedule F1: Sch: 43/46 Rpt: 63/69	FILER NAME Johnson, Ann (The Honorable)	3 Filer ID (Ethics Commission Filers) 00067972
4	Date 02/13/2025	5 Payee name Texas Energy & Climate Caucus	I
6	Amount (\$) \$200.00	7 Payee address; City; State; Zip Code P.O. Box 301074 Austin, TX 78703	
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 Member dues
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date 02/24/2025	Payee name Timbergrove Manor Neighborhood Assoc.	
	Amount (\$) \$500.00	Payee address; City; State; Zip Code P.O. Box 7723	
		Houston, TX 77270	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description 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/Ol	Candidate/Officeholder name Office sought	Office held
	Date 02/28/2025	Payee name Tiny Boxwoods	
	Amount (\$) \$55.26	Payee address; City; State; Zip Code 3614 W. Alabama St.	
		Houston, TX 77027	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Staff luncheon
	Complete ONLY if direct expenditure to benefit C/OI	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 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 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: 44/46 Rpt: 64/69	Johnson, Ann (The Honorable) 00067972
4	Date	5 Payee name
	06/30/2025	Webster, Jason
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,000.00	6200 Savoy, Suite 150
		Houston, TX 77036
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Refund of 2023 Contribution
		Notaria di 2020 Contributori
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/27/2025	Zoom
	Amount (\$)	Payee address; City; State; Zip Code
	\$17.05	55 N. Almaden Blvd., 6th Floor
		San Jose, CA 95113
	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
		Teleconferencing software
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	02/27/2025	Zoom
	Amount (\$)	Payee address; City; State; Zip Code
	\$17.05	55 N. Almaden Blvd., 6th Floor
		San Jose, CA 95113
	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 Teleconferencing software
		relectioning software
	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 Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to co	mple	ete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
	Sch: 45/46 Rpt: 65/69	Johnson, Ann (The Honorable)	00067972		
4	Date	5 Payee name		·	
	03/27/2025	Zoom			
6	Amount (\$)	7 Payee address; City; State; Zip Co	de		
	\$17.05	55 N. Almaden Blvd., 6th Floor			
		0.1.01.01.01			
L		San Jose, CA 95113			
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Office Overhead/Rental Expense		Check if Austin, TX, officeholder living expense	
				Teleconferencing software	
L					
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sould	ght	Office held	
┡	·				
	Date	Payee name			
L	04/28/2025	Zoom	-1 -		
	Amount (\$) \$17.05	Payee address; City; State; Zip Co 55 N. Almaden Blvd., 6th Floor	ae		
	Ψ17.03	33 N. Almaden Bivd., our Floor			
		San Jose, CA 95113			
H	PURPOSE		(h)	Description	
	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(~)	Check if travel outside of Texas. Complete Schedule T.	
Check if Austin, TX, officeholder living expense					
				Teleconferencing software	
┝	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held	
	expenditure to benefit C/OI		9		
F	Date	Payee name			
	05/27/2025	Zoom			
	Amount (\$)	Payee address; City; State; Zip Co	de		
	\$17.05	55 N. Almaden Blvd., 6th Floor			
		San Jose, CA 95113			
	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	
				Teleconferencing software	
				-	
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held	
L	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/Political (Credit Card Payment			nmittee	Food/Beverage Exper Gift/Awards/Memorial Legal Services The Instruction G	s Expense		nse es/Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above)	
1	Total pages Schedule F1:	2	FILER NAM	E				3	Filer ID	(Ethics Commission Filer	s)
	Sch: 46/46 Rpt: 66/69	,	Johnson, <i>A</i>	Ann (The Honora	able)				00067972		
4	Date	5	Payee name	e							
	06/27/2025		Zoom								
6	Amount (\$)	7	Payee addre	ess; City;	State;	Zip Code					
	\$18.12	ı		aden Blvd., 6th F							
L		├	San Jose,			Las					
8	PURPOSE OF			See Categories listed at		edule) (b	Description	val avita	ide of Toyon Com	plata Cabadula T	
	EXPENDITURE	۱ '	Office Ove	rhead/Rental Ex	pense				ide of Texas. Com , officeholder living		
							Teleconfer				
									-		
9	Complete ONLY if direct expenditure to benefit C/Oh	C H	andidate/Of	ficeholder name	C	Office sought			Office he	eld	

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Service	age Expense Memorials Expense es	Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor	T T	ravel in District ravel Out of Dis		
L	2.3an Sara i ajmoni	The Instru	uction Guide explains h	ow to cor	nplete this form.				
1	Total pages Schedule G:	2 FILER NAME				3 F	iler ID (E	thics Commission Filers)	
	Sch: 1/2 Rpt: 67/69	Johnson, Ann (The Honorable)				0	0067972		
4	Date	5 Payee name							
	02/25/2025	Amazon							
6	Amount (\$) 7 Payee address; City; State; Zip Code								
	\$124.15	5 410 Terry Avenue North							
	Reimbursement from								
	X political contributions intended	Seattle, WA 98109							
8	PURPOSE	(a) Category (See Categories	s listed at the top of this sched	dule)	(b) Description	Ched	ck if travel outsi	de of Texas. Complete Schedule T.	
	OF EXPENDITURE	Office Overhead/Rea	ntal Expense			Ched	ck if Austin, TX,	officeholder living expense	
	ZXI ZXIDITOXZ				Office supplies				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder nar	ne	•	Office sought		C	Office held	
	Date	Payee name							
	06/14/2025	Amazon							
	Amount (\$)	Payee address; City; State; Zip Code							
\$64.92 410 Terry Avenue North									
	Reimbursement from political contributions intended Seattle, WA 98109								
	PURPOSE	Category (See Categories	s listed at the top of this sched	dule)	Description	Chec	ck if travel outsi	de of Texas. Complete Schedule T.	
OF		Event Expense				_		officeholder living expense	
EXPENDITURE		Evont Expondo	1130		Pride parade su		— Ipplies		
						•			
_	Complete ONLY if direct	Candidate/Officeholder nar	ne		Office sought			Office held	
	expenditure to benefit	ouraldato, omocrioladi nai			Omoc coagni			inoc riola	
	C/OH								
f	Date	Payee name							
	06/02/2025	Amazon							
\vdash	Amount (\$)	Payee address; Ci	tv: State:	Zip Cod	de				
	\$56.30	410 Terry Avenue N	•	,p 000					
		TEO TOTTY AVEILUE IV	OI (II)						
	X Reimbursement from political contributions intended	Seattle, WA 98109							
	PURPOSE	Category (See Categories	s listed at the top of this sched	dule)	Description	Ched	ck if travel outsi	de of Texas. Complete Schedule T.	
	OF EXPENDITURE	Event Expense			Ī	Ched	ck if Austin, TX,	officeholder living expense	
	EAPENDITURE	·			Pride parade sup	oplies	i		
		Candidate/Officeholder nar	ne		Office sought		0	Office held	
	expenditure to benefit				-				
	C/OH								

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	s Made By - ler/Political Committee		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Office O Polling E Printing Salaries	Expense /Wages/Contract Labor	Solicitation/Fundratising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G:	hedule G: 2 FILER NAME				3 Filer ID (Ethics Commission Filers)	
	Sch: 2/2 Rpt: 68/69		Johnson, Ann (The Honorable)				00067972
4	Date	5	Payee name				
	06/02/2025		Amazon				
6	Amount (\$)	7	Payee addre	ss; City; Sta	ate; Zip C	code	
	\$84.45		410 Terry A	venue North			
	Reimbursement from political contributions intended		Seattle, WA	v 98109			
8	PURPOSE	(a)	Category (Se	ee Categories listed at the top of this	schedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Event Expe	nse			Check if Austin, TX, officeholder living expense
						Pride parade sup	oplies
L							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate/Officel	holder name		Office sought	Office held
Г	Date		Payee name				
	02/27/2025		Caracol Re	staurant			
Г	Amount (\$)		Payee addre	ss; City; Sta	ate; Zip C	ode	
	\$439.80		2200 Post 0	Dak Blvd.			
	Reimbursement from political contributions intended		Houston, T	X 77056			
	PURPOSE		Category (Se	ee Categories listed at the top of this	schedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Food/Bever	age Expense		Staff dinner	Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Officel	holder name		Office sought	Office held

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 69/69 2 FILER NAME Filer ID (Ethics Commission Filers) Johnson, Ann (The Honorable) 00067972 8 Amount (\$) Date 5 Name of person from whom amount is received 05/25/2025 Hayes, Richard \$34.06 6 Address of person from whom amount is received; City; State; Zip Code Hickory Creek, TX 75065 Purpose for which amount is received Check if political contribution returned to filer Reimbursement for Chairman's gift Name of person from whom amount is received Amount (\$) Date 06/27/2025 Joseph Moody Campaign \$34.06 Address of person from whom amount is received; City; State; Zip Code El Paso, TX 79902 Purpose for which amount is received Check if political contribution returned to filer Reimbursement for Chairman's gift Date Name of person from whom amount is received Amount (\$) 05/23/2025 Lulu Flores Campaign \$34.06 Address of person from whom amount is received; City; State; Zip Code Austin, TX 78704 Purpose for which amount is received Check if political contribution returned to filer Reimbursement for Chairman's gift