# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to comple		1 Filer ID (Ethics Commi 00088280		2 Total pages fil	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	JSE ONLY
OFFICEHOLDER NAME	The Honorable	Charlene			Date Received	
10.000					ELECTRONICA	N I V EII ED
						ALLI FILLD
	NICKNAME	LAST		SUFFIX	07/15/2025	
		Ward Johnson	1			
4 CANDIDATE /	ADDRESS / PO BOX; APT /	SUITE#; CIT	Υ;	ZIP CODE	Date Hand-delivered or	r Date Postmarked
OFFICEHOLDER MAILING	PO Box 925775					
ADDRESS					Receipt #	Amount
Change of Address	Houston, TX 77292					
	11003:011, 17, 17232				Date Processed	
					Date Imaged	
5 CAMPAIGN TREASURER		FIRST		MI		
NAME	Dr.	Felicia				
	NICKNAME	LAST		SUFFIX		
		Farrar		CPA		
6 CAMPAIGN	STREET ADDRESS (NO PO E	BOX PLEASE);	AP.	T / SUITE #; CITY;	STA	ATE; ZIP CODE
TREASURER	18126 Afton Hollow Ln.					
ADDRESS						
(Residence or Business)	Richmond, TX 77407					
	Kiciiiioiiu, 17 11401					
7 CAMPAIGN	AREA CODE PHONE	E NUMBER E	XTENSION			
TREASURER	(832) 978-3629					
PHONE						
8 REPORT						
TYPE	January 15	30th day before	election	Runoff	15th day after car	
				_	appointment (office	
	X July 15	8th day before 6	election	Exceeded modified reporting limit	Final Report (Atta	ach C/OH-FR)
9 PERIOD COVERED	Month Day Year			Month Day	Year	
COVERED	01/01/2025	TH	IROUGH	06/30/202	25	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	P	rimary	Runoff	Other	
		│ □G	eneral	Special		
11 OFFICE	OFFICE HELD (if any)	I		12 OFFICE SOUGHT	(if known)	
	State Representative Distri	ct 139 Harris			tative District 139	
	2 Sp. 550man 6 Bloth			Claire Hoprosoni		
	<u> </u>			<u> </u>		
		GO T	O PAGE 2			
I						

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

2 of 25

13 C / OH NAME	Ward Johnson, Charl	ene (The Honorable)	<b>14</b> Filer ID (	(Ethics Commis	ssion Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without I officeholders are required to report this informatio	the candidate's or office	eholder's knowl	ledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
		COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS		
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$	0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$	4,250.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$	0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$	21,690.97
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$	4,219.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$	3,292.00
17 AFFIDAVIT		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.			
		The Honorah	le Charlene Ward Joh	hnson	
			Candidate or Officehol		
AFFIX NO	TARY STAMP / SEAL ABO	DVE			
Sworn to and subso	cribed before me, by the s	aid	, this the		day
		ertify which, witness my hand and seal of office.			·
Signature of office	cer administering	Printed name of officer administering	Title of officer	r administering	oath

# **SUBTOTALS - C/OH**

# FORM C/OH COVER SHEET PG 3

			OVER OTIES	3 of 25							
	18 FILER NAME Ward Johnson, Charlene (The Honorable)  19 Filer ID (Ethics Commission Filers) 00088280										
20 SCHEDUL NAME OF	SUBTOTAL	_ AMOUNT									
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	4,250.00							
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$								
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$								
4.	SCHEDULE E: LOANS		\$								
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$	21,690.97							
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$								
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$								
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$								
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$								
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$								
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$								
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS ITO FILER	RETURNED	\$								

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE A1	
	The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 1/1 Rpt: 4/25	_	
2	FILER NAME Ward Johns	on, Charlene (The Honorable)		3	Filer ID (Ethics Commission Filers) 00088280	
4 Date 06/23/2025  5 Full name of contributor out-of-state PAC (ID#:) Homepac of Texas/Tx Assoc of Builders  6 Contributor address; City; State; Zip Code			7	Amount of Contribution (\$) \$500.0	0	
		Austin, TX 78701				
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)						
	Date 06/23/2025	Full name of contributor out-of-state PAC (ID#:_ Moak Casey PAC Contributor address; City; State; Zip Code	)		Amount of Contribution (\$) \$250.0	0
	Principal occu	Austin, TX 78701  upation / Job title (See Instructions)	Employer (See Instructions			
	Fillicipal occu	pation 7 300 title (See instructions)	Employer (See instructions	')		
	Date 06/23/2025	Full name of contributor out-of-state PAC (ID#:_ Texas Trail lawyers Assoc PAC Contributor address; City; State; Zip Code	)		Amount of Contribution (\$) \$2,500.0	0
		Austin, TX 78701				
	Principal occu	ıpation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 06/23/2025	Full name of contributor out-of-state PAC (ID#:_ Wholesale Beer Distributors of Texas Contributor address; City; State; Zip Code	)		Amount of Contribution (\$) \$1,000.0	0
	Principal occu	Austin Tx, TX 78701  upation / Job title (See Instructions)	Employer (See Instructions	i)		

### SCHEDULE F1

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

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

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	
1 Total pages Cabadula F1:	,
1 Total pages Schedule F1: Sch: 1/21 Rpt: 5/25	2 FILER NAME Ward Johnson, Charlene (The Honorable) 3 Filer ID (Ethics Commission Filers) 00088280
4 Date	5 Payee name
03/19/2025	1-800-Flowers Inc
6 Amount (\$) \$77.91	7 Payee address; City; State; Zip Code 5616 Pinemont Dr  Houston, TX 77092
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.  Check if Austin, TX, officeholder living expense bereavement flowers
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/06/2025	AMLI 300
Amount (\$)	Payee address; City; State; Zip Code
\$2,208.69	300 N Lamar Blvd
	Austin, TX 78703
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	Fees  Check if travel outside of Texas. Complete Schedule 1.  X Check if Austin, TX, officeholder living expense  Lodging
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/04/2025	AMLI 300
Amount (\$)	Payee address; City; State; Zip Code
\$2,208.69	300 N Lamar Blvd
	Austin, TX 78703
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
EXPENDITURE	lodging Check if travel outside of Texas. Complete Schedule T.  X Check if Austin, TX, officeholder living expense
	lodging expense
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

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

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		nmittee	Legal Ser			Sala	-	es/Contract Labor			THER (enter a	category not listed	above)
Ļ		-			truction our	ис схрішії.		o comp					/=:: a :	. =
1	Total pages Schedule F1:	ı								3		er ID	(Ethics Commi	ssion Filers)
	Sch: 2/21 Rpt: 6/25		Ward John	son, Ch	narlene (Th	e Honor	able)				00	0088280		
4	Date	5	Payee name	<b>:</b>										
	01/29/2025		AXS											
6	Amount (\$)	7	Payee addre	ess:	City;	State	e: Zip	Code						
	\$736.00	ı	8825 Kirby		<i>,</i>		, ,							
	4100.00		0020 141109	Σ.										
L			houston, T	X 77054	4									
8	PURPOSE	(a)	Category (S	See Catego	ries listed at the	top of this so	hedule)	(b)	Description					
	OF EXPENDITURE		Gift/Awards	s/Memo	rials Expe	nse			=				plete Schedule T.	
									_			ceholder livinç	j expense	
									Volunteer A	ppre	ecia	ition		
9			Candidate/Off	iceholde	er name		Office	sought				Office he	eld	
	expenditure to benefit C/OI	Н												
Г	Date		Payee name	<u> </u>										
	01/27/2025	ı	Austin Airp											
H	Amount (\$)		Payee addre		City;	State	ı Zin	Code						
	\$18.19		3600 Presid		-	State	, ZIP	Couc						
	\$10.19		3000 Piesi	uentiai	DIVU									
			Austin, TX	78719										
	PURPOSE	(a)	Category (S	See Catego	ries listed at the	top of this so	hedule)	(b)	Description					
	OF EXPENDITURE		Fees						Check if trave	el outs	side c	of Texas. Com	plete Schedule T.	
	LAFLINDITORL								_	tin, TX	K, offi	ceholder living	j expense	
									parking					
	Complete ONLY if direct		Candidate/Off	iceholde	er name		Office	sought				Office he	eld	
	expenditure to benefit C/OI	Н												
	Date		Payee name	)										
	01/27/2025		Avenida No	orth Gai	rage									
	Amount (\$)		Payee addre	ess:	City;	State	e: Zin	Code						
	\$55.00		701 Avenid		•		·, —,							
	Ψ00.00		7017(00)	ia be ia	o / imenea	J								
				\ <b>7</b> 700	•									
			Houston, T	x /700	კ									
	PURPOSE	(a)	Category (S	See Catego	ries listed at the	top of this so	hedule)	(b)	Description					
1	OF EXPENDITURE		Event Expe	ense									plete Schedule T.	
									ш	tin, TX	K, offi	ceholder livinç	j expense	
									parking					
L														
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Off	iceholde	er name		Office	sought				Office he	eld	

### 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	Committee   Legal Services   Salaries/Wages/Contract Labor   OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/21 Rpt: 7/25	Ward Johnson, Charlene (The Honorable) 00088280
4	Date	5 Payee name
	01/29/2025	Buc Ees
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$27.19	27106 Hempstead
		Houston, TX 77433
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense travel
		uuvei
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	the state of the s
⊨	Date	Paraga marra
		Payee name
L	01/17/2025	CVS
	Amount (\$)	Payee address; City; State; Zip Code
	\$8.41	500 Congress ave
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Supplies Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		supplies
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
⊨	Data	
	Date	Payee name
	06/17/2025	CVS
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.00	500 Congress
		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 medicine
		medicine
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
I	expenditure to benefit C/O	
$\vdash$		

### 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 Committe

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: 4/21 Rpt: 8/25	Ward Johnson, Charlene (The Honorable) 00088280
4	Date	5 Payee name
	04/17/2025	CVS
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5.00	500 Congress Ave
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  fee
		l ice
Ļ	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	experience to benefit 6/6/	
	Date	Payee name
	01/16/2025	Caldwell, Katelyn
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	
		Houston, TX 77018
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		salary
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experioration benefit C/O	п
	Date	Payee name
	01/17/2025	Capitol Cafe
H	Amount (\$)	Payee address; City; State; Zip Code
	\$6.55	1001 Congress Ave
	,	
		Austin, TX 78701
L	DUDDOOF	
	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	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		snacks
$\vdash$	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)

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		Legal Services	Salaries/W		:/Contract Labor		OTHER (enter a	category not listed abo	ve)
L			The Instruction Guide explain	s how to co	mple	ete this form.	_			
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commission	on Filers)
	Sch: 5/21 Rpt: 9/25	Ward Johr	son, Charlene (The Honor	able)				00088280		
4	Date	5 Payee name	9							
	01/29/2025	Capitol Ca	fe							
6	Amount (\$)	7 Payee addr	ess; City; Stat	te; Zip Co	de					
l	\$16.18	1001 Cong	ress Ave							
		Austin, TX	78701							
8	PURPOSE	(a) Category	See Categories listed at the top of this s	schedule)	(b)	Description				
	OF EXPENDITURE		rage Expense	,		Check if travel	outs	ide of Texas. Com	plete Schedule T.	
	EXPENDITORE					_		, officeholder living		
						office snacks	TOI	r constituent:	5	
Ļ										
9	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office sou	ght			Office he	eld	
┕	<u>'</u>									
	Date	Payee name								
L	04/28/2025	Capitol Gif	tshop							
	Amount (\$)	Payee addr	-	te; Zip Co	de					
	\$130.00	1001 Cong	ress							
		Austin, TX	78701							
	PURPOSE	(a) Category (	See Categories listed at the top of this s	schedule)	(b)	Description				
	OF EXPENDITURE	Gift/Award	s/Memorials Expense			<b>=</b>		ide of Texas. Com		
						Check if Austin	, TX	, officeholder living	expense	
						giits				
⊢	Complete ONLY if direct	Candidate/Of	ficeholder name	Office sou	aht			Office he	ald.	
l	expenditure to benefit C/O		nocholder hame	011100 000	giit			Omoo ne	, id	
⊢	Date	Dayso name	`							
	02/03/2025	Payee name Charter Fu								
		Payee addr		te; Zip Co	do					
	Amount (\$) \$728.85	15101 Mid	•	ie, zip co	ue					
	Ψ120.03	13101 WIIG	way Nu							
		Addison T	V 7E001							
		Addison, T								
	PURPOSE OF		See Categories listed at the top of this s	chedule)	(b)	Description  Check if travel	oute	ide of Texas. Com	nlete Schedule T	
l	EXPENDITURE	Fees				<b>=</b>		, officeholder living		
						furniture renta				
Г	Complete ONLY if direct		ficeholder name	Office sou	ght			Office he	eld	
	expenditure to benefit C/O	Н								
Г										

### SCHEDULE F1

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

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

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	
1 Total pages Schedule F1:	
Sch: 6/21 Rpt: 10/25	Ward Johnson, Charlene (The Honorable)  00088280
4 Date	5 Payee name
04/02/2025	Charter Furniture
6 Amount (\$) \$281.77	7 Payee address; City; State; Zip Code 15101 Midway  Addison, TX 75001
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	X Check if Austin, TX, officeholder living expense
	furniture rental
9 Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
05/01/2025	Charter Furniture
Amount (\$)	Payee address; City; State; Zip Code
\$281.77	15101 Midway Rd
	Addison, TX 75001
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.  X Check if Austin, TX, officeholder living expense
	furniture rental
	idifficulty fertical
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H
Date	Payee name
01/17/2025	Chevron
Amount (\$)	Payee address; City; State; Zip Code
\$39.44	3301 Pinemont
	Houston, TX 77018
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
	Gas
	Gas
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct 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 Salaries (Contract Labor

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/21 Rpt: 11/25	Ward Johnson, Charlene (The Honorable) 00088280
4	Date	5 Payee name
	01/09/2025	Circle K
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$34.91	N Shepherd
		Houston, TX 77091
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Gas
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/21/2025	Circle K
	Amount (\$)	Payee address; City; State; Zip Code
	\$28.71	N Shepherd
		Houston, TX 77091
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense travel in district
		uaver in district
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
		_
	Date	Payee name  Constant Contact.
	01/13/2025	
	Amount (\$)	Payee address; City; State; Zip Code
	\$202.54	1601 TrapelonRd
		Waltham, PA 02451
	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
		enewsletter
	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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 8/21 Rpt: 12/25	2 FILER NAME Ward Johnson, Charlene (The Honorable) 3 Filer ID (Ethics Commission Filers) 00088280
4	Date 06/13/2025	5 Payee name Constant Contact.
6	Amount (\$) \$217.46	7 Payee address; City; State; Zip Code 1601 TrapelonRd  Waltham, PA 02451
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 enewsletter
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 02/12/2025	Payee name Constant Contact
	Amount (\$) \$202.54	Payee address; City; State; Zip Code  1601 TrapelonRd
	PURPOSE OF EXPENDITURE	Waltham, PA 02451  (a) Category (See Categories listed at the top of this schedule) Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense enewsletter
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 04/14/2025	Payee name Constant Contact
	Amount (\$) \$202.54	Payee address; City; State; Zip Code 1601 TrapelonRd
		Waltham, PA 02451
	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 enewsletter
	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

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	-		Nages/	Contract Labor		OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 9/21 Rpt: 13/25	Ward Johnson, Charlen	e (The Honorable)				00088280	
4	Date	5 Payee name						
	05/15/2025	Constant Contact						
6	Amount (\$) \$202.54	<ul><li>7 Payee address; City;</li><li>1601 TrapelonRd</li></ul>	State; Zip Co	ode				
		•						
		Waltham, PA 02451						
8	PURPOSE OF	, -	d at the top of this schedule)	(b)	Description  Check if travel of	nutei	de of Texas. Com	nlata Schadula T
	EXPENDITURE	Fees					officeholder living	
					enewsletter			
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder nam	e Office sou	ught			Office he	eld
	Date	Payee name						
	01/21/2025	Cubesmart						
	Amount (\$)	Payee address; City;	State; Zip Co	ode				
	\$55.55	3735 Mangum Rd						
		Houston, TX 77092						
	PURPOSE	(a) Category (See Categories liste	ed at the top of this schedule)	(b)	Description			
	OF EXPENDITURE	Office Overhead/Rental					de of Texas. Com	
	-				Storage for ca		officeholder living	
					storage for ca		aigii sappii	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder nam	e Office sou	<u>l</u> ught			Office he	eld
	Data							
	Date 06/19/2025	Payee name Cubesmart						
			Chata: 7in O	nd c				
	Amount (\$) \$68.00	Payee address; City; 3735 Mangum Rd	State; Zip Co	Jue				
	Φ0δ.00	3733 Manyum Ku						
		Houston, TX 77092						
	PURPOSE OF	(a) Category (See Categories liste	ed at the top of this schedule)	(b)	Description			
	EXPENDITURE	Fees					de of Texas. Com officeholder living	
					storage for ca			
					-	•	- ''	
	Complete ONLY if direct	Candidate/Officeholder nam	e Office sou	ught			Office he	eld
L	expenditure to benefit C/O	<del></del>						

## SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 10/21 Rpt: 14/25	Ward Johnson, Charlene (The Honorable) 00088280
4	Date	5 Payee name Cubesmart
_	03/19/2025	
ь	Amount (\$) \$68.00	7 Payee address; City; State; Zip Code 3735 Mangum Rd
	φοσ.σσ	or oo Mangam Na
		Houston, TX 77092
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense  Storage
		Storage
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	04/21/2025	Cubesmart
	Amount (\$)	Payee address; City; State; Zip Code
	\$68.00	3735 Mangum Rd
		Houston, TX 77092
	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
		storage
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 05/21/2025	Payee name Cubesmart
	Amount (\$) \$68.00	Payee address; City; State; Zip Code  3735 Mangum Rd
	******	
		Houston, TX 77092
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Storage
		Storage
	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: 11/21 Rpt: 15/25	Ward Johnson, Charlene (The Honorable) 00088280
4	Date	5 Payee name
	06/23/2025	Cubesmart
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$68.00	3735 Mangum Rd
		Houston, TX 77092
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		storage
_	Computate ONLY if diseast	Condidate/Officeholder name
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/02/2025	Davis, Trip
	Amount (\$)	Payee address; City; State; Zip Code
	\$4,000.00	2910 E 17th street
		Austin, TX 78705
	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  salary
		Sulary
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
-	Data	Description
	Date 02/03/2025	Payee name
		Davis, Trip
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,000.00	2910 E 17th street
		Austin, TX 78705
	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  salary
		Salary
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_		
l		

## SCHEDULE F1

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

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 12/21 Rpt: 16/25	Ward Johnson, Charlene (The Honorable) 00088280
4	Date	5 Payee name
	01/17/2025	Domino's
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$23.65	1900 Guadalupe St
		Austin, TX 78705
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		food for staff
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<del>-</del>
	Date	Payee name
	01/18/2025	ETT Markel/Homebody
	Amount (\$)	Payee address; City; State; Zip Code
	\$18.68	400 Northridge Rd Suite 800
		Sandy Springs, GA 30350
	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
		Property insurance
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	4
	Date	Payee name
	06/18/2025	ETT Markel/Homebody
	Amount (\$)	Payee address; City; State; Zip Code
	\$18.68	400 Northridge Rd Suite 800
		Sandy Springs, GA 30350
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense insurance expense
		insulance expense
	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 C

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee   Legal Services   Salaries/Wages/Contract Labor   OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 13/21 Rpt: 17/25	Ward Johnson, Charlene (The Honorable) 00088280
4	Date	5 Payee name
	03/18/2025	ETT Markel/Homebody
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$18.68	400 Northridge Rd Suite 800
		Sandy Springs, GA 30350
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  insurance expense
		insurance expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	diffice sought of the field
$\vdash$	Data	David name
	Date	Payee name
	04/18/2025	ETT Markel/Homebody
	Amount (\$)	Payee address; City; State; Zip Code
	\$18.68	400 Northridge Rd Suite 800
		Sandy Springs, GA 30350
	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.
		X Check if Austin, TX, officeholder living expense
		property insurance
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OH	
_	5 .	
	Date	Payee name
	05/18/2025	ETT Markel/Homebody
	Amount (\$)	Payee address; City; State; Zip Code
	\$18.68	400 Northridge Rd Suite 800
		Sandy Springs, GA 30350
	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.
		X Check if Austin, TX, officeholder living expense insurance
		insulative
_	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/Politica Credit Card Payment		Office Overhea Polling Expens Printing Expens Salaries/Wages	se s/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
_			low to compi	ete tilis iorili.	_		
1	Total pages Schedule F1: Sch: 14/21 Rpt: 18/25	2 FILER NAME Ward Johnson, Charlene (The Honoral	ole)		3	Filer ID 00088280	(Ethics Commission Filers)
4	Date	5 Payee name					
	01/27/2025	GoDaddy.com					
6	Amount (\$) \$70.32	<ul><li>7 Payee address; City; State;</li><li>2155 E GoDaddy Way</li><li>Tempe, AZ 85284</li></ul>	Zip Code				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sche Fees	edule) (b)			ide of Texas. Com , officeholder living	
9	Complete ONLY if direct expenditure to benefit C/Oh		ffice sought			Office he	eld
	Date	Payee name					
	01/21/2025	Golden Chick					
	Amount (\$)		Zip Code				
	\$56.24	2824 Spears Rd Houston, TX 77067					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sche Food/Beverage Expense	edule) (b)		, TX	ide of Texas. Com , officeholder living BrS	
	Complete ONLY if direct expenditure to benefit C/Oh		ffice sought			Office he	eld
	Date 02/05/2025	Payee name HEB					
	Amount (\$) \$102.26	Payee address; City; State; 2701 E 7th St	Zip Code				
		Austin, TX 78702	1				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sche Food/Beverage Expense	edule) (b)		, TX	ide of Texas. Com , officeholder living	
	Complete ONLY if direct expenditure to benefit C/Oh		office sought			Office he	eld

## SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 15/21 Rpt: 19/25	2 FILER NAME Ward Johnson, Charlene (The Honorable)  3 Filer ID (Ethics Commission Filers) 00088280
4	Date 04/28/2025	5 Payee name HEB
6	Amount (\$) \$151.39	7 Payee address; City; State; Zip Code 2701 E 7th St  Austin, TX 78702
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense food for office
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 01/09/2025	Payee name Harris County Democrats
	Amount (\$) \$517.75	Payee address; City; State; Zip Code  Lyons Ave  houston, TX 77020
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Ad
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 02/03/2025	Payee name Home Depot
	Amount (\$) \$559.65	Payee address; City; State; Zip Code 3600 I 35 Frontage Rd
		Austin, TX 78704
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  office expenses  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  office supplies
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

#### **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

Travel in District Travel Out of District

Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 16/21 Rpt: 20/25 Ward Johnson, Charlene (The Honorable) 00088280 4 Date Payee name 02/05/2025 Home Depot 6 Amount (\$) Payee address; City; State; Zip Code \$16.17 3600 I 35 Austin, TX 78704 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense office supplies Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/07/2025 Katz Amount (\$) Payee address; City; State; Zip Code \$52.50 2200 N Shepherd Houston, TX 77008 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense food for volunteers Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/14/2025 Legislative Study Group Amount (\$) Payee address: City; State; Zip Code \$1,030.26 1100 Congress Ave Austin, TX 78704 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

## SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -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	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: 17/21 Rpt: 21/25	Ward Johnson, Charlene (The Honorable) 00088280	
4	Date	5 Payee name	
	04/11/2025	Mayo Printing	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$140.00	4920 Kelley St	
		Houston, TX 77026	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Shirts logo	
		Simo logo	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
9	Complete ONLY if direct expenditure to benefit C/OI		
	Date	Payee name	
	02/10/2025	Michaels	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$279.13	4524 Dacoma St	
		Houston, TX 77092	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense  office decorations	
		onice decorations	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		
	Date	Payee name	
	02/03/2025	Run Sister Run	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$150.00	P.O. Box 66470	
		Houston, TX 77266	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.	
		Candidate/Officeholder/Political Committee	
		Souveriii Au	
_	Operation Children	Orandidate (Office health a grants	
	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 Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

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

	Candidate/Officeholder/Politica Credit Card Payment	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: 18/21 Rpt: 22/25	Ward Johnson, Charlene (The Honorable) 00088280
4	Date	5 Payee name
	03/18/2025	Spectrum
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$145.16	1000 E 41st St
		Austin, TX 78751
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Wifi Check if travel outside of Texas. Complete Schedule T.
		\[ \times \] Check if Austin, TX, officeholder living expense  Wifi
		VVIII
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
H	Date	Payee name
	01/14/2025	Target
⊢	Amount (\$)	Payee address; City; State; Zip Code
	\$271.56	901 E 5th St
	Φ211.50	901 E 3til 3t
		A
		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
		office supplies
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	01/15/2025	Target
H	Amount (\$)	Payee address; City; State; Zip Code
	\$8.41	901 E 5th St
	Ψ0.41	361 2 341 34
		Austin, TX 78702
L	PURPOSE	1
	OF OF	(a) Category (See Categories listed at the top of this schedule)  Supplies  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Supplies Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		supplies
1		
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	1
1		
ı		

### 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

Transportation Equipment & Related Expense Travel in District

Travel Out of District

Solicitation/Fundraising Expense

Printing Expense Salaries/Wages/Contract Labor Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 19/21 Rpt: 23/25 Ward Johnson, Charlene (The Honorable) 00088280 4 Date Payee name 02/05/2025 Target 6 Amount (\$) Payee address; City; State; Zip Code \$372.83 901 E 5th St Austin, TX 78702 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Loan Repayment/Reimbursement **EXPENDITURE** Check if Austin, TX, officeholder living expense office supplies Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/02/2025 Taylor, Anthony Amount (\$) Payee address; City; State; Zip Code \$1,000.00 2413 Race st Fort Worth, TX 76111 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense salary Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/03/2025 Taylor, Anthony Amount (\$) Payee address: City; State; Zip Code \$1,500.00 2413 Race st Fort Worth, TX 76111 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense salary Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

## SCHEDULE F1

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

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political 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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 20/21 Rpt: 24/25	Ward Johnson, Charlene (The Honorable) 00088280
4	Date	5 Payee name
	02/12/2025	Texas Legislative Ladies
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$41.56	1100 Congress Ave
		Austin, TX 78704
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
		contribution
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
J	expenditure to benefit C/O	
_	Date	Davis vers
	03/20/2025	Payee name UBER
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.00	1513 3rd St
		San Francisco, TX 94158
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense travel
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
┝	Data	
	Date 01/17/2025	Payee name US Post Office
	Amount (\$)	Payee address; City; State; Zip Code
	\$241.00	249 Judiway St
		Houston, TX 77018
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	postal expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		PO Box rental
		T & Box Tollical
	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 C

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: 21/21 Rpt: 25/25	Ward Johnson, Charlene (The Honorable) 00088280	
4	Date	5 Payee name	
	03/18/2025	Uber	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$7.51	1513 3rd St	
		San Francisco, TX 94158	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		travel	
		auvoi	
0	Complete ONLV if direct	Candidate/Officeholder name Office sought Office held	
9	Complete ONLY if direct expenditure to benefit C/O		
L			
	Date	Payee name	
	02/12/2025	Vistaprint	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$23.79	1401 N Loop w Fwy	
		Houston, TX 77008	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		business cards	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
_	D :		
	Date	Payee name	
	04/30/2025	Wells Fargo	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$10.00	1350 W 43rd St	
		Houston, TX 77018	
	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	
		monthly fee	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
L	expenditure to benefit C/OH		