FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00080581 12 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Kelli NAME Date Received **ELECTRONICALLY FILED** 07/15/2025 NICKNAME LAST **SUFFIX** Johnson CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** MAILING Amount Receipt # **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Ms. Angela J. NAME NICKNAME LAST **SUFFIX** Beavers **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE; **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (713) 240-9661 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) Х reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 01/01/2025 06/30/2025 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year Primary Runoff Other 11/05/2024 χ General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE Criminal District Court Judge District 178 Harris

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 12

			00080581			
ndidate / officeholder.	These expenditure	s may have been made without t	the candidate's or office	holder's kno	wledge or	
TTEE(S) onal Pages COMMITTEE TYPE COMMITTEE NAME						
GENERAL						
_	COMMITTEE ADI	DRESS				
SPECIFIC						
	COMMITTEE CAN	MPAIGN TREASURER NAME				
	COMMITTEE CAN	MPAIGN TREASURER ADDRES	SS			
	IZED DOLUTICAL C	ONTO DUTIONS (OTLED THAN	LDIEDCES LOANS			
	\$	0.00				
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)						
TOTAL UNITEM	IZED POLITICAL E		\$	0.00		
TOTAL POLIT	ICAL EXPENDIT	URES		\$	22,236.69	
		NS MAINTAINED AS OF THE LA	AST DAY OF THE	\$	674.57	
		LL OUTSTANDING LOANS AS	OF THE LAST DAY	\$	22,000.00	
		The Hon	orahle Kelli Johnson			
Y STAMP / SEAL ABO	OVE					
ed before me, by the s	aid		, this the		_ day	
administering oath	Printed name	of officer administering oath	Title of officer	administerir	ng oath	
	TOTAL UNITEM TOTAL UNITEM TOTAL UNITEM TOTAL UNITEM TOTAL POLIT (OTHER THAN TOTAL POLITIC REPORTING PE TOTAL PRINCIF OF THE REPOR	TOTAL UNITEMIZED POLITICAL CONTRIBUTION REPORTING PERIOD TOTAL UNITEMIZED POLITICAL EXPENDIT TOTAL UNITEMIZED POLITICAL CONTRIBUTION REPORTING PERIOD TOTAL POLITICAL CONTRIBUTION REPORTING PERIOD TOTAL PRINCIPAL AMOUNT OF A OF THE REPORTING PERIOD RY STAMP / SEAL ABOVE and the staid	Andidate / officeholder. These expenditures may have been made without insent. Candidates and officeholders are required to report this information insent. Candidates and officeholders are required to report this information. Committee type GENERAL COMMITTEE NAME COMMITTEE ADDRESS SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELEINOTAL UNITEMIZED POLITICAL EXPENDITURES TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, TOTAL UNITEMIZED POLITICAL EXPENDITURES TOTAL POLITICAL EXPENDITURES TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LEINE REPORTING PERIOD TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE REPORTING PERIOD I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code. The Horical Signature of	And a continue of the continues of the continues of the continues and officeholders are required to report this information only if they receive no committee type COMMITTEE TYPE GENERAL GENERAL COMMITTEE ADDRESS COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) TOTAL UNITEMIZED POLITICAL EXPENDITURES TOTAL POLITICAL EXPENDITURES TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD I swear, or affirm, under penalty of perjury, that the acc true and correct and includes all information required to under Title 15, Election Code. The Honorable Kelli Johnson Signature of Candidate or Officehold of the committee of the	GENERAL COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) TOTAL UNITEMIZED POLITICAL EXPENDITURES TOTAL POLITICAL EXPENDITURES TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD I swear, or affirm, under penalty of perjury, that the accompanying true and correct and includes all information required to be reported under Title 15, Election Code. The Honorable Kelli Johnson Signature of Candidate or Officeholder EX STAMP / SEAL ABOVE and before me, by the said, this the, this the, 20, to certify which, witness my hand and seal of office.	

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

				3 of 12
l	ER NAM	ME Kelli (The Honorable)	19 Filer ID 00080581	(Ethics Commission Filers)
I	HEDUL ME OF	SUBTOTAL AMOUNT		
1.		\$		
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$
4.		SCHEDULE E(J): LOANS (JUDICIAL)		\$
5.		SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 22,236.69	
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS IT TO FILER	RETURNED	\$

SCHEDULE **G**

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office O Food/Beverage Expense Polling E y - Gift/Awards/Memorials Expense Printing	Expense /Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G:	2 FILER NAME	3	Filer ID (Ethics Commission Filers)
_	Sch: 1/9 Rpt: 4/12	Johnson, Kelli (The Honorable)		00080581
4	Date	5 Payee name		
	06/14/2025	Collinas		
6	Amount (\$) \$61.82	7 Payee address; City; State; Zip C 502 W 19th	Code	
	Reimbursement from political contributions intended	Houston , TX 77008		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description C	neck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Food/Beverage Expense	CI	heck if Austin, TX, officeholder living expense
			staff	
9	Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
	expenditure to benefit C/OH	Canada Cincondadi Name		Gilloc Hold
	Date	Payee name		
	06/11/2025	Constant Contact		
	Amount (\$)	Payee address; City; State; Zip C	Code	
	\$137.51	1601 Trapelo Road		
	Reimbursement from political contributions intended	Waltham, MA 02451		
	PURPOSE	Category (See Categories listed at the top of this schedule)	Description C	neck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Advertising Expense		heck if Austin, TX, officeholder living expense
			invitation contact sit	e
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date	Payee name		
	05/02/2025	Constant Contact		
	Amount (\$)	Payee address; City; State; Zip C	Code	
	\$137.51	1601 Trapelo Road		
	Reimbursement from political contributions intended	Waltham, MA 02451		
	PURPOSE	Category (See Categories listed at the top of this schedule)	Description C	neck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Office Overhead/Rental Expense		heck if Austin, TX, officeholder living expense
			website	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment		mmittee Legal Services Salaries	Wages/Contract Labor		OTHER (enter a category not listed above)			
			The Instruction Guide explains how to c	omplete this form.					
1	Total pages Schedule G:	2	FILER NAME		3	Filer ID (Ethics Commission Filers)			
	Sch: 2/9 Rpt: 5/12		Johnson, Kelli (The Honorable)		00080581				
4	Date	5	Payee name						
	04/02/2025		Constant Contact						
6	Amount (\$)	7	Payee address; City; State; Zip C	code			_		
	\$137.51		1601 Trapelo Road						
	Reimbursement from								
	political contributions intended		Waltham, MA 02451						
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b) Description	٦c	Check if travel outside of Texas. Complete Schedule T	_		
ľ	OF	(")	Office Overhead/Rental Expense		=	Check if Austin, TX, officeholder living expense			
	EXPENDITURE		omee overneaa/vernai Expense	website	_				
9	Complete ONLY if direct	Car	ndidate/Officeholder name	Office sought		Office held	_		
	expenditure to benefit			9					
	C/OH								
	Date		Payee name						
	03/02/2025		Constant Contact						
	Amount (\$)	T	Payee address; City; State; Zip C	ode			_		
	\$137.51	7.51 1601 Trapelo Road							
	Reimbursement from								
	political contributions intended		Waltham, MA 02451						
	PURPOSE		Category (See Categories listed at the top of this schedule)	Description	С	Check if travel outside of Texas. Complete Schedule T			
OF EXPENDITURE			Office Overhead/Rental Expense	Check if Austin, TX, officeholder living expense					
				website					
	Complete ONLY if direct expenditure to benefit	Car	ndidate/Officeholder name	Office sought		Office held			
	C/OH								
	Data	_					=		
	Date 02/02/2025		Payee name Constant Contact						
		┞					_		
	Amount (\$)		Payee address; City; State; Zip C	ode					
	\$137.51		1601 Trapelo Road						
	Reimbursement from political contributions intended		Waltham, MA 02451						
-	PURPOSE	┢	Category (See Categories listed at the top of this schedule)	Description	1 c	Check if travel outside of Texas. Complete Schedule T	_		
	OF		Office Overhead/Rental Expense		⊒ .	Check if Austin, TX, officeholder living expense			
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	expenditure to benefit C/OH			-					
	С/ОП						_		

SCHEDULE G

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		Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains		Expense Wages/Contract Labor	Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G:	2 FILER NAM	E			3 Filer ID (Ethics Commission Filers)
	Sch: 3/9 Rpt: 6/12	Johnson, k	Kelli (The Honorable)			00080581
4	Date	5 Payee name	9			
	01/02/2025	Constant C	Contact			
6	Amount (\$)	7 Payee addre	ess; City; State;	Zip Co	ode	
	\$137.51	1601 Trape		•		
	Reimbursement from political contributions intended	Waltham, I	MA 02451			
8	PURPOSE	(a) Category (s	See Categories listed at the top of this sch	edule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Office Ove	rhead/Rental Expense		L	Check if Austin, TX, officeholder living expense
					website	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Office	eholder name		Office sought	Office held
	Date	Payee name	9			
	05/31/2025	Empanada	ı Company			
	Amount (\$)	Payee addre	ess; City; State;	Zip Co	ode	
	\$60.31 2925 W TC Jester Blvd					
	Reimbursement from					
	political contributions intended	Houston, T	X 77018			
	PURPOSE	Category (s	See Categories listed at the top of this sch	edule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Food/Beve	rage Expense			Check if Austin, TX, officeholder living expense
					staff	
	Complete ONLY if direct expenditure to benefit	Candidate/Office	eholder name		Office sought	Office held
	C/OH					
	Data					
	Date 04/17/2025	Payee name Empanada				
		·				
	Amount (\$)	Payee addre		Zip Co	oae	
	\$49.30	2925 W TC	C Jester Blvd			
	Reimbursement from political contributions intended	Houston, T	X 77018			
	PURPOSE	Category (See Categories listed at the top of this sch	edule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Food/Beve	rage Expense		L	Check if Austin, TX, officeholder living expense
					staff	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Office	eholder name		Office sought	Office held

SCHEDULE G

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/Politics Credit Card Payment		mmittee	Gift/Awards/Memorials E Legal Services The Instruction Gui	Expense		xpense Vages/Contract Labor		Travel Out of Distri OTHER (enter a ca	ict ategory not listed above)
1	Total pages Schedule G:	2	FILER NAME	Ī				3	Filer ID (Eth	nics Commission Filers)
	Sch: 4/9 Rpt: 7/12		Johnson, K	elli (The Honorab	ole)				00080581	
4	Date	5	Payee name							
	06/02/2025		Google Suit	te						
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip Co	ode			
	\$23.03		1600 Amph	itheatre Parkway						
	Reimbursement from political contributions intended		Mountain V	iew, CA 94043						
8	PURPOSE	(a)	Category (Se	ee Categories listed at the	e top of this sche	edule)	(b) Description	Ch	neck if travel outside	of Texas. Complete Schedule T.
	OF EXPENDITURE		Office Over	head/Rental Exp	ense			Ch	neck if Austin, TX, of	fficeholder living expense
							web page			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Cai	ndidate/Officel	holder name			Office sought		Off	ïce held
	Date		Payee name							
	05/02/2025		Google Suit	te						
	Amount (\$)	T	Payee addre	ss; City;	State;	Zip Co	ode			
	\$23.03		1600 Amph	itheatre Parkway						
	Reimbursement from									
	political contributions intended		Mountain V	iew, CA 94043						
	PURPOSE	Γ	Category (S	ee Categories listed at the	e top of this sche	edule)	Description	Ch	neck if travel outside	of Texas. Complete Schedule T.
	OF EXPENDITURE		Office Over	head/Rental Exp	ense		[Ch	neck if Austin, TX, of	fficeholder living expense
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	Date	Π	Payee name							
	04/02/2025		Google Suit	te						
	Amount (\$)	T	Payee addre	ss; City;	State;	Zip Co	ode			
	\$23.03		1600 Amph	itheatre Parkway						
	Reimbursement from									
	political contributions intended		Mountain V	iew, CA 94043						
	PURPOSE	Г	Category (S	ee Categories listed at the	e top of this sche	edule)	Description	Ch	neck if travel outside	of Texas. Complete Schedule T.
	OF EXPENDITURE		Office Over	head/Rental Exp	ense		[Ch	neck if Austin, TX, of	fficeholder living expense
							website			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Cai	ndidate/Officel	holder name			Office sought		Off	ice held

SCHEDULE G

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/Politice Credit Card Payment		Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h		Expense Wages/Contract Labor	Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G:	2 FILER N.	AME			3 Filer ID (Ethics Commission Filers)
	Sch: 5/9 Rpt: 8/12	Johnsor	n, Kelli (The Honorable)			00080581
4	Date	5 Payee na	ame			
	03/02/2025	Google	Suite			
6	Amount (\$)	7 Payee ac	ddress; City; State;	Zip Co	ode	
	\$23.03	1600 Ar	mphitheatre Parkway			
	Reimbursement from political contributions intended	Mountai	n View, CA 94043			
8	PURPOSE	(a) Category	(See Categories listed at the top of this sche	dule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Office C	verhead/Rental Expense			Check if Austin, TX, officeholder living expense
					website	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Of	ficeholder name		Office sought	Office held
	Date	Payee na	ame			
	02/02/2025	Google	Suite			
	Amount (\$)	Payee ad	ddress; City; State;	Zip Co	ode	
	\$23.03	1600 Ar	nphitheatre Parkway			
	Reimbursement from					
	political contributions intended	Mountai	n View, CA 94043			
	PURPOSE	Category	(See Categories listed at the top of this sche	dule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Office C	verhead/Rental Expense		[Check if Austin, TX, officeholder living expense
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	Complete ONLY if direct expenditure to benefit	Candidate/Of	ficeholder name		Office sought	Office held
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	\$23.03	1600 Ar	nphitheatre Parkway			
	Reimbursement from					
	political contributions intended	Mountai	n View, CA 94043			
	PURPOSE	Category	' (See Categories listed at the top of this sche	dule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Office C	verhead/Rental Expense			Check if Austin, TX, officeholder living expense
	EX. ENDITORE				website	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Of	ficeholder name		Office sought	Office held

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		y - Food/Beverage Expense F Gift/Awards/Memorials Expense F al Committee Legal Services S	Office Overhead/Rental Expense Polling Expense Printing Expense Galaries/Wages/Contract Labor	Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
	orean oura'r ayment	The Instruction Guide explains ho	w to complete this form.							
1	Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)						
	Sch: 6/9 Rpt: 9/12	Johnson, Kelli (The Honorable)		00080581						
4	Date	5 Payee name								
	04/11/2025	Los Tios								
6	Amount (\$)	7 Payee address; City; State;	Zip Code							
	\$38.31	5161 San Felipe								
	Reimbursement from	·								
	political contributions intended	HOUSTON, TX 77056								
8			(h) Description [Check if travel outside of Texas. Complete Schedule T.						
O	PURPOSE OF	(a) Category (See Categories listed at the top of this schedu	ule) (b) Description	Check if Austin, TX, officeholder living expense						
	EXPENDITURE	Food/Beverage Expense	Leadership org							
			Leader Ship org							
9	Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held						
١	expenditure to benefit	Canadate/Officerolder Harne	Office 30dgfft	Office field						
	C/OH									
	Date	Payee name								
	06/18/2025	Remarkable								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$3.24 Fridtjof Nansens vei 12									
	Reimbursement from									
	political contributions intended	Oslo 0369 Norway								
	PURPOSE	Category (See Categories listed at the top of this schedu	ule) Description	Check if travel outside of Texas. Complete Schedule T.						
	OF	tech		Check if Austin, TX, officeholder living expense						
	EXPENDITURE		tech for office							
	Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held						
	expenditure to benefit C/OH									
	C/OH									
	Date	Payee name								
	06/08/2025	The Caucus								
	Amount (\$)	Payee address; City; State;	Zip Code							
	\$10.00	401 Branard St, 2nd Fl								
	Reimbursement from									
	political contributions intended	Houston, TX 77006								
	PURPOSE	Category (See Categories listed at the top of this schedu	ule) Description	Check if travel outside of Texas. Complete Schedule T.						
	OF EXPENDITURE	Contributions/Donations Made By		Check if Austin, TX, officeholder living expense						
	ZA ZADITORZ	Candidate/Officeholder/Political Committ	ee LGBT org							
L										
		Candidate/Officeholder name	Office sought	Office held						
	expenditure to benefit C/OH									
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SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Accounung/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		Food/Beverage Expense			-	Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
L		The Instruction Guide explains how to complete this form.								
1	Total pages Schedule G:	2 FILER NAME				3 F	iler ID (Ethic	cs Commission Filers)		
	Sch: 7/9 Rpt: 10/12	Johnson, K	elli (The Honorable)			(00080581			
4	Date	5 Payee name								
	06/02/2025	The Websit								
6	Amount (\$)	7 Payee addre	ss; City; State	; Zip Co	ode					
	\$29.40	5718 Westl	neimer							
	Reimbursement from									
	political contributions intended	Houston, T	X 77057							
8	PURPOSE OF	' ' ' '	ee Categories listed at the top of this sch	nedule)	(b) Description	=		of Texas. Complete Schedule T.		
	EXPENDITURE	Office Over	head/Rental Expense		L	Che	eck if Austin, TX, offic	ceholder living expense		
					website					
9	expenditure to benefit	Candidate/Office	holder name		Office sought		Offic	ce held		
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	\$20,873.77	1523 Yale :								
	political contributions intended									
										
	PURPOSE OF		ee Categories listed at the top of this sch	nedule)	Description	_		of Texas. Complete Schedule T.		
	EXPENDITURE	Legal Services			Check if Austin, TX, officeholder living expense					
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_	Complete ONE Wife disc.	Candidat - 10ff	h a lalaw ya a wa a		Office		0"	a hald		
	Complete ONLY if direct expenditure to benefit	Candidate/Office	noider name		Office sought		Offic	ce held		
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F	Date	Payee name								
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	Amount (\$)	Payee addre	•	; Zip Co	oae					
	\$29.40	5718 Westl	neimer							
	Reimbursement from political contributions intended	Houston, T	X 77057							
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	PURPOSE OF	1	ee Categories listed at the top of this sch	iedule)	Description	=		of Texas. Complete Schedule T.		
	EXPENDITURE	Unice Over	head/Rental Expense		L website			3 · P		
					Website					
	Complete ONLY if direct	Candidate/Office	holder name		Office sought		Offic	ce held		
	expenditure to benefit	Candidate/Office	HOIGH HAIHE		Onice sought		Offic	oc neiu		
L	C/OH									

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Contributions/ Donations Made By -		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor			Travel Out of District OTHER (enter a category not listed above)				
			The Instruction Guide explains	how to co	omplete this form.				
1	Total pages Schedule G:	2 FILER NAME	≣			3 F	iler ID (E	thics Commission Filers)	
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	Reimbursement from								
	political contributions intended	Houston, T.	X 77057						
8	PURPOSE	(a) Category (s	ee Categories listed at the top of this sch	edule)	(b) Description	Chec	ck if travel outsid	de of Texas. Complete Schedule T.	
	OF	Office Over	head/Rental Expense			Chec	ck if Austin, TX,	officeholder living expense	
	EXPENDITURE		·		website				
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	Reimbursement from political contributions	l							
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	political contributions intended	Houston, T.	X 77057						
	PURPOSE	Category (s	ee Categories listed at the top of this scho	edule)	Description	Chec	ck if travel outsid	de of Texas. Complete Schedule T.	
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	Complete ONLY if direct	I Candidate/Office	holder name		Office sought		Ω	Office held	
	expenditure to benefit		-		 9				
	C/OH								

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. FILER NAME Total pages Schedule G: Filer ID (Ethics Commission Filers) Sch: 9/9 Rpt: 12/12 Johnson, Kelli (The Honorable) 00080581 Date Payee name 01/02/2025 Webpage Sit 6 Amount (\$) Payee address; City; State; Zip Code \$29.70 5718 Westheimer Reimbursement from political contributions intended Houston, TX 77057 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. 8 OF Check if Austin, TX, officeholder living expense Office Overhead/Rental Expense **EXPENDITURE** website Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH