

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

<p>The C/OH Instruction Guide explains how to complete this form.</p>		<p>1 Filer ID (Ethics Commission Filers)</p>	<p>2 Total pages filed:</p> <p style="text-align: center; font-size: 1.5em;">16</p>													
<p>3 CANDIDATE / OFFICEHOLDER NAME</p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; border-bottom: 1px solid black;">MS / MRS / MR</td> <td style="width:40%; border-bottom: 1px solid black;">FIRST</td> <td style="width:30%; border-bottom: 1px solid black;">MI</td> </tr> <tr> <td>Mrs.</td> <td>Chavva</td> <td>A</td> </tr> <tr> <td style="border-bottom: 1px solid black;">NICKNAME</td> <td style="border-bottom: 1px solid black;">LAST</td> <td style="border-bottom: 1px solid black;">SUFFIX</td> </tr> <tr> <td>Hava</td> <td>Johnston</td> <td></td> </tr> </table>		MS / MRS / MR	FIRST	MI	Mrs.	Chavva	A	NICKNAME	LAST	SUFFIX	Hava	Johnston		<p style="text-align: center;">OFFICE USE ONLY</p> <hr/> <p>Date Received</p> <p style="text-align: center; font-size: 1.2em;">RECEIVED</p> <p style="text-align: center; font-size: 1.5em;">JUL 15 2020</p> <p style="text-align: center;">2:10 PM A.C</p> <p style="text-align: center;">CITY SECRETARY'S OFFICE</p> <hr/> <p>Date Hand-delivered or Date Postmarked</p>	
	MS / MRS / MR	FIRST	MI													
Mrs.	Chavva	A														
NICKNAME	LAST	SUFFIX														
Hava	Johnston															
<p>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</p> <p>ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE</p> <p style="text-align: center;">2230 Jaguar drive Frisco Texas 75033</p> <p><input type="checkbox"/> Change of Address</p>																
<p>5 CANDIDATE / OFFICEHOLDER PHONE</p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; border-bottom: 1px solid black;">AREA CODE</td> <td style="width:40%; border-bottom: 1px solid black;">PHONE NUMBER</td> <td style="width:30%; border-bottom: 1px solid black;">EXTENSION</td> </tr> <tr> <td>(214)</td> <td>994-4782</td> <td></td> </tr> </table>		AREA CODE	PHONE NUMBER	EXTENSION	(214)	994-4782		<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%; border-bottom: 1px solid black;">Receipt #</td> <td style="width:40%; border-bottom: 1px solid black;">Amount \$</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Date Processed</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Date Imaged</td> </tr> </table>	Receipt #	Amount \$	Date Processed		Date Imaged		
AREA CODE	PHONE NUMBER	EXTENSION														
(214)	994-4782															
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Date Processed																
Date Imaged																
<p>6 CAMPAIGN TREASURER NAME</p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; border-bottom: 1px solid black;">MS / MRS / MR</td> <td style="width:40%; border-bottom: 1px solid black;">FIRST</td> <td style="width:30%; border-bottom: 1px solid black;">MI</td> </tr> <tr> <td>Ms</td> <td>Kendra</td> <td></td> </tr> <tr> <td style="border-bottom: 1px solid black;">NICKNAME</td> <td style="border-bottom: 1px solid black;">LAST</td> <td style="border-bottom: 1px solid black;">SUFFIX</td> </tr> <tr> <td></td> <td>Darling</td> <td></td> </tr> </table>		MS / MRS / MR	FIRST	MI	Ms	Kendra		NICKNAME	LAST	SUFFIX		Darling		<p>7 CAMPAIGN TREASURER ADDRESS</p> <p>(Residence or Business)</p> <p>STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE</p> <p style="text-align: center;">1401 Sparrow Drive Little Elm Tx 75068</p>	
MS / MRS / MR	FIRST	MI														
Ms	Kendra															
NICKNAME	LAST	SUFFIX														
	Darling															
<p>8 CAMPAIGN TREASURER PHONE</p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; border-bottom: 1px solid black;">AREA CODE</td> <td style="width:40%; border-bottom: 1px solid black;">PHONE NUMBER</td> <td style="width:30%; border-bottom: 1px solid black;">EXTENSION</td> </tr> <tr> <td>(214)</td> <td>538-4905</td> <td></td> </tr> </table>		AREA CODE	PHONE NUMBER	EXTENSION	(214)	538-4905									
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<p>9 REPORT TYPE</p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input checked="" type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded Modified Reporting Limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>		<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)						
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<p>10 PERIOD COVERED</p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Month</td> <td style="width:10%;">Day</td> <td style="width:20%;">Year</td> <td style="width:20%; text-align: center;">THROUGH</td> <td style="width:20%;">Month</td> <td style="width:10%;">Day</td> <td style="width:20%;">Year</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2020</td> <td></td> <td style="text-align: center;">6</td> <td style="text-align: center;">30</td> <td style="text-align: center;">2020</td> </tr> </table>		Month	Day	Year	THROUGH	Month	Day	Year	1	1	2020		6	30	2020
Month	Day	Year	THROUGH	Month	Day	Year										
1	1	2020		6	30	2020										
<p>11 ELECTION</p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;">ELECTION DATE</td> <td style="width:60%;">ELECTION TYPE</td> </tr> <tr> <td>Month</td> <td> <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description </td> </tr> <tr> <td>Day</td> <td> <input checked="" type="checkbox"/> General <input type="checkbox"/> Special </td> </tr> <tr> <td>Year</td> <td></td> </tr> <tr> <td>11</td> <td></td> </tr> <tr> <td>3</td> <td></td> </tr> <tr> <td>2020</td> <td></td> </tr> </table>		ELECTION DATE	ELECTION TYPE	Month	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description	Day	<input checked="" type="checkbox"/> General <input type="checkbox"/> Special	Year		11		3		2020	
ELECTION DATE	ELECTION TYPE															
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Day	<input checked="" type="checkbox"/> General <input type="checkbox"/> Special															
Year																
11																
3																
2020																
<p>12 OFFICE</p>	<p>OFFICE HELD (if any)</p>	<p>13 OFFICE SOUGHT (if known)</p> <p style="text-align: center;">Frisco City council PI 5</p>														

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Chavva Johnston 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

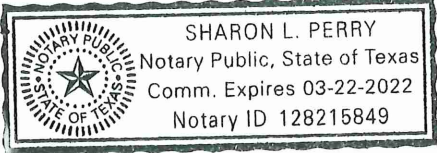
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2405 -
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 197.83
	4. TOTAL POLITICAL EXPENDITURES	\$ 1546.76
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 805.65
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Signature]
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Chavva Johnston, this the 15th day of July, 20 20, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Sharon Perry
Printed name of officer administering oath

Notary
Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME**

Chavva Johnston

20 Filer ID (Ethics Commission Filers)**21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

- | | | |
|-----|---|------------|
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 2405 |
| 2. | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | <input type="checkbox"/> SCHEDULE E: LOANS | \$ |
| 5. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 1546.76 |
| 6. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 9. | <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ 811.88 |
| 10. | <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 11. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 12. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

8

2 FILER NAME

Chavva Johnston

3 Filer ID (Ethics Commission Files)

4 Date

~~6-3-20~~

1-3-20

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Ginnie Scott

Contributor address;

City;

State;

Zip Code

2432 W. Creek Dr Frisco TX 75033

7 Amount of contribution (\$)

\$25.00

8 Principal occupation / Job title (See Instructions)

Mother

9 Employer (See Instructions)

/

Date

~~6-3-20~~

1-3-20

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Percy Jack

Contributor address;

City;

State;

Zip Code

531 Townhouse Ln Richardson TX 75081

Amount of contribution (\$)

\$10.00

Principal occupation / Job title (See Instructions)

Manger

Employer (See Instructions)

Capital 1 bank

Date

~~6-3-20~~

1-3-20

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Ken Tyrell

Contributor address;

City;

State;

Zip Code

1213 Glade water Frisco TX 75033

Amount of contribution (\$)

\$50.00

Principal occupation / Job title (See Instructions)

Drector

Employer (See Instructions)

AT&T

Date

~~6-3-20~~

1-3-20

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Jeff Quiggle

Contributor address;

City;

State;

Zip Code

4117 Waksom Dr Plano TX 75024

Amount of contribution (\$)

\$25.00

Principal occupation / Job title (See Instructions)

Alliance Manger

Employer (See Instructions)

Seismic

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

8

2 FILER NAME

Chavua Johnston

3 Filer ID (Ethics Commission File#)

4 Date

~~1-3-20~~
1-3-20

5 Full name of contributor

☐ out-of-state PAC (ID#)

Andrew Rose

7 Amount of contribution (\$)

\$10.00

Contributor address;

City;

State;

Zip Code

PO Box 643 Farmersville TX 75442

8 Principal occupation / Job title (See Instructions)

Proj Mgr

9 Employer (See Instructions)

Fusion Solutions

Date

~~1-3-20~~
~~6-8-20~~

Full name of contributor

☐ out-of-state PAC (ID#)

Kriss Lamar

Amount of contribution (\$)

\$10.00

Contributor address;

City;

State;

Zip Code

1606 Carrol Stream Richardson TX 75081

Principal occupation / Job title (See Instructions)

Admin

Employer (See Instructions)

Salon Boutique Academy

Date

~~6-8-20~~
1-8-20

Full name of contributor

☐ out-of-state PAC (ID#)

Kristina Perez

Amount of contribution (\$)

\$20.00

Contributor address;

City;

State;

Zip Code

16006 Chucklebur Cr. Houston TX 75095

Principal occupation / Job title (See Instructions)

Education

Employer (See Instructions)

Zenith

Date

~~6-3-20~~
1-6-20

Full name of contributor

☐ out-of-state PAC (ID#)

Robert Miller

Amount of contribution (\$)

\$50.00

Contributor address;

City;

State;

Zip Code

2300 Westridge Plano TX 75075

Principal occupation / Job title (See Instructions)

Lawyer

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

8

2 FILER NAME

Chavua Johnston

3 Filer ID (Ethics Commission Files)

4 Date

1/7/20

5 Full name of contributor

Art Carrillo

☐ out-of-state PAC (ID#)

7 Amount of contribution (\$)

\$ 100.00

Contributor address; City; State; Zip Code
5706 E. Mockingbird Dallas TX 75206

8 Principal occupation / Job title (See Instructions)

Broker

9 Employer (See Instructions)

Self

Date

1-31-20

Full name of contributor

Aaron Winkler

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

\$ 20.00

Contributor address; City; State; Zip Code

421 Fernwood Richardson TX 75080

Principal occupation / Job title (See Instructions)

Architect

Employer (See Instructions)

Match.com

Date

2-3-20

Full name of contributor

Debo Pyne

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

\$ 25.00

Contributor address; City; State; Zip Code

4900 Concord Dr Frisco TX 75035

Principal occupation / Job title (See Instructions)

Physician

Employer (See Instructions)

Self

Date

2-5-20

Full name of contributor

Ken Tyrell

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

\$ 100.00

Contributor address; City; State; Zip Code

1213 Glade water dr Frisco TX 75033

Principal occupation / Job title (See Instructions)

Dr. Prad Mng

Employer (See Instructions)

AT&T

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

8

2 FILER NAME

Chavva Johnston

3 Filer ID (Ethics Commission Filers)

4 Date

2-8-20

5 Full name of contributor

Caroline Smith

☐ out-of-state PAC (ID#)

7 Amount of contribution (\$)

\$20.00

Contributor address;

City;

State;

Zip Code

6954 Red Creek Frisco TX 75035

8 Principal occupation / Job title (See Instructions)

Speech Path

9 Employer (See Instructions)

CLDC

Date

3-4-20

Full name of contributor

Char West

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

\$25.00

Contributor address;

City;

State;

Zip Code

13964 Fennardord Frisco TX 75035

Principal occupation / Job title (See Instructions)

Push Attendant

Employer (See Instructions)

AA

Date

3-4-20

Full name of contributor

Jozanne Mathews

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

\$50.00

Contributor address;

City;

State;

Zip Code

1669 Chase Oaks Ct Frisco TX 75036

Principal occupation / Job title (See Instructions)

Admin Assistant

Employer (See Instructions)

PLE Training

Date

3-4-20

Full name of contributor

K. D. Warrach

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

\$25.00

Contributor address;

City;

State;

Zip Code

13449 Grayhawk Frisco TX 75033

Principal occupation / Job title (See Instructions)

Civil Eng.

Employer (See Instructions)

Lochner

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

8

2 FILER NAME

Chavva Johnston

3 Filer ID (Ethics Commission Only)

4 Date

3-11-20

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Benjamin Yang

7 Amount of contribution (\$)

\$ 20.00

Contributor address; City; State; Zip Code

908 Donal Dr Ft Worth TX 76112

8 Principal occupation / Job title (See Instructions)

Realter

9 Employer (See Instructions)

Self

Date

3-12-20

Full name of contributor

Lisa Fuchs

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 25.00

Contributor address; City; State; Zip Code

1585 Brimingham Forest Frisco TX 75036

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

6-5-20

Full name of contributor

Monique Thompson

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 20.00

Contributor address; City; State; Zip Code

2785 Cowboy Trl Little Elm TX 75068

Principal occupation / Job title (See Instructions)

Psych-therapist

Employer (See Instructions)

Private

Date

6-29-20

Full name of contributor

Jeff Bell

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 150.00

Contributor address; City; State; Zip Code

2212 Jaguar Frisco TX 75033

Principal occupation / Job title (See Instructions)

UE

Employer (See Instructions)

UE

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

8

2 FILER NAME

Chauva Johnston

3 Filer ID (Ethics Commission Filers)

4 Date

2-1-20

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Greg Alvord

7 Amount of contribution (\$)

\$100.00

Contributor address; City; State; Zip Code

1221 Spanish Moss Dr Savannah TX 76227

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

2-1-20

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Rodney Walter II

Amount of contribution (\$)

\$200.00

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Plumber

Employer (See Instructions)

Self

Date

2-1-20

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Elizabeth Knoop

Amount of contribution (\$)

\$200.00

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

2-1-20

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Christie Wood

Amount of contribution (\$)

\$300.00

Contributor address; City; State; Zip Code

513 Bolivar Denton TX 76201

Principal occupation / Job title (See Instructions)

Business Owner

Employer (See Instructions)

Glass Ensembles

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

8

2 FILER NAME

Charva Johnson

3 Filer ID (Ethics Commission Filer)

4 Date

7/3/20

5 Full name of contributor

☐ out-of-state PAC (ID#:

Pushpinder Paul

7 Amount of contribution (\$)

\$25.00

Contributor address;

City;

State;

Zip Code

4051 Kate Dr

frisco TX 75025

8 Principal occupation / Job title (See Instructions)

Consultant

9 Employer (See Instructions)

Toyota

Date

2-1-20

Full name of contributor

☐ out-of-state PAC (ID#:

Ramona Thompson

Amount of contribution (\$)

\$100.00

Contributor address;

City;

State;

Zip Code

2001 Ceme hill Cv

frisco TX 75036

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

2-1-20

Full name of contributor

☐ out-of-state PAC (ID#:

Gail Stevens

Amount of contribution (\$)

\$100.00

Contributor address;

City;

State;

Zip Code

9742 Corinth Ln frisco TX 75035

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

2-1-20

Full name of contributor

☐ out-of-state PAC (ID#:

Michelle Ingalls

Amount of contribution (\$)

\$200.00

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 8
2 FILER NAME Charuva Johnston		3 Filer ID (Ethics Commission Filers)
4 Date 2-1-20	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nikki Watson Contributor address; City; State; Zip Code 2970 Blystone Ln St. 109 Dallas TX 75220	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2-1-20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Suzzane Matthews Contributor address; City; State; Zip Code 1669 Chase Oaks Ct Frisco TX 75036	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Admin Assistant		Employer (See Instructions) PLE training
Date 2-1-20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tracy Knight Contributor address; City; State; Zip Code 5038 Toledo Bend Dr Frisco TX 75035	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Director Consulting		Employer (See Instructions) Reval
Date 2-1-20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarah Hamilton Contributor address; City; State; Zip Code 7127 Maple St Frisco TX 75035	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Self
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expenses	Travel Expenses	Transportation/Transportation Expenses	Subscriptions and Related Expenses
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract 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: 4	2 FILER NAME Charles Johnston	3 Filer ID (Ethics Commission Filers)
4 Date 11/15/20	5 Payee name City of Frisco UTL	
6 Amount (\$) \$200.00	7 Payee address; City; State; Zip Code FRISCO TX 75035	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) office exp/	(b) Description UTL Reimbursement
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 5-26-20	Payee name facebook	
Amount (\$) 25.00	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising	Description FB Ad for Page
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 2-15-20	Payee name Halla Johnston	
Amount (\$) \$00.00	Payee address; City; State; Zip Code 2230 Joyner Frisco TX 75033	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Loan Repayment	Description Payment
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract 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: 4	2 FILER NAME Charva Johnston	3 Filer ID (Ethics Commission Filers)
4 Date 2-2-20	5 Payee name Didi's Downtown Frisco TX 75035	
6 Amount (\$) 61.42	7 Payee address; 7210 Main St Frisco TX 75035	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food & Bev	(b) Description Lunch meeting
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date 6-28-20	Payee name Go Daddy	
Amount (\$) 31.92	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Website
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date 2-2-20	Payee name face book advertising	
Amount (\$) 113.99	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description FB ad for Event
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract 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: <u>4</u>		2 FILER NAME <u>Chavua Johnston</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>(1-27-20)</u>		5 Payee name <u>Casa DEL BRO</u>			
6 Amount (\$) <u>\$37.68</u>		7 Payee address; City; State; Zip Code <u>5444 Elm 423 Frisco TX 75033</u> <u>Little Elm</u>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Food & Bev</u>		(b) Description <u>PreCinct chair meeting</u>		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <u>1/30/20</u>		Payee name <u>Chilies inc</u>			
Amount (\$) <u>86.38</u>		Payee address; City; State; Zip Code <u>Dallas N Bellway Frisco TX 75035</u>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Food & Bev</u>		Description <u>Happy Hour Meet & Greet</u>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <u>2-18-20</u>		Payee name <u>Wow Dems</u> <u>ACTBLUE Wow Dems</u>			
Amount (\$) <u>300.00</u>		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Contributory Donation</u>		Description <u>WOW DEMS GATA 2020</u>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract 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: <div style="font-size: 24pt; text-align: center;">4</div>	2 FILER NAME <div style="font-size: 24pt;">Chavira Johnson</div>	3 Filer ID (Ethics Commission Filers)
4 Date <div style="font-size: 24pt;">3-2-20</div>	5 Payee name <div style="font-size: 24pt;">Chrys Frisco</div>	
6 Amount (\$) <div style="font-size: 24pt;">71.60</div>	7 Payee address <div style="font-size: 24pt;">Chrysfrisco DNT Frisco TX</div>	
8 <div style="text-align: center;">PURPOSE OF EXPENDITURE</div>	(a) Category (See Categories listed at the top of this schedule) <div style="font-size: 24pt;">Food & Bev</div>	
	(b) Description <div style="font-size: 24pt;">Happy Hour Meet & Greet</div>	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date <div style="font-size: 24pt;">2-21-20</div>	Payee name <div style="font-size: 24pt;">FedEx</div>	
Amount (\$) <div style="font-size: 24pt;">21.11</div>	Payee address; <div style="font-size: 24pt;">Fed ex Manst Frisco TX 75033</div>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <div style="font-size: 24pt;">advertising</div>	
	Description <div style="font-size: 24pt;">Mailer</div>	
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Candidate / Officeholder name Office sought Office held		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date <div style="font-size: 24pt;">1/21/20</div>	Payee name <div style="font-size: 24pt;">Roto's Craft Coast</div>	
Amount (\$) <div style="font-size: 24pt;">97.77</div>	Payee address; <div style="font-size: 24pt;">9250 DPW Frisco TX 75035</div>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <div style="font-size: 24pt;">Food & Bev</div>	
	Description <div style="font-size: 24pt;">Happy Hour Meet & Greet</div>	
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Candidate / Officeholder name Office sought Office held		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1	2 FILER NAME Chawva Johnston	3 Filer ID (Ethics Commission Filers)
4 Date 3/30/20	5 Payee name Monica Leaps	
6 Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 3321 Jamestown Dr Flower Mound TX 75028	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) advertisement	
	(b) Description Road Signs	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	
	Description	
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	
	Description	
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

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