

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 00069371	2 PAGE # 1 of 5
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. Scott NICKNAME LAST SUFFIX Johnson		OFFICE USE ONLY Date Received RECEIVED JAN 15 2016 <i>LRN</i> City Secretary's Office Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged
	4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 6072 Dripping Springs Dr. Frisco, TX 75034 <input type="checkbox"/> Change of Address		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Ted NICKNAME LAST SUFFIX Hart		
	6 CAMPAIGN TREASURER ADDRESS (Residence or business) STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 6703 Canyon Lakes Dr. Frisco, TX 75034		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (214) 491-9646		
8 REPORT TYPE	<input checked="" 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 type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month Day Year Month Day Year 07/01/2015 THROUGH 12/31/2015		
10 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special		
11 OFFICE	OFFICE HELD (if any) Frisco City Council - Place 6		12 OFFICE SOUGHT (if known)
GO TO PAGE 2			

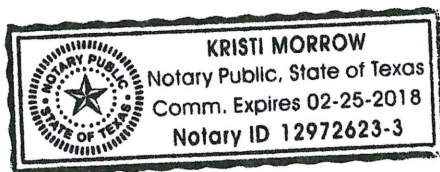
CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

13 C/OH NAME Johnson, Scott (Mr.) **14 ACCOUNT #** (Ethics Commission filers)
00069371

15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	.. This box is for notice of political expenditures 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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME <hr/> COMMITTEE ADDRESS <hr/> COMMITTEE CAMPAIGN TREASURER NAME <hr/> COMMITTEE CAMPAIGN TREASURER ADDRESS <hr/>
16 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 245.94
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 53,338.67
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

17 AFFIDAVIT



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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Scott Johnson, this the 15th day of January, 2016, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Kristi Morrow
Print name of officer administering oath

Assistant City Secretary
Title of officer administering oath

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 1/3 Report: 3/5		2 FILER NAME Johnson, Scott (Mr.)		3 ACCOUNT # (TEC filers) 00069371	
4 Date 07/17/2015		5 Payee name Constant Contact			
6 Amount (\$) \$15.99		7 Payee address City; State; Zip Code 1601 Trapelo Rd. Waltham, MA 02451			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Mailing List	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 08/17/2015		Payee name Constant Contact			
Amount (\$) \$15.99		Payee address City; State; Zip Code 1601 Trapelo Rd. Waltham, MA 02451			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Mailing List	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 09/17/2015		Payee name Constant Contact			
Amount (\$) \$15.99		Payee address City; State; Zip Code 1601 Trapelo Rd. Waltham, MA 02451			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Mailing List	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 10/19/2015		Payee name Constant Contact			
Amount (\$) \$15.99		Payee address City; State; Zip Code 1601 Trapelo Rd. Waltham, MA 02451			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Mailing List	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 2/3 Report: 4/5		2 FILER NAME Johnson, Scott (Mr.)		3 ACCOUNT # (TEC filers) 00069371	
4 Date 11/17/2015		5 Payee name Constant Contact			
6 Amount (\$) \$15.99		7 Payee address City; State; Zip Code 1601 Trapelo Rd. Waltham, MA 02451			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Mailing List	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 12/17/2015		Payee name Constant Contact			
Amount (\$) \$15.99		Payee address City; State; Zip Code 1601 Trapelo Rd. Waltham, MA 02451			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Mailing List	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 07/20/2015		Payee name Pantheon Systems			
Amount (\$) \$25.00		Payee address City; State; Zip Code 717 California Steet 3rd Floor San Francisco, CA 94108			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Web Hosting	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 08/20/2015		Payee name Pantheon Systems			
Amount (\$) \$25.00		Payee address City; State; Zip Code 717 California Steet 3rd Floor San Francisco, CA 94108			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Web Hosting	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 3/3 Report: 5/5		2 FILER NAME Johnson, Scott (Mr.)		3 ACCOUNT # (TEC filers) 00069371	
4 Date 09/21/2015	5 Payee name Pantheon Systems				
6 Amount (\$) \$25.00	7 Payee address City; State; Zip Code 717 California Steet 3rd Floor San Francisco, CA 94108				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Web Hosting		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 10/19/2015	Payee name Pantheon Systems				
Amount (\$) \$25.00	Payee address City; State; Zip Code 717 California Steet 3rd Floor San Francisco, CA 94108				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Web Hosting		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 12/21/2015	Payee name Pantheon Systems				
Amount (\$) \$25.00	Payee address City; State; Zip Code 717 California Steet 3rd Floor San Francisco, CA 94108				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Web Hosting		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held: