CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form. 1 Filer ID (Ethics Commission Filers)		2 Total pages filed:			
3 CANDIDATE/ OFFICEHOLDER	MS/MRS/MR FIRST Mr. Scott	OFFICE USE ONLY			
NAME	Mr. Scott	SUFFIX	Date Received		
	Johnson	REC	EIVED		
4 CANDIDATE / OFFICEHOLDER MAILING	6072 Dripping springs Dr.	CITY; STATE; ZIP CODE	MAY	0 1 2017	
ADDRESS Change of Address	Frisco, TX 75034		City Secret	tary's Office	
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	(n)4:03	KRM	
OFFICEHOLDER PHONE	(214) 929-1189		Date Hand-delivered o	or Date Postmarked	
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST Mr. Ted	MI	Receipt #	Amount \$	
NAME	NICKNAME LAST		Date Processed		
	Hart		Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SU 6703 Canyon Laxes Dr. Frisco, TX 75034	JITE #; CITY; STATE;	ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (Z14) 491-9646	EXTENSION			
9 REPORT TYPE	January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) July 15 8th day before election Exceeded \$500 limit Final Report (Attach C/OH - FR)				
10 PERIOD COVERED	07 Month Day Year 7016	THROUGH 1Z	Day Year / 2010	Ь	
11 ELECTION	ELECTION DATE Month Day Year Primary	ELECTION TYPE Runoff Other Description			
	General	Special			
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known))		
	Frisco City Council-Pl	ece 6			
GO TO PAGE 2					

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME			15 Filer ID (Ethics Commission Filers)		
Scs	# Johnson				
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				
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
	SPECIFIC	COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN TREASURER NAME			
Additional Pages		· ·			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER TH. ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ			
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,250. <u>*</u>		
EXPENDITURE TOTALS	3. TOTAL F	\$			
	4. TOTAL POLITICAL EXPENDITURES \$ \$ 3,245.91				
CONTRIBUTION BALANCE	1	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY of REPORTING PERIOD \$ 96.2			
OUTSTANDING LOAN TOTALS		TAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE T DAY OF THE REPORTING PERIOD \$			
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 of Candidate or Officeholder Signature of Candidate or Officeholder					
AFFIX NOTARY STAMP / SEALABOVE					
Sworn to and subscribed before me, by the said Scott Johnson, this the					
day of, 20, to certify which, witness my hand and seal of office.					
Frot Monor & pot Morrow Asst. City Suntan					
Signature of officer a	drainistering oath	Printed name of officer administering oath	Title of officer administering oath		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME	20 Filer ID (Ethics Co	Filer ID (Ethics Commission Filers)	
	Scott Johnson			
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 1,250.	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ N/A	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ N/A	
4.	SCHEDULE E: LOANS		\$ N/A	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$3,245,94	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ N/H	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		* N/A	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	NDS	\$ N/A	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$ NIA	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ NJA	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT RETURNED TO FILER	IONS	* NJA	

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Scott Johnson 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of contribution (\$) TREPAC 6 Contributor address; \$ 1,250,00 City; State; Zip Code P.O. Box 2246 Austin, TX 78768 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:__ Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) City; State; Zip Code Contributor address; Principal occupation / Job title (See Instructions) 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.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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 Gitt/Awards/Memorials Expense Legal Services

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	Other (enter a category not listed above)	
1 Total pages Schedule F1: 4 Date 12/31/16 6 Amount (\$) 4 OS 99 PURPOSE OF EXPENDITURE	Scott Johnson 5 Payee name Constant Contact 7 Payee address; City; State; Zip Code 1601 Trapelo Rd. Waltham, MA 02451 (a) Category (See Categories listed at the top of this schedule) Advertising Expense		3 Filer ID (Ethics Commission Filers) utside of Texas. Complete Schedule T. TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date 1 2/31/16	Payee name Pantheon Systems			
Amount (\$) \$1≲O, €	Payee address; City; State; Zip Code 717 California St. 314 Floor Son Francisco, CA 94108			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date 12/31/\$6 Amount (\$) \$3,000,000	Payee name Monkey Tag Payee address; City; State; Zip Code 400 St, Paul St, Dallas, TX 7520	>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense		side of Texas. Complete Schedule T. TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEE	DED	