CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** Scott Mr. NAME Date Received NICKNAME RECEIVED ohnson 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE NOV **20** 2023 **OFFICEHOLDER MAILING** 9:16.AM. A.C **ADDRESS** City Secretary's Office Change of Address 5 CANDIDATE/ PHONE NUMBER **EXTENSION** Date Hand-delivered or Date Postmarked **OFFICEHOLDER** PHONE Receipt # Amount \$ MS / MRS / MR 6 CAMPAIGN Mr **TREASURER** Scott Date Processed NAME NICKNAME SUFFIX Date Imaged JOHNSON STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 7 CAMPAIGN **TREASURER ADDRESS** (Residence or Business) AREA CODE 8 CAMPAIGN PHONE NUMBER **EXTENSION TREASURER** PHONE 9 REPORT TYPE January 15 30th day before election 15th day after campaign Runoff treasurer appointment (Officeholder Only) Exceeded Modified July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month Day Year COVERED 2016 **THROUGH ELECTION DATE** 11 ELECTION **ELECTION TYPE** Primary Runoff Other Month Day Year Description General Special 12 OFFICE OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 14 NOTICE FROM 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. **POLITICAL** COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Scott Jo	hnson	16 Filer ID (Ethics Commission Filers)		
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ Ø		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ \$		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ Ø		
	4. TOTAL POLITICAL EXPENDITURES	\$ Ø		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	*50,092.73		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$		
	wear, or affirm, under penalty of perjury, that the accompanying report is true uired to be reported by me under Title 15, Election Code.	and correct and includes all information		
	Signature of Co.	out to an Official and		
	Signature of Gar	ndidate or Officeholder		
Please complete either option below:				
(1) Affidavit				
NOTARY STAMP/SEAL				
Sworn to and subscribed	before me by this the _	, day of,		
20, to certify which, witness my hand and seal of office.				
Signature of officer administe	ring oath Printed name of officer administering oath	Title of officer administering oath		
	OR			
(2) Unsworn Declaration	on			
My name is	.,	tate) (zip code) (country)		
Executed in Coll:n	County, State of Texes, on the 15 day of November 15.			
	S ignature of Candid	ate/Officeholder (Declarant)		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	The state of the s	Piler ID (Ethics Commission Filers)
	Scott Johnson	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON	TRIBUTIONS \$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CO	ONTRIBUTIONS \$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUND	os \$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A E	SUSINESS OF C/OH \$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CON	TRIBUTIONS \$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	ons returned \$ 48,000.€

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form. 1 Total pages Schedule R			dule K: 3
2 FILER NAME 5<0+ Johnson 3 Filer ID (Ethics Commission Filers)			s Commission Filers)
4 Date 9/1/2016	5 Name of person from whom amount is received Will Thomas 6 Address of person from whom amount is received; City; Star Dallas, T)		8 Amount (\$)
	7 Purpose for which amount is received Check if was never received	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
9/1/2016	Chris Austin Address of person from whom amount is received; City; Sta	te; Zip Code	\$4,000.00
	Knox ville T	N 37919	
	Purpose for which amount is received Check if	political contribution	returned to filer
Date 9/11/2016	Name of person from whom amount is received Tyler Cooper Address of person from whom amount is received; City; Star		Amount (\$) 53,400.
• •	Dallas T	75254	
	Purpose for which amount is received Check if	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
9/1/2016	David Meece Address of person from whom amount is received; City; Sta	te; Zip Code 75093	\$1,000° 55
	Purpose for which amount is received Check if	political contribution	returned to filer
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

If the requested information is not applicable, **DO NOT include this page in the report.**

The Instruction Guide explains how to complete this form.			dule K: 3
2 FILER NAME 3 Filer ID (Ethics			Commission Filers)
5	cott Johnson	(-	
4 Date	5 Name of person from whom amount is received		8 Amount (\$)
	Kelly Williams		
alilzalla	• • • • • • • • • • • • • • • • • • • •		\$1,000,00
9/1/2016			• 1
	Atlanta, G	A 30328	
	7 Purpose for which amount is received Check if	political contribution	returned to filer
	# was never seit/receival		
Date	Name of person from whom amount is received		Amount (\$)
	Kris Krystinik		# 200 00
9/1/2018	, , , , , , , , , , , , , , , , , , , ,	ite; Zip Code	1,000,00
(1)1	- III v		
	Southlake,	18 76092	
		political contribution	returned to filer
	# was never sent/received		
Date	Name of person from whom amount is received		Amount (\$)
	Kevin Kynerd		
9/1/2016	Address of person from whom amount is received; City; Stat	te; Zip Code	\$2,500,00
·	13: rmingham,	D1 36747	
	. 7	11/2 00212	
	,	political contribution	returned to filer
	\$ was never sent/received		
Date	Name of person from whom amount is received		Amount (\$)
	Berle Kynerd		1 .
9/1/2016	Address of person from whom amount is received; City; Sta	ite; Zip Code	\$500.00
171/2010		, _,	
	Birmingham, A	L 35242	
	. ,	political contribution	returned to filer
	# vas never sort/received		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

If the requested information is not applicable, DO NOT include this page in the report.

The	Instruction Guide explains how to complete this form.	1 Total pages Sche	dule K:
2 FILER NAME	Scott Johnson	3 Filer ID (Ethics	s Commission Filers)
4 Date	5 Name of person from whom amount is received		8 Amount (\$)
9/1/2016	Berse + Co. 6 Address of person from whom amount is received; City; Sta 823 Congress Ave. Hustin, TX 78701	te; Zip Code	\$25,000.00
		political contribution	returned to filer
	Senate Compaign Consulting Fee was never sent/	recinl	
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; Sta	ute; Zip Code	
	Purpose for which amount is received Check if	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; Stat	te; Zip Code	
	Purpose for which amount is received Check if	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; Sta	te; Zip Code	
	Purpose for which amount is received Check if p	political contribution	returned to filer
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			