# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

Texas Ethics Commission

# FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE /	MS / MRS / MR FIRST	MI	OFFICE USE ONLY
OFFICEHOLDER NAME	Mr. Scott		Date Received
NAME	NICKNAME LAST	SUFFIX	RECEIVED
	Johnson		JUL 16 2012 W8W 4:5
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / SUITE#; CITY;	STATE; ZIP CODE	City Secretary's Office
MAILING ADDRESS	6072 Oripping Springs Dr.jt	Frisco, TX 75034	Date Hand-delivered or Postmarked
change of address			Receipt # Amount
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	Data Pransand
OFFICEHOLDER PHONE	(214) 929-1189		Date Processed
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST	MI	Date Imaged
NAME	NICKNAME LAST		
	Berlanga		
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #,	CITY; STATE;	ZIP CODE
TREASURER ADDRESS			
(residence or business)	15509 Wyoming; Frisco, TX	75035	
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION	
TREASURER	(214) 437 - 7721		
PHONE	(2.17) 101 //2(		
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	Month Day Year	Month Day	Year
COVERED	1/1/12 THROUGH	6/30	/12
	1 / 1 / 1 / 1 / 1 / 1 / 1 / 1	V / 50/	
11 ELECTION	ELECTION DATE ELECTION TYPE		
III EEEO IION	Month Day Year Primary	Runoff	General Special
			Contention of the content o
10.0000	OFFICE UP D (V	42 055105 0011017 (0	Α.
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known	)
	Frisco City Council, Place 6		
	1	)	
GO TO PAGE 2			

# CANDIDATE / OFFICEHOLDER REPORT: **SUPPORT & TOTALS**

P.O. Box 12070

FORM C/OH Cover Sheet pg 2

(512) 463-5800

14 C/OH NAME 5	cott Jol	N 501	15 ACCOUNT # (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'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		
	GENERAL			
	SPECIFIC	COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
additional pages				
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ		
	there. In this is to be a second	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ Ø	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$			
	4. TOTAL POLITICAL EXPENDITURES \$ 3,159.			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  \$ 11,643.38			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD			
18 AFFIDAVIT		I swear or affirm under penalty o	of perium, that the accompanying report	
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.				
WENDY E. WITHERS My Commission Expires November 12, 2014  Signature of Candidate or Officeholder				
AFFIX NOTARY STAMP / SEAL ABOVE				
Sworn to and subscribed before me, by the said, this the, this the, the certify which, witness my hand and seal of office.				
Whendy Withes Wendy Wes Notary Public				
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath				

P.O. Box 12070

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	CATEGORIES FOR BOX 8(a Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense explains how to complete this for	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
<b>U</b>			TAGGORI # (Ettiles Commission Filers)
	Scott Johnson		
4 Date	5 Payee name		
1/3/12	Darby Stogner		
6 Amount (\$)	7 Payee address; City; Stat	te; Zip Code	
#180.00	3428 Hanover		
1180.	^		
	Vallas, TX 75225		
8 PURPOSE	(a) Category (See categories listed at the top of	of this schedule) (b) Description	n (If travel outside of Texas, complete Schedule T)
OF	Splanes/ Wages/Contra	of Cabon OFFice	s
EXPENDITURE		d habor	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office soug	ht Office held
Date	Payee name		
1/13/12	Frisco Heritage Asso	no tion	
Amount (\$)		te; Zip Code	
# 100. <u>∞</u>	P.O. Box 263		
1001	Frisco, TX 75034		
PURPOSE	Category (See categories listed at the top of	of this schedule) Description	n (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Other	lead a Mo	embership Oves
	0		
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office soug	ht Office held
Date	Payee name		
1/13/12	United States Pos	t 1 <	
	Villed States 155	ial service	
Amount (\$)	_	te; Zip Code	
\$20,00°	8700 Stonebrook PKwy.		
	Frisco, TX 75034		
PURPOSE	Category (See categories listed at the top	Δ.	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Other	Postas	د
EXI ENDITORE			
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office soug	iht Office held
Date .	Payee name		
1/17/12		+	
	Constant Contac		
Amount (\$)		te; Zip Code	
\$ 16.24	1601 Trapelo Rd.		
101	Walthan, MA 0245	-1	
PURPOSE	Category (See categories listed at the top	of this schedule) Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Advertising	Mailin	a List
			9
4	Candidata / Office	Off:	tht Office India
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office soug	ht Office held

P.O. Box 12070

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE of Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense  The Instruction Guide	Salaries/Wages/Co Solicitation/Fundra Travel In District Travel Out Of Dist Office Overhead/R	ontract Labor Localising Expense Tract ental Expense O	oan Repayment/Reimbursement ansportation Equipment & Related Expense ontributions/Donations Made By Candidate/Officeholder/Political Committee THER (enter a category not listed above)
1 Total pages Schedule F:	2 FILER NAME Scott Johnson			3 ACCOUNT # (Ethics Commission Filers)
4 Date Z / 17 / 12	5 Payee name Constant Contact			
6 Amount (\$)	7 Payee address; City: Sta 1601 Trapelo Rd. Waltham, MA 0:			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top	of this schedule)	(b) Description (If	rravel outside of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sought	Office held
Date 2/29/12	Payee name United States Pé	stal Ser	V:cc	
Amount (\$) <b>78</b>	Payee address; City; Sta 8700 Stonebrook P Frisco, TX 75034	ite; Zip Code Kwy		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule)	Description (If	ravel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH		Office sought	Office held
3/19/12	Payee name Constant Contact			
415. 99	Payee address; City: Sta 1601 Trapelo Rd. Waltham, MA 03			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top  Advertising	of this schedule)	Description (If	ravel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH		Office sought	Office held
5/1/12	Payee name Un:tcl States Pos	stal Serv:	ce	
Amount (\$) 4444 \$7.58	Payee address; City; Sta 8700 Stonebrook Frisco ITX 750	)		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule)	Description (If	ravel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH		Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

P.O. Box 12070

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES  Gift/Awards/Memorials Expense Salaries/Wages/Cc Legal Services Solicitation/Fundra Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dist Printing Expense Office Overhead/R  The Instruction Guide explains how to	ontract Labor Loan Repayment/Reimbursement ising Expense Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee ental Expense OTHER (enter a category not listed above)	
1 Total pages Schedule F:	2 FILED NAME	3 ACCOUNT # (F#: - O	
H Total pages Schedule F:	Scott Johnson	3 ACCOUNT # (Ethics Commission Filers)	
4 Date	5 Payee name		
5/2/12	United States Postal Se	noice	
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$4 5	8700 stones rook PKmy		
1.	Frisco, TX 75034		
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)	
OF	Other	Pasta	
EXPENDITURE	Other	rostage	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name XH	Office sought Office held	
Date , ,	Payee name		
5/17/12			
2111114	Constant Contact		
Amount (\$)	Payee address; City; State; Zip Code		
\$16 99	1601 Trapelo Rd.		
15' —	Walthan, MA 02451		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
OF	۸ .	1 1 .	
EXPENDITURE	Hduertising	Maling List	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name H	Office sought Office held	
Data	Payes name		
Date Sla Alla	Payee name		
2/29/12	Frisco LAKes Mens Golf As	isoc.	
Amount (\$)	Payee address; City; State; Zip Code		
H ~~	7170 Anthen Dr.		
\$150. <u>∞</u>	Frisco TX 75034		
	113W /1 / 75057		
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
EXPENDITURE	Event Expense	Sponsorship	
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held	
expenditure to benefit C/C	)H		
Date .	Payee name		
6/18/12			
0110/12	Constant Contact		
Amount (\$)	Payee address; City; State; Zip Code		
\$15 29	1601 Trapelo Rd.		
12'	Walthan, MA 02451		
DUBBOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
PURPOSE OF	Λ		
EXPENDITURE	Hdvertising	Mailing List	
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held	
Complete ONLY if direct Candidate / Office hold Office hold Office hold expenditure to benefit C/OH			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

P.O. Box 12070

Advertising Expense Accounting/Banking Consulting Expense	Gift/Awards/Memorials Expense Salaries/Wages/C Legal Services Solicitation/Fundra Food/Beverage Expense Travel In District	ontract Labor Loa aising Expense Tra Co	an Repayment/Reimbursement Insportation Equipment & Related Expense Intributions/Donations Made By
Event Expense Fees	Polling Expense Travel Out Of Dis Printing Expense Office Overhead/f		Candidate/Officeholder/Political Committee HER (enter a category not listed above)
, 555	The Instruction Guide explains how to		TEN (enter a category not instead above)
1 Total pages Schedule F:	2 FILER NAME Scott Johnson		3 ACCOUNT # (Ethics Commission Filers)
4 Date 6/25/12	Betsy Prieto		
6 Amount (\$) \$750.∞	7 Payee address; City; State; Zip Code 10 Canyon Crest Count Frisco, TX 75034		
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If tr	avel outside of Texas, complete Schedule T)
OF EXPENDITURE	Salaries/Wases/Contract Labor	Photos	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If tr	avel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If tr	avel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If to	avel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name DH	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

### POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

P.O. Box 12070

SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES  Gift/Awards/Memorials Expense Salaries/Wages/Co Legal Services Solicitation/Fundra Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dist Printing Expense Office Overhead/R  The Instruction Guide explains how to	ontract Labor Lo ising Expense Tr. Co rict ental Expense OT	an Repayment/Reimbursement ansportation Equipment & Related Expense ontributions/Donations Made By Candidate/Officeholder/Political Committee THER (enter a category not listed above)
1 Total pages Schedule G:	Scott Johnson		3 ACCOUNT # (Ethics Commission Filers)
4 Date 2/19/12	5 Payee name Chuy's		
6 Amount (\$)	7 Payee address; City; State; Zip Code 3908 Dallas Parlsway		
Reimbursement from political contributions intended	Plano, TX 75093		
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (Ift	ravel outside of Texas, complete Schedule T)
OF EXPENDITURE	Food/Beverage Expense	Constitue	nt Meeting
Date	Payee name		
2/20/12	Jason's Deli		
Amount (\$) \$19.44	Payee address; City; State; Zip Code 8520 Hwy 121		
Reimbursement from political contributions intended	Fr:560, TX 75034		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If t	ravel outside of Texas, complete Schedule T)
OF EXPENDITURE	Food/Beverage Expense	Constituer	it Meeting
3/6/12	Payee name Mattito's		
Amount (\$) 32.37	Payee address; City; State; Zip Code		
Reimbursement from political contributions intended	Frisco, TX 75034		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If t	ravel outside of Texas, complete Schedule T)
OF EXPENDITURE	Food/Beverage Expense	Constitue	nt Meding
3/9/12	Payee name Crossbar Frisco		
Amount (\$)	Payee address; City; State; Zip Code 2601 AVC. OF the Stars		
Reimbursement from political contributions intended	Frisco, TX 75034		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If t	ravel outside of Texas, complete Schedule T)
OF EXPENDITURE	Food/Beverage Expense	Constitu	ent Meeting
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEI	EDED

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

#### POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

P.O. Box 12070

SCHEDULE G

#### Advertising Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement Accounting/Banking Legal Services Solicitation/Fundraising Expense Transportation Equipment & Related Expense Food/Beverage Expense Consulting Expense Travel In District Contributions/Donations Made By Event Expense Polling Expense Travel Out Of District Candidate/Officeholder/Political Committee Fees Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: 3 ACCOUNT # (Ethics Commission Filers) 2 FILER NAME Scott Johnson 4 Date Boston's 4/16/17 6 Amount (\$) City; State; Zip Code #31.ºº 6800 Hny 121 Reimbursement from McK: nney, TX 75070 (a) Category (See categories listed at the top of this schedule) political contributions (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Food/Beverage Expense Constituent Meeting EXPENDITURE 4/18/12 Corner Ballery Payee address; City; State; Zip Code # 9 93 4805 Frankford Rd. Reimbursement from Dallas, TX 75287 political contributions Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) PURPOSE EXPENDITURE Food/Beverage Expense Constituent Meeting Payee name Christine Tucker Payee address; City; State; Zip Code 500 Stonebrook Dr. Fairview, TX 75069 political contributions Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) PURPOSE Salaries/Wages/Contract Labor Contract Labor For Compaign Scruzces **EXPENDITURE** Pavee name Darby Stogner Payee address; City; State; Zip Code 3428 Hanover Reimbursement from political contributions Dallas, TX 75225 Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) PURPOSE OF Salarica/Weses/Contract Labor EXPENDITURE ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# **POLITICAL EXPENDITURES** MADE FROM PERSONAL FUNDS

P.O. Box 12070

SCHEDULE G

	EXPENDITURE	<b>CATEGORIES</b> I	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loa Legal Services Solicitation/Fundraising Expense Trail Food/Beverage Expense Travel In District Con Polling Expense Travel Out Of District		Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee	
1 003	The Instruction Guide		•	OTHER (enter a category not listed above) rm.
1 Total pages Schedule G:	2 FILER NAME			3 ACCOUNT # (Ethics Commission Filers)
3	Scott Johnson			(
4 Date	5 Payee name			
4/1/12	Christine Tucker			
6 Amount (\$) \$420.∞	7 Payee address; City; Sta 500 Stonebrook Dr.	ite; Zip Code		
Reimbursement from political contributions intended	Fairview, TX 750	069		
8 PURPOSE	(a) Category (See categories listed at the top	of this schedule)	(b) Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Salarico/Wages/Contrat	t Lebor	Contract Le	abor For Compaign Services
Date	Payee name			
Amount (\$)	Payee address; City; Sta	ate; Zip Code		
Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
Date	Payee name			
Amount (\$)	Payee address; City; Sta	ate; Zip Code		
Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
Date	Payee name			
Amount (\$)	Payee address; City; Sta	te; Zip Code		
Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				