CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

(512) 463-5800

The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST Mr. Scott NICKNAME LAST	MI 	OFFICE USE ONLY Date Received RECEIVED 4:54
	Johnson		JAN 1 5 2013 (x)82)
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY;	STATE; ZIP CODE	City Secretary's Office Date Hand-delivered or Postmarked
change of address	6072 Oripping Springs Dr. j Frisco, TX 75034 Receipt # Amount		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER	EXTENSION	Date Processed
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST Mrs. Tyne. NICKNAME LAST	MI 	Date Imaged
	Berlanga		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO POBOX PLEASE); APT/SUITE#, 14011 Badlands Dr. Frisco, TX 75035	CITY; STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (214) 437-7721	EXTENSION	·
9 REPORT TYPE	January 15 30th day before election July 15 8th day before election	Runoff Exceeded \$500	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
		limit	
10 PERIOD COVERED	Month Day Year THROUGH	Month Day 12 / 31 /	Year 12
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year Primary	Runoff	General Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
	Frisco City Council, Place 6		
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME			15 ACCOUNT # (Ethics Commission Filers)	
Scott 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 OF 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		
	COMMITTEETTFE			
	GENERAL			
	SPECIFIC	COMMITTEE ADDRESS		
	0, 20, 10			
		COMMITTEE CAMPAIGN TREASURER NAME		
		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		
	2. TOTAL	POLITICAL CONTRIBUTIONS		
		THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ Ø	
EXPENDITURE				
TOTALS 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$			MIZED \$	
	4. TOTAL	POLITICAL EXPENDITURES	\$ 1,591.99	
CONTRIBUTION BALANCE	4. TOTAL POLITICAL EXPENDITURES \$ 1,591. 99 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 10,901. 39		DAY \$ 10,901.39	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		THE \$	
18 AFFIDAVIT		,		
		I swear, or affirm, under penalty o	of perjury, that the accompanying report	
is true and correct and includes all information required to be reported by				
WENDY E. WITHERS My Commission Expires me under Title 16, Election Code.				
November 12, 2014 / Aug / Wis/13				
Signature of Candidate or Officeholder				
Sworn to and subscribed before me, by the said Scott John Son this the				
1540				
day of January 20 3 , to certify which, witness my hand and seal of office.				
11 lande 12 Elms, 12 lande In thour Matautablic				
Signature of officer administering oath Printed name of officer administering oath Title of officer agministering oath				

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

(512) 463-5800

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Expenditure Categories For Box 8(a) Advertising Expense Accounting/Banking Consulting Expense Food/Beverage Expense Fravel Out Of District Fees Frinting Expense Office Overhead/Rental Expense Travel Out of District Contributions/Donations Made By Candidate/Officeholder/Political Committee Office Overhead/Rental Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
3	Scott Johnson			
4 Date	5 Payee name			
7/9/12	Golden Carillan Republican Women			
6 Amount (\$)	Golden Cooridor Republican Women 7 Payee address; City; State; Zip Code			
\$200,00	3314 N. Central Expressway, #100 Plano, TX 75074			
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	Advertising	Newsletter/Wassite		
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held	
Date	Payee name			
7/17/12	Constant Contact			
Amount (\$)	Payee address; City; State; Zip Code			
\$ 99	1601 Trapelo Rd.			
\$15,99	Walthan, MA 02451			
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If tr	avel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Advertising	Mailing Li	st	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
8/17/12	Constant Contact			
Amount (\$)	Payee address; City; State; Zip Code			
\$ 15.99	1601 Trapelo Rd.			
,5,	1601 Trapelo Rd. Walthan, MA 02451			
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If tr	avel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Advertising	Mailing Li	st	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held	
Date 9/12/12	Payee name United States Postal Service			
Amount (\$)	Payee address; City; State; Zip Code			
# 5 40	8700 Stonebrook Prukuy			
5,-	8700 Stonebrook Prukmy Frisco, TX 75034			
PURPOSE	Category (See categories listed at the top of this schedule)	Δ	avel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Other	Postage		
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking	Gift/Awards/Memorials Expense Legal Services	e Salaries/Wages/Contract Labor Solicitation/Fundraising Expense		Loan Repayment/Reimbursement Transportation Equipment & Related Expense	
Consulting Expense		Travel In District	ising Expense	Contributions/Dona	
Event Expense Fees	• .	Travel Out Of Dist Office Overhead/R			eholder/Political Committee
1 003	The Instruction Guide				ategory not listed above)
1 Total pages Schedule F:	2 FILER NAME			3 ACCOUNT	# (Ethics Commission Filers)
3	Scott Johnson				
4 Date	5 Payee name				
9/17/12	Constant Contact				
6 Amount (\$)	7 Payee address; City; Stat	e; Zip Code			
\$ 15.99	1601 Trapelo Rd.				
	Walthan, MA 02451				
8 PURPOSE OF	(a) Category (See categories listed at the top of	of this schedule)			as, complete Schedule T)
EXPENDITURE	Advertising		Mailing List		
9 Complete ONLY if direct expenditure to benefit C/C					
experiantile to belieft C/C					
Date 9/2//12	Payee name				
	Ben Sm: th Campaig Payee address; City; Star	n			
Amount (\$)					
\$250.°°	2813 Fair Timber Way				
	Mckinney, TX 7507				
PURPOSE OF	Category (See categories listed at the top of		Description	(If travel outside of Texa	as, complete Schedule T)
EXPENDITURE	Officeholder Contribution)n			
Complete ONLY if direct	Candidate / Officeholder name		Office sough	nt	Office held
expenditure to benefit C/C	JH				
Date 10/9/12	Payee name				
10/9/12	North Texas Military Payee address; City; Stat	Association	1		
Amount (\$)		e; Zip Code			
\$150,00	3245 W. Main St.				
1001	56.4c 235, Box 105 Frisco, TX 75034				
PURPOSE	Category (See categories listed at the top of	of this schedule)			as, complete Schedule T)
OF EXPENDITURE	Advertising		Sponsorship		
Complete ONLY if direct	Candidate / Officeholder name		Office sough	nt	Office held
expenditure to benefit C/C	H				
Date	Payee name				
10/17/12	Constant Contact				
Amount (\$)	Payee address; City; Stat	e; Zip Code			
#15 99	1601 Trapelo Rd.				
15 %	Walthan, MA OZL	151			
PURPOSE	Category (See categories listed at the top of	of this schedule)	Description	(If travel outside of Texa	as, complete Schedule T)
OF EXPENDITURE	Advertising		Mailin	is List	
Complete ONLY if direct	Candidate / Officeholder name		Office sough)	Office held
expenditure to benefit C/	ОН				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees 1 Total pages Schedule F: 3 4 Date 10/18/12 6 Amount (\$)	Legal Services Food/Beverage Expense Polling Expense Printing Expense Travel In Dis Travel Out O Office Overho The Instruction Guide explains how 2 FILER NAME Scott Johnson 5 Payee name United States Postal 7 Payee address; City; State; Zip Code 8700 Stonebrook Printing	es/Contract Labor undraising Expense trict f District ead/Rental Expense v to complete this fo	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)	
8 PURPOSE OF	Fr. Sco, TX 75034 (a) Category (See categories listed at the top of this schedule)		(If travel outside of Texas, complete Schedule T)	
9 Complete ONLY if direct expenditure to benefit C/C	Other Candidate / Officeholder name	Posto Office sough		
Date 11/19/12 Amount (\$) \$15, 99	Payee name Constant Contact Payee address; City; State; Zip Cod 1601 Trapelo Rd. Waltham, MA 02451	е		
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/C	Category (See categories listed at the top of this schedule) Advertising Candidate / Officeholder name		(If travel outside of Texas, complete Schedule T)	
Date 12/1 7 /12	Payee name			
Amount (\$) 15, 99	Constant Contact Payee address; City; State; Zip Code 1601 Trapelo Rcl. Waltham, MA 02451	9		
PURPOSE OF EXPENDITURE Complete ONLY if direct	Category (See categories listed at the top of this schedule) Advertising Candidate / Officeholder name		(If travel outside of Texas, complete Schedule T)	
expenditure to benefit C/C	Payee name			
Amount (\$)	Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name DH	Office sough	nt Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

P.O. Box 12070

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) 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 Travel In District Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Polling Expense Travel Out Of District Fees Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission Filers) 1 Total pages Schedule G: 2 FILER NAME Scott Johnson 4 Date 12/10/12 Ken Paxton Campaign 7 Payee address; City; State; Zip Code 6 Amount (\$) #250,00 5613 J. Woodcreek Circle Reimbursement from political contributions McKinney ITX 75071 (a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** OF EXPENDITURE Officeholder Contribution Campaign Contribution Payee name 12/10/12 Pat Fallon Campaign Payee address; City; State; Zip Code Amount (\$) 5343 Buena Vista Reimbursement from Frisco, TX 75034 political contributions Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) PURPOSE Officeholder Contribution EXPENDITURE Compaign Contribution Payee name Date 12/10/12 Scott Turner Campaign vee address; City; State; Zip Code Payee address; Amount (\$) P.O. Box 771 #200.00 Reimbursement from Frisco, TX 75034 political contributions Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) PURPOSE Officeholder Contribution EXPENDITURE Campain Contribution Date Payee name 12/10/12 Jeff Leach Campaisn Payee address; City; State; Zip Code Amount (\$) #200.00 P.O. Box 866 Reimbursement from political contributions intended Plano, TX 75086 Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) PURPOSE OF Officholder Contribution EXPENDITURE Campain Contribution ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED