

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)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. Scott Johnson NICKNAME LAST SUFFIX		OFFICE USE ONLY Date Received RECEIVED JUL 14 2011 City Secretary's Office 11:06 am <i>df</i> Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged
	4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ADDRESS <input type="checkbox"/> change of address 6072 Dripping Springs Dr. Frisco, TX 75034 ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (214) 929-1189		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mrs. Tyne Berlanga NICKNAME LAST SUFFIX		
	7 CAMPAIGN TREASURER ADDRESS (residence or business) STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 15509 Wyoming Frisco, TX 75035		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (214) 437-7721		
9 REPORT TYPE	<input 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 checked="" 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)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 5 / 5 / 11 6 / 30 / 11		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any) Frisco City Council, Place 6		13 OFFICE SOUGHT (if known)
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURES MADE BY OTHERS WITHOUT THE CANDIDATE'S PRIOR CONSENT OR APPROVAL. CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION ONLY IF THEY RECEIVE NOTIFICATION OF THE DIRECT CAMPAIGN EXPENDITURE.		
	Name Address / PO Box; Apt. / Suite #; City; State; Zip Code		
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

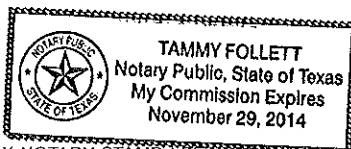
15 C/OH NAME Scott Johnson 16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	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.	
	COMMITTEE TYPE	COMMITTEE NAME
	<input type="checkbox"/> GENERAL	
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS	

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ —
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 800. ⁰⁰
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ —
	4. TOTAL POLITICAL EXPENDITURES	\$ 10,880. ⁷⁵
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 6,941. ¹⁷
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ —

19 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.



AFFIX NOTARY STAMP / SEAL ABOVE

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Scott Johnson, this the 14th day of July, 20 11, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>Scott Johnson</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>5/12/11</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Gough, John</i> 6 Contributor address; City; State; Zip Code <i>829 Coventry Rd; Kensington, CA 94707</i>	7 Amount of contribution (\$) <i>\$ 500.⁰⁰</i>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>5/23/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Bowen, Ricardo</i> Contributor address; City; State; Zip Code <i>7510 Acorn Ln. ; Frisco, TX 75034</i>	Amount of contribution (\$) <i>\$ 50.⁰⁰</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>6/29/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Harrington, Darren</i> Contributor address; City; State; Zip Code <i>4228 McKinney Ave #2 ; Dallas, TX 75205</i>	Amount of contribution (\$) <i>\$ 250.⁰⁰</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
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

SCHEDULE F

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
Consulting Expense	Food/Beverage 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 F:		2 FILER NAME Scott Johnson		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/10/11		5 Payee name Facebook Ads			
6 Amount (\$) \$16.76		7 Payee address; City; State; Zip Code 156 University Ave. Palo Alto, CA 94301			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Advertising		(b) Description (If travel outside of Texas, complete Schedule T) Ads on Facebook	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 5/11/11		Payee name Collin County Treasury			
Amount (\$) \$10.00		Payee address; City; State; Zip Code 2300 Bloomdale Rd., Ste 3138 McKinney, TX 75071			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) Frisco Voter lists	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 5/11/11		Payee name Counter Consulting			
Amount (\$) \$5,950.00		Payee address; City; State; Zip Code 3712 Raguet Ct. Plano, TX 75023			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) Design, Print, Mail of campaign mailer	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 5/12/11		Payee name Scott Johnson			
Amount (\$) \$900.00		Payee address; City; State; Zip Code 6072 Dripping Springs Dr. Frisco, TX 75034			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Loan Repayment / Reimbursement		Description (If travel outside of Texas, complete Schedule T) Reimbursement of pol. expenditures from Personal Funds	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials 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 Total pages Schedule F:		2 FILER NAME Scott Johnson		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/13/11		5 Payee name Target			
6 Amount (\$) \$260. ⁸⁶		7 Payee address; City; State; Zip Code 4885 Eldorado Hwy. Frisco, TX 75034			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Event Expense		(b) Description (If travel outside of Texas, complete Schedule T) Tents	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 5/13/11		Payee name Fed-Ex Office			
Amount (\$) \$199. ⁶⁶		Payee address; City; State; Zip Code 8290 Hwy 121 Stonebriar Mall; Frisco, TX 75034			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) Printing of Campaign handouts	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 5/13/11		Payee name Raising Canes			
Amount (\$) \$18. ³⁴		Payee address; City; State; Zip Code 6513 West Park Plano, TX 75093			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) Meeting to discuss Campaign issues	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 5/16/11		Payee name Facebook Ads			
Amount (\$) \$11. ⁴⁶		Payee address; City; State; Zip Code 156 University Ave. Palo Alto, CA 94301			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) Ad on Facebook	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials 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 Total pages Schedule F:		2 FILER NAME Scott Johnson		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/16/11		5 Payee name Fed-Ex Office			
6 Amount (\$) \$1.72		7 Payee address; City; State; Zip Code 8290 Hwy 121, Stonebriar Mall Frisco, TX 75034			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Printing Expense		(b) Description (If travel outside of Texas, complete Schedule T) Copies	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 5/17/11		Payee name Constant Contact			
Amount (\$) \$16.34		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		Description (If travel outside of Texas, complete Schedule T) Mailing List	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 5/18/11		Payee name United States Postal Service			
Amount (\$) \$7.48		Payee address; City; State; Zip Code 8700 Stonebrook Pkwy Frisco, TX 75034			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Other		Description (If travel outside of Texas, complete Schedule T) Postage	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 5/24/11		Payee name First Graphic Services			
Amount (\$) \$884.38		Payee address; City; State; Zip Code 229 Garvon St. Garland, TX 75040			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) Signage	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES**SCHEDULE F****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
Consulting Expense	Food/Beverage 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 F:	2 FILER NAME Scott Johnson	3 ACCOUNT # (Ethics Commission Filers)
4 Date 6/3/11	5 Payee name Eagle Express	
6 Amount (\$) \$34. ²¹	7 Payee address; City; State; Zip Code P.O. Box 59972 Dallas, TX 75229	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other	(b) Description (If travel outside of Texas, complete Schedule T) Courier
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 6/6/11	Payee name Project L.O.	
Amount (\$) \$2,205. ⁴⁵	Payee address; City; State; Zip Code 2300 McDermott Dr., Ste. 200-113 Plano, TX 75025	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Mailer Design
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 6/17/11	Payee name Constant Contact	
Amount (\$) \$16. ³⁴	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	Description (If travel outside of Texas, complete Schedule T) Mailing List - email
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 6/17/11	Payee name United States Postal Service	
Amount (\$) \$7. ²⁴	Payee address; City; State; Zip Code 8700 Stonebrook Pkwy. Frisco, TX 75034	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other	Description (If travel outside of Texas, complete Schedule T) Postage
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES**SCHEDULE F****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
Consulting Expense	Food/Beverage 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 F:	2 FILER NAME Scott Johnson	3 ACCOUNT # (Ethics Commission Filers)
4 Date 6/20/11	5 Payee name Star Community Newspapers	
6 Amount (\$) \$300. ⁰⁰	7 Payee address; City; State; Zip Code 624 Krona Dr.; Ste 170 Plano, TX 75074	
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) July 4 th Guide sponsorship
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 6/24/11	Payee name Walmart	
Amount (\$) \$41. ⁰¹	Payee address; City; State; Zip Code 1700 Dallas Pkwy Plano, TX 75093	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) Replacement Table
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	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 travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	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 travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED