

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: 10
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. Scott Johnson NICKNAME LAST SUFFIX		OFFICE USE ONLY Date Received 11/7/2012 wsn 4:45 p.m. Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged
	4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 6072 Dripping Springs Dr., Frisco, TX 75034		
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 checked="" 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 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 07/01/2011 THROUGH 12/31/2011		
11 ELECTION	ELECTION DATE Month Day Year ELECTION TYPE <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

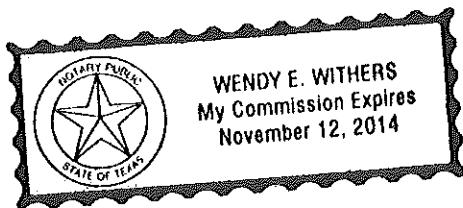
FORM C/OH COVER SHEET PG 2

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	COMMITTEE ADDRESS
	<input type="checkbox"/> SPECIFIC	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	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>10,000.⁰⁰</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>3,973.⁷³</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>12,967.⁴⁴</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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]
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said J. Scott Johnson, this the 17th day of January, 2012 to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Wendy Withers
Printed name of officer administering oath

Asst. City Secretary
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: <u>1</u>	
2 FILER NAME <u>Scott Johnson</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>12/10/11</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Baxter Brinkmann</u>	7 Amount of contribution (\$) <u>\$ 10,000.00</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>Dallas, TX 75244</u>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <u>Principal</u>		10 Employer (See Instructions) <u>Brinkmann Corp</u>	
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)
		(If travel outside of Texas, complete Schedule T)	
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)
		(If travel outside of Texas, complete Schedule T)	
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)
		(If travel outside of Texas, complete Schedule T)	
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)
		(If travel outside of Texas, complete Schedule T)	
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: <div style="text-align: center;">5</div>	2 FILER NAME <div style="text-align: center;">Scott Johnson</div>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <div style="text-align: center;">7/18/11</div>	5 Payee name <div style="text-align: center;">Constant Contact</div>	
6 Amount (\$) <div style="text-align: center;">\$16.24</div>	7 Payee address; City; State; Zip Code <div style="text-align: center;">1601 Trapelo Rd. Waltham, MA 02451</div>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <div style="text-align: center;">Advertising</div>	(b) Description (If travel outside of Texas, complete Schedule T) <div style="text-align: center;">Mailing List</div>
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
<hr/>		
Date <div style="text-align: center;">7/19/11</div>	Payee name <div style="text-align: center;">United States Postal Service</div>	
Amount (\$) <div style="text-align: center;">\$12.36</div>	Payee address; City; State; Zip Code <div style="text-align: center;">8700 Stonebrook Pkwy Frisco, TX 75034</div>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <div style="text-align: center;">Other</div>	Description (If travel outside of Texas, complete Schedule T) <div style="text-align: center;">Postage</div>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
<hr/>		
Date <div style="text-align: center;">7/20/11</div>	Payee name <div style="text-align: center;">Counter Consulting</div>	
Amount (\$) <div style="text-align: center;">\$3,000.00</div>	Payee address; City; State; Zip Code <div style="text-align: center;">3712 Raguet Ct. Plano, TX 75023</div>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <div style="text-align: center;">Advertising Expense</div>	Description (If travel outside of Texas, complete Schedule T) <div style="text-align: center;">Design, Print, Mail of campaign mailer</div>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
<hr/>		
Date <div style="text-align: center;">8/3/11</div>	Payee name <div style="text-align: center;">Star Community Newspapers</div>	
Amount (\$) <div style="text-align: center;">\$50.00</div>	Payee address; City; State; Zip Code <div style="text-align: center;">624 Krona Dr. S Ste 170 Plano, TX 75074</div>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <div style="text-align: center;">Other</div>	Description (If travel outside of Texas, complete Schedule T) <div style="text-align: center;">Subscription</div>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
<hr/>		
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: 5	2 FILER NAME Scott Johnson	3 ACCOUNT # (Ethics Commission Filers)
4 Date 8/17/11	5 Payee name Uncle Julio's	
6 Amount (\$) \$38.⁰⁰	7 Payee address; City; State; Zip Code 16150 Dallas PKwy Dallas, TX 75248	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense	(b) Description (If travel outside of Texas, complete Schedule T) Constituent Meeting
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 8/17/11	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 9/1/11	Payee name United States Postal Service	
Amount (\$) \$59.⁴⁴	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 9/12/11	Payee name Frisco Area Republican Women	
Amount (\$) \$70.⁰⁰	Payee address; City; State; Zip Code 7091 Glen Abbey Ct. Frisco, TX 75034	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) Lunch Tickets
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: 5	2 FILER NAME Scott Johnson	3 ACCOUNT # (Ethics Commission Filers)
4 Date 9/19/11	5 Payee name Constant Contact	
6 Amount (\$) \$16.²⁴	7 Payee address; City; State; Zip Code 1601 Trapelo Rd. Waltham, MA 02451	
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) Mailing List
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date 9/26/11	Payee name Frisco Area Republicans	
Amount (\$) \$35.⁰⁰	Payee address; City; State; Zip Code 11018 Clearstream Ln. Frisco, TX 75035	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other - Dues	Description (If travel outside of Texas, complete Schedule T) Yearly Membership Dues
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date 10/14/11	Payee name United States Postal Service	
Amount (\$) \$8.¹²	Payee address; City; State; Zip Code 8700 Stonbrook 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 10/17/11	Payee name Constant Contact	
Amount (\$) \$16.²⁴	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		

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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: 5		2 FILER NAME Scott Johnson		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/18/11		5 Payee name United States Postal Service			
6 Amount (\$) \$9.68		7 Payee address; City; State; Zip Code 8700 Stonebrook Pkwy Frisco, TX 75034			
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) Postage	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/19/11		Payee name Pat Fallon Campaign			
Amount (\$) \$125.00		Payee address; City; State; Zip Code 5343 Buena Vista Frisco, TX 75034			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) Tickets to Fundraising Event	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/10/11		Payee name Fed-Ex Office			
Amount (\$) \$58.46		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) Mailing of Maps	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/17/11		Payee name Constant Contact			
Amount (\$) \$16.24		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	
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: 5	2 FILER NAME Scott Johnson	3 ACCOUNT # (Ethics Commission Filers)
4 Date 12/19/11	5 Payee name Constant Contact	
6 Amount (\$) \$16.24	7 Payee address; City; State; Zip Code 1601 Trapelo Rd. Waltham, MA 02451	
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) Mailing List
9 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		
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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G: 2		2 FILER NAME Scott Johnson		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 7/21/11		5 Payee name Grand Lox Cafe			
6 Amount (\$) \$38.85 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 13420 North Dallas Pkwy. Dallas, TX 75240			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense		(b) Description (If travel outside of Texas, complete Schedule T) Constituent Meeting	
Date 8/4/11		Payee name Uncle Julio's			
Amount (\$) \$31.24 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 16150 Dallas Pkwy Dallas, TX 75248			
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) Constituent Meeting	
Date 10/24/11		Payee name Tin Star			
Amount (\$) \$21.50 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 13710 Dallas Pkwy. j G Dallas, TX 75240			
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) Constituent Meeting	
Date 11/12/11		Payee name Fed-Ex Office			
Amount (\$) \$17.24 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		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) Copies	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G: 2	2 FILER NAME Scott Johnson	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 12/15/11	5 Payee name Christine Tucker
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6 Amount (\$) \$300.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 500 Stonebrook Dr. Fairview, TX 75069
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description (If travel outside of Texas, complete Schedule T) Contract Labor for Campaign Services
--------------------------	--	--

Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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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 (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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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 (\$) <input type="checkbox"/> Reimbursement from political contributions intended	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)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED