12070 Austin, Texas 78711-2070

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Gulde explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	Mr. Scott NICKNAME LAST	MI SUFFIX	OFFICE USE ONLY Date Received 1/17/20/2 WER) 4:45p.m.
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS change of address	Johnson ADDRESS / PO BOX: APT / SUITE #: CITY; 6072 Dripping Springs Dr. J	STATE: ZIP CODE	Date Hand-delivered or Postmarked Receipt # Amount
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (214) 929 - 1189	EXTENSION	Date Processed Date Imaged
6 CAMPAIGN TREASURER NAME	Mrs. Tyne NICKNAME BETLANGA	MI SUFFIX	подиления по при
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE #:	CITY: STATE: 75035	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (214) 437 - 7721	EXTENSION	
9 REPORTTYPE	January 15 30th day before election July 15 8th day before election	Runoff Exceeded \$500 limit	15th day after campaign freasurer appointment (officeholder only) Final report (Altach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH	Month Day 12 31	Z011
11 ELECTION	Month Cay Year ELECTION TYPE Month Primary	Runoff	General Special
12 OFFICE 14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	OFFICE HELD (If any) Fri.Sco City Council, Place 6 DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURE CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATIO Name Address / PO Box; Apt. / Suite #: City; State; Zip Coo	N ONLY IF THEY RECEIVE NOTIFICATION	CANDIDATE'S PRIOR CONSENT OR APPROVAL.
	GO TO PAG	BE 2	

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

Austin, Texas 78711-2070

FORM C/OH COVER SHEET PG 2

(TDD 1-800-735-2989)

15 C/OH NAME	off Jo	MSON	16 ACCOUNT # (Ethics Commission Filers)
17 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTE CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MAY HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAN.	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS	
18 CONTRIBUTION TOTALS	1. TOTAL PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA SS, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	in \$ Ø
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 10,000,
EXPENDITURE TOTALS	3. TOTAL F	OLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEM	IZED \$
	4. TOTAL	POLITICAL EXPENDITURES	\$ 3,973. ⁷³
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DRTING PERIOD	DAY \$12,967,44
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF Y OF THE REPORTING PERIOD	THE \$
19 AFFIDAVIT	WENDY E. WITH My Commission E November 12, 2	is true and correct and includes all me under Title 15, Election Code.	f perjury, that the accompanying report I information required to be reported by adjuste or Officeholder
AFFIX NOTARY STAM		ne, by the said O Eath Jahns	m, this the
1744 day Ulluburus Signature of officer admi	or Janus Un		my hand and seal of office. Out of the control of
Jightania of onegri dann			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME	Scott Johnson		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC(ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
12/10/11	Baxter Brinkmann 6 Contributor address; City; State; Zip Code		\$ 10,000,00	
	Dallas, TX 75244		·	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See		
	trineipal	Brinkmann	Corp	The second of th
Date	Full name of contributor	AUG/72 1000000000000000000000000000000000000	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
				of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
M = 1 =	Full name of contributor out-of-state PAC(ID#:_		Amount of	In-kind contribution
Date	Tail Halfie of Contributor Universitate FACILIAN.	,	contribution (\$)	description (if applicable)
				1
	Contributor address; City; State; Zip Code			1
			(If travet outside o	 of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	•	
				A STATE OF THE STA
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code	, , , , , , , , , , , , , , , , , , , ,	[
			(If travel outside o	of Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state FAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code	, , , , , , , , ,		
			,	of Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See I	nstructions)	
		- P-		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES Gift/Awards/Memorials Expense Salaries/Wages/C Legal Services Solicitation/Fundr Food/Beverage Expense Travel In District Polling Expense Travel Out Of Disprinting Expense Office Overhead/	Contract Labor L alsing Expense 7 Contract Labor L strict	oan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee DTHER (enter a category not listed above)
	The Instruction Guide explains how to	complete this form	n.
1 Total pages Schedule F:	2 FILER NAME Scott Johnson		3 ACCOUNT # (Ethics Commission Filers)
4 Date 7/18/11	5 Payee name Constant Contact		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$16.24	1601 Trapelo Rel.		
	Walthan, MA 02451	1	
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)		travel outside of Texas, complete Schedule T)
EXPENDITURE	Advertising	Mailing	List
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held
Date , ,	Payee name	,	
7/19/11	United States Postal Servi	ce	
Amount (\$)	Payee address; City; State; Zip Code		777-380-4
\$12,36	8700 Stonebrook PKmy		
4141	Frisco, TX 75034		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If	travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Other	Postago	· ·
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/O		Office sought	Office field
Date ,	Payee name		
7/20/11	Counter Consulting Payee address; City; State; Zip Code		
#3,000.50	Payee address: City; State; Zip Code 3712 Raquet Ct. Plano, TX 75023		voice.
PURPOSE	Category (See categories listed at the top of this schedule)	Description (if	travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Advertising Expense		it, Mail of Campaign mailer
Complete <u>CNLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date /	Payee name		
8/3/11	Star Community Newsmarts		
Amount (\$)	Star Community Newspapers Payee address; City; State; Zip Code		
[#] 50.∞	624 Krona Dr. J Stc 170		
50,	Plano, TX 75074		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If t	ravel outside of Texas, complete Schedule T)
OF EXPENDITURE	Other	Subscriptio	on l
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED

Advertising Expense	EXPENDITURE CATEGORIES Gift/Awards/Memorials Expense Salaries/Wages/G	Contract Labor	Loan Repayment/Rei	
Accounting/Banking	Legal Services Solicitation/Fund	- '		ment & Related Expense
Consulting Expense	Food/Beverage Expense Travel In District		Contributions/Donation	ons Made By older/Political Committee
Event Expense	Polling Expense Travel Out Of Di			gory not listed above)
Fees	Printing Expense Office Overhead		,	gory not listed above)
	The Instruction Guide explains how to	complete this fo	orm.	
1 Total pages Schedule F:	2 FILER NAME .		3 ACCOUNT#	(Ethics Commission Filers)
5	Scott Johnson			
4 Date	5 Payee name			
8/17/11	Uncle Julios			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
6 Amount (#)				
#38.90	16150 Dallas PKwy			
1, 28'	Dallas, TX 75248			
		(4) Description	(if travel outside of Texas,	complete Schedule III
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description	fir traver outside or reves,	complete company (
OF SYSTEMBE	Foul IR was Syneas	1 Const tu	ent Meeting	
EXPENDITURE	Food/Bevoage Expense			Office held
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office soug	nt	Office field
Date	Payee name			
8/17/11	Constant Contact			
	Payee address; City; State; Zip Code			
Amount (\$)	1 4,000 44			
#16, 24	1601 1 rapelo Kel.			
וטי	1601 Trapelo Rol. Walthan, MA 02451			
		Description	(If travel outside of Texas.	complete Schedule Tr
PURPOSE	Category (See categories listed at the top of this schedule)	Description	(It that divolation of toxas:	BOTH PROTECTION OF STREET
OF	Advertising	Mailing	List	
EXPENDITURE	Delver 13 inc			Office held
Complete ONLY if direct	Candidate / Officeholder name	Office sough	rst.	Office Hold
expenditure to benefit C/C	XH			
Date	Payee name			
9/1/11	United States Postal Service			
Amount (\$)	Payee address; City; State; Zip Code			
	8700 Stonebrook PKmy			
\$59.4ª	•			
J 11	Frisco, TX 75034			
	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texas,	complete Schedule T)
PURPOSE		0 1		
OF	l Other	tostag	と	
EXPENDITURE		Office sough	ht	Office held
Complete ONLY if direct	Candidate / Officeholder name	Office sough	111	Child fion
expenditure to benefit C/C	H			
Date	Payee name			
9/12/11	Trisco Hrea Kepublican Wome	<u>n</u>	·	
Amount (\$)	Frisco Area Republican Wome Payee address; City; State; Zip Code			
11	7091 Gton Abbey Ct.			
\$70. [∞]	10 11 0 101 Hosey CT.			
101	Frisco /TX 75034			
	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texas,	complete Schedule I)
PURPOSE	′			
OF EXPENDITURE	Event Expense	Lunch 7	1141615	
	L	Office sough	ht	Office held
Complete ONLY if direct	Candidate / Officeholder name	J03 004g		
expenditure to benefit C/				
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULEAS	NEEDED	

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Food/Beverage Expense Travel in District Polling Expense Travel Out Of C	Contract Labor draising Expense of District d/Rental Expense	Loan Repayment Transportation Ec Contributions/Dor Candidate/Off OTHER (enter a corm.	uipment & Related Expense nations Made By iceholder/Political Committee category not listed above)
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUN	T # (Ethics Commission Filers)
5	Scott Johnson			
4 Date	5 Payee name			
9/19/11	Constant Contact			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
#16,24	1601 Trapelo Rd.			
11/61	Waltham, MA 02451			
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description	(If travel outside of Te	xas, complete Schedule T)
OF	Advertising	Mailing	List	
EXPENDITURE	I	Office sough	ļ. <u></u>	Office held
Complete <u>CNLY</u> If direct expenditure to benefit C/C	Candidate / Officeholder name JH	Office sough		GINEO HEIG
Date	Payee name			
9/26/11	Fora Area Republians			
Amount (\$)	Payee address; City; State; ZIp Code			
•	11018 Clearstream Ln.			
[₩] 35.∞	Frisco, TX 75035			
		Doscription	(If travel outside of Tex	kas, complete Schedule T)
PURPOSE OF	Category (See categories listed at the top of this schedule)			
EXPENDITURE	Other - Ducs	rearly "	Membership d	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name XH	Office sough	nt .	Office held
Date	Payee name			
10/14/11	United States Postal Service	.د_		
Amount (\$)	Payee address; City; State; Zip Code			
l tı	8700 Stonebrook PKwy			
\$8. 1₹	Frisco, TX 75034			
		Description	(If I cave) outside of Tex	kas, complete Schadule T)
PURPOSE	Category (See categories listed at the top of this schedule)	0.		ado, completo dentet
OF EXPENDITURE	Other	Postage		Abrell Andreas
Complete <u>ONLY</u> If direct expenditure to benefit C/C	Candidate / Officeholder name 거	Office sough	nt	Office held
Date	Payee name			
10/17/11	Constant Contact			
Amount (\$)	Payee address; City; State; Zip Code			
1k., 20	1601 Trapelo Boli			
1P16, <u>-1</u>				
	Walthan, MA 02451	Desciption	(If travel outside of Tex	kas, complete Schedule T)
PURPOSE	Category (See categories listed at the top of this schedule)			sur, veripinio della dilla 17
OF EXPENDITURE	Advertising	Mailine	hist.	
Complete ONLY if direct	Candidate / Officeholder name	Office sough	Ŋ	Office held
expenditure to benefit C/	он			
	ATTACH ADDITIONAL COPIES OF THI	SSCHEDULEAS	NEEDED	

Texas Ethics Commission

SCHEDULE F

(512) 463-5800

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Co Solicitation/Fundra Travel In District Travel Out Of Dis Office Overhead/F	ontract Labor aising Expense trict Rental Expense	Loan Repayment/ Transportation Eq Contributions/Don Candidate/Offic OTHER (enter a c	uipment & Related Expense
	The Instruction Guide	explains now to	complete this re		T # /Cibing Commission Filers)
1 Total pages Schedule F:	Scott Johnson			3 ACCOUN	T # (Ethics Commission Filers)
4 Date	5 Payee name				
10/18/11	United States Post	al Service			
6 Amount (\$) # 9 . 68	8700 Stonebrook PKW. Frisco , TX 75034	· · · · · · · · · · · · · · · · · · ·	3		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top	of this schedule)	(b) Description		as, complete Schedule 1)
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name XH		Office soug	ht	Office held
Date 10/19/11	Payee name Pat Fallon Campa Payee address; City; Sta	' gn			
Amount (5)	Payee address; City; Sta 5343 Buena Uista Frisco, TX 75034	ate; Zip Code			
PURPOSE	Category (See categories listed at the top	of this schedule)	,		as, complete Schedule T)
OF EXPENDITURE	Event Expense		Tickets	to Fordrain	sing Event
Complete <u>ONLY</u> if direct expenditure to benefit O/C	Candidate / Officeholder name		Office soug	ht	Office held
Date	Payee name				
11/10/11	Fed-Ex Office	·			
Amount (\$) \$58.46	Payee address: City; Sta 8290 Hwy 121 Stonebriar Mall: Friss	te: Zip Code	5034		
PURPOSE	Category (See categories listed at the top	of this schedule)	Description	(If travel outside of Tex	as, complete Schedule 1;
OF EXPENDITURE	Printing Expense	•	Mounting	of Maps	
Complete <u>QN.Y</u> if direct expenditure to benefit C/C	Candidate / Officeholder name		Office soug		Office held
Date ,	Payee name	1	, , , , , , , , , , , , , , , , , , , ,		
11/17/11	Constant Contact	1			
Amount (\$)	Payee address; City; Sta 1601 Trapelo Rd.	ite; Zip Code			
161	Walthan, MA 02451				
PURPOSE	Category (See categories listed at the top	of this schedule)	Description	(If travel outside of Tex	as, complete Schedule T)
OF EXPENDITURE	Advertising		Mailing	hist	
Complete ONLY if direct expenditure to benefit C/6	Candidate / Officeholder name		Office soug	ht	Office held
	ATTACH ADDITIONAL C	OPIES OF THIS	SCHEDULE AS	NEEDED	

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Poiling Expense Printing Expense	Salaries/Wages/C Solicitation/Fundra Travel In District Travel Out Of Dis Office Overhead/f	ontract Labor aising Expense trict Rental Expense	Loan Repayment/Re Transportation Equip Contributions/Donati Candidate/Officel OTHER (enter a cate	ment & Related Expense
	The instruction Guide	e explains how to	complete this fo	rm.	
1 Total pages, Schedule F:	2 FILER NAME Scott Johnson			3 ACCOUNT#	(Ethics Commission Filers)
4 Date Z/19/11	5 Payee name Constant Contact	:			.,
6 Amount (\$)	7 Payee address; City; SI 1601 Trapels Rd. Waltham, MA 024	ate; Zip Code		. A LONG TO THE STATE OF THE ST	, , , , , , , , , , , , , , , , , , , ,
8 PURPOSE	(a) Category (See categories listed at the to		1 ' -	(If travel outside of Texas,	complete Schedule Ti
OF EXPENDITURE	Advertising			g List	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name H	·	Office sough	ht	Office held
Date	Payee name	A AMPAN A A A A A A A A A A A A A A A A A A			
Amount (\$)	Payee address; City; Si	ate; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the to	ρ of lhis schedule)	Description	(If travel outside of Texas,	
Complete <u>CNLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sough	nt	Office held
Date	Payee name				
Amount (\$)	Payee address; City; St	ate; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the to	p of this schedule)	Description	(If travel outside of Texas,	complete Schedule T)
Complete <u>CNLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder пате	:	Office sough	ht	Office held
Date	Payee name				
Amount (\$)	Payee address; City; St	ate; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the to	p of this schedule)	Description	(If travel outside of Texas.	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH		Office sough	ht	Office held
- Laboratoria de la companyo de la c	ATTACH ADDITIONAL C	OPIES 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

Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense

P.O. Box 12070

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)

Fees	Printing Expense Office Overhead/ The Instruction Guide explains how to	, , , , , , , , , , , , , , , , , , , ,
1 Total pages Schedule G:	2 FILER NAME Scott Johnson	3 ACCOUNT # (Ethics Commission Filers
4 Date 7/21/11	5 Payee name Grand Lux Cafe	
6 Amount (\$) \$\\$38,\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	7 Payee address; City; State; Zip Code 13420 North Dalks PKwy. Dalkas, TX 75240	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverge Expense	(b) Description (Iftraveloutside of Texas, complete Schedule T) Constituent Meeting
Date 8/4/11	Payee name Uncle Julio's	
Amount (\$) \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Payee address; City; State; Zip Code 16150 Dallas PKny	
political contributions intended	Dallas, TX 75248	
PURPOSE OF EXPENDITURE	Category (See calegories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) Constituent Meeting
Date 10/24/11	Payee name Tin Star	
Amount (\$) # 2 50 Reimbursement from political contributions intended	Payee address; City; State; Zip Code 13710 Dallas PKmy. j & Dallas, TX 75240	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expense	Description (Iftravel outside of Texas, complete Schedule T) Constituent Meeting
Date	Payee name Fool - Ex OFFice	· · · · · · · · · · · · · · · · · · ·
Amount (\$) Reimbursement from political contributions intended	Payee address; City; State; Zip Code 8290 Hwy 121 Skondrian Mall Frisco, TX 75034	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expensu	Description (If travel outside of Texas, complete Schedule T)
	ATTACH ADDITIONAL COPIES OF THIS S	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

P.O. Box 12070

SCHEDULE G

1	EXPENDITURE CATEGORIES	FOR BOX 8(a))
Advertising Expense Accounting/Banking Consulting Expense Event Expense	Gift/Awards/Memorials Expense Salaries/Wages/Co Legal Services Solicitation/Fundra Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dist	ising Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee
Fees	Printing Expense Office Overhead/R	ental Expense	OTHER (enter a category not listed above)
	The Instruction Guide explains how to	complete this fo	
1 Total pages Schedule G:	Scot Johnson		3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name		
12/15/11	Christine Tucker		
6 Amount (\$)	7 Payee address; City; State; Zip Code Soo Stonebrook Dr.		
Reimbursement from political contributions intended	Fairview, TX 75069		
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description	(If travel outside of Texas, complete Schedule T)
EXPENDITURE	Salaries/Wayes/Contract Labor	Contract L	abor for Campaign Services
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
Reimbursement from political contributions intended			
PURPOSE	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE		Description	,
OF	Payee name	Costopion	
OF EXPENDITURE		Cosonpuol	
OF EXPENDITURE Date	Payee name	Costinguo	
OF EXPENDITURE Date Amount (\$) Reimbursement from political contributions	Payee name		(if travel outside of Texas, complete Schedule T)
OF EXPENDITURE Date Amount (\$) Reimbursement from political contributions intended PURPOSE OF	Payee name Payee address; City; State; Zip Code		
OF EXPENDITURE Date Amount (\$) Reimbursement from political contributions intended PURPOSE OF EXPENDITURE	Payee name Payee address; City; State; Zip Code Category (See categories listed at the top of this schedule)		
OF EXPENDITURE Date Amount (\$) Reimbursement from political contributions intended PURPOSE OF EXPENDITURE Date	Payee name Payee address; City; State; Zip Code Category (See categories listed at the top of this schedule) Payee name		
OF EXPENDITURE Date Amount (\$) Reimbursement from political contributions intended PURPOSE OF EXPENDITURE Date Amount (\$)	Payee name Payee address; City; State; Zip Code Category (See categories listed at the top of this schedule) Payee name	Description	