

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

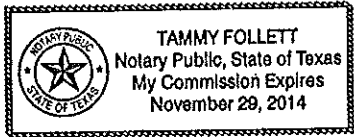
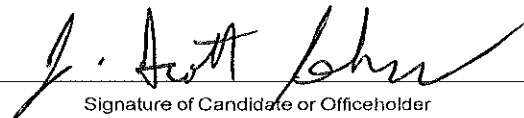
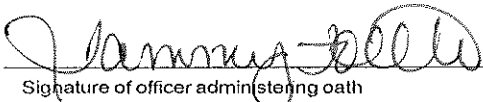
FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: 12
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. Scott Johnson NICKNAME LAST SUFFIX		OFFICE USE ONLY Date Received: RECEIVED APR 14 2011 City Secretary's Office 2:37pm JF Date Hand-delivered or Date Postmarked
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 type="checkbox"/> January 15 <input checked="" 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 THROUGH Month Day Year 1 / 1 / 11 4 / 4 / 11		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special 5 / 14 / 11		
12 OFFICE	OFFICE HELD (if any) Frisco City Council, Place 6	13 OFFICE SOUGHT (if known) Re-Election	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	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		
<input type="checkbox"/> additional pages			

GO TO PAGE 2

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

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME <div style="font-size: 1.5em; font-family: cursive;">Scott Johnson</div>		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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME 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	\$ Ø	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 17,600.⁰⁰	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ Ø	
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,427.¹⁹	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 15,972.⁶²	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ Ø	
19 AFFIDAVIT <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">  </div> <div style="width: 65%;"> <p>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.</p> <div style="text-align: right; margin-top: 20px;">  Signature of Candidate or Officeholder </div> </div> </div> <p style="margin-top: 20px;">AFFIX NOTARY STAMP / SEAL ABOVE</p> <p>Sworn to and subscribed before me, by the said <u>Scott Johnson</u>, this the <u>14th</u> day of <u>April</u>, 20 <u>11</u>, to certify which, witness my hand and seal of office.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 30%;">  Signature of officer administering oath </div> <div style="width: 30%;"> <u>Tammy Follett</u> Printed name of officer administering oath </div> <div style="width: 30%;"> <u>Notary</u> Title of officer administering oath </div> </div>			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <u>4</u>	
2 FILER NAME <u>Scott Johnson</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>2/15/11</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Michael + Kimberly Smith</u> 6 Contributor address; City; State; Zip Code <u>12067 Ashaway Ln. Frisco, TX 75035</u>	7 Amount of contribution (\$) <u>\$250.00</u>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <u>2/24/11</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Nicholas Serafy</u> Contributor address; City; State; Zip Code <u>205 West Levee St. Brownsville, TX 78520</u>	Amount of contribution (\$) <u>\$500.00</u>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>2/25/11</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Jim + Jean Johnson</u> Contributor address; City; State; Zip Code <u>7540 Brigham Dr. Donwoody, GA 30350</u>	Amount of contribution (\$) <u>\$250.00</u>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>2/25/11</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>John Carmichael</u> Contributor address; City; State; Zip Code <u>3198 Parkwood Blvd; Ste 11076 Frisco, TX 75034</u>	Amount of contribution (\$) <u>\$500.00</u>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>2/28/11</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Thomas Teague</u> Contributor address; City; State; Zip Code <u>3198 Parkwood Blvd; Ste 11076 Frisco, TX 75034</u>	Amount of contribution (\$) <u>\$500.00</u>	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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <u>4</u>	
2 FILER NAME <u>Scott Johnson</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>3/1/11</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Scott Hayes</u> 6 Contributor address; City; State; Zip Code <u>470 Hamilton St. S.E.</u> <u>Atlanta, GA 30315</u>	7 Amount of contribution (\$) <u>\$700.⁰⁰</u>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
10 Employer (See Instructions)			
Date <u>3/7/11</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Jason & Casie Couch</u> Contributor address; City; State; Zip Code <u>P.O. Box 92142</u> <u>Southlake, TX 76092</u>	Amount of contribution (\$) <u>\$500.⁰⁰</u>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			
Date <u>3/8/11</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Kevin Kynerd</u> Contributor address; City; State; Zip Code <u>P.O. Box 660491</u> <u>Birmingham, AL 35266</u>	Amount of contribution (\$) <u>\$1,000.⁰⁰</u>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			
Date <u>3/9/11</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Will & Christa Thomas</u> Contributor address; City; State; Zip Code <u>6909 Briar Cove Dr.</u> <u>Dallas, TX 75264</u>	Amount of contribution (\$) <u>\$250.⁰⁰</u>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			
Date <u>3/10/11</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Randal Livingston</u> Contributor address; City; State; Zip Code <u>211 E. Pleasant Run Rd.</u> <u>DeSoto, TX 75115</u>	Amount of contribution (\$) <u>\$25.⁰⁰</u>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

4

2 FILER NAME

Scott Johnson

3 ACCOUNT # (Ethics Commission Filers)

4 Date

3/15/11

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

David Siciliano

6 Contributor address; City; State; Zip Code

17915 Windflower Way #104
Dallas, TX 752527 Amount of
contribution (\$)\$2,500.⁰⁰8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

3/15/11

Full name of contributor

☐ out-of-state PAC (ID# _____)

Richard Strauss

Contributor address; City; State; Zip Code

8401 North Central Expy. Ste 350
Dallas, TX 75225Amount of
contribution (\$)\$5,000.⁰⁰In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/15/11

Full name of contributor

☐ out-of-state PAC (ID# _____)

Chris & Colleen Austin

Contributor address; City; State; Zip Code

8008 Bernington Dr.
Knoxville, TN 37909Amount of
contribution (\$)\$500.⁰⁰In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/23/11

Full name of contributor

☐ out-of-state PAC (ID# _____)

David & Nancy Prince

Contributor address; City; State; Zip Code

6032 Osage Pl
Frisco, TX 75034Amount of
contribution (\$)\$75.⁰⁰In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/23/11

Full name of contributor

☐ out-of-state PAC (ID# _____)

Cliff Henderson

Contributor address; City; State; Zip Code

P.O. Box 2491
Frisco, TX 75034Amount of
contribution (\$)\$250.⁰⁰In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <u>4</u>	
2 FILER NAME <u>Scott Johnson</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>3/23/11</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Kris & Stacy Kristynik</u> 6 Contributor address; City; State; Zip Code <u>137 Welford Ln.</u> <u>Southlake, TX 76092</u>	7 Amount of contribution (\$) <u>\$800.00</u>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
10 Employer (See Instructions)			
Date <u>3/23/11</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Steve Eoff</u> Contributor address; City; State; Zip Code <u>725 Birch Dr.</u> <u>Norman, OK 73072</u>	Amount of contribution (\$) <u>\$100.00</u>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			
Date <u>3/24/11</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Charles & Alice Adams</u> Contributor address; City; State; Zip Code <u>5949 Sherry Ln, Ste 1720</u> <u>Dallas, TX 75225</u>	Amount of contribution (\$) <u>\$2,500.00</u>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			
Date <u>3/28/11</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Grey Stogner</u> Contributor address; City; State; Zip Code <u>3428 Hanover</u> <u>Dallas, TX 75225</u>	Amount of contribution (\$) <u>\$650.00</u>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			
Date <u>3/28/11</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Christopher Mixon</u> Contributor address; City; State; Zip Code <u>2133 Blair Blvd.</u> <u>Nashville, TN 37212</u>	Amount of contribution (\$) <u>\$750.00</u>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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: 5	2 FILER NAME Scott Johnson	3 ACCOUNT # (Ethics Commission Filers)
4 Date 1/13/11	5 Payee name Frisco Heritage Assoc.	
6 Amount (\$) \$10.⁰⁰	7 Payee address; City; State; Zip Code P.O. Box 263 Frisco, TX 75034	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other - Dues	(b) Description (If travel outside of Texas, complete Schedule T) Yearly Membership Dues
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 2/28/11	Payee name Bank of America	
Amount (\$) \$16.⁰⁰	Payee address; City; State; Zip Code Bank of America P.O. Box 25118 Tampa, FL 33622	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Banking	Description (If travel outside of Texas, complete Schedule T) Monthly Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3/18/11	Payee name Constant Contact	
Amount (\$) \$32.⁴⁸	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 3/28/11	Payee name Petsmart	
Amount (\$) \$86.¹⁹	Payee address; City; State; Zip Code 3333 Preston Rd., Ste 1100 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) Rover Rally Supplies
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: <u>5</u>	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
4 Date <u>3/28/11</u>	5 Payee name <u>Lowe's</u>	
6 Amount (\$) <u>\$ 56.23</u>	7 Payee address; City; State; Zip Code <u>3360 Preston Rd.</u> <u>Frisco, TX 75034</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <u>Other - Supplies</u>	(b) Description (If travel outside of Texas, complete Schedule T) <u>Signage Supplies</u>
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <u>3/28/11</u>	Payee name <u>Kroger</u>	
Amount (\$) <u>\$ 14.33</u>	Payee address; City; State; Zip Code <u>4850 Legacy Dr.</u> <u>Frisco, TX 75034</u>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <u>Event Expense</u>	Description (If travel outside of Texas, complete Schedule T) <u>Rover Rally Supplies</u>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <u>3/28/11</u>	Payee name <u>Staples</u>	
Amount (\$) <u>\$ 7.89</u>	Payee address; City; State; Zip Code <u>3333 Preston Rd.</u> <u>Frisco, TX 75034</u>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <u>Event Expense</u>	Description (If travel outside of Texas, complete Schedule T) <u>Rover Rally Supplies</u>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <u>3/29/11</u>	Payee name <u>Facebook Ads</u>	
Amount (\$) <u>\$ 26.93</u>	Payee address; City; State; Zip Code <u>156 University Ave.</u> <u>Palo Alto, CA 94301</u>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <u>Advertising</u>	Description (If travel outside of Texas, complete Schedule T) <u>Ad on Facebook</u>
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 3/31/11	5 Payee name Bank of America	
6 Amount (\$) \$16.⁰⁰	7 Payee address; City; State; Zip Code Bank of America P.O. Box 25118 Tampa, FL 33622	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Banking	(b) Description (If travel outside of Texas, complete Schedule T) Monthly Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date 4/1/11	Payee name First Graphic Services	
Amount (\$) \$2,479.⁷⁹	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		
Date 4/1/11	Payee name Lowe's	
Amount (\$) \$551.⁶³	Payee address; City; State; Zip Code 3360 Preston Rd. Frisco, TX 75034	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other - Supplies	Description (If travel outside of Texas, complete Schedule T) Signage Supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date 4/1/11	Payee name Lowe's	
Amount (\$) \$20.⁹⁰	Payee address; City; State; Zip Code 3360 Preston Rd. Frisco, TX 75034	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Transportation Equip.	Description (If travel outside of Texas, complete Schedule T) Truck Rental
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 4/1/11		5 Payee name 7-Eleven			
6 Amount (\$) \$20.83		7 Payee address; City; State; Zip Code 5403 North Dallas Pkwy. Frisco, TX 75034			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Transportation Related Expense		(b) Description (If travel outside of Texas, complete Schedule T) Fuel	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4/4/11		Payee name Lowe's			
Amount (\$) \$336.82		Payee address; City; State; Zip Code 3360 Preston Rd. Frisco, TX 75034			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Other - Supplies		Description (If travel outside of Texas, complete Schedule T) Signage Supplies	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4/4/11		Payee name The Voom Group			
Amount (\$) \$315.01		Payee address; City; State; Zip Code 1825 E. Plano Pkwy, Suite 250 Plano, TX 75074			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Printing		Description (If travel outside of Texas, complete Schedule T) Campaign handouts	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4/4/11		Payee name Lowe's			
Amount (\$) \$100.43		Payee address; City; State; Zip Code 3360 Preston Rd. Frisco, TX 75034			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Other - Supplies		Description (If travel outside of Texas, complete Schedule T) Signage Supplies	
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 4/4/11	5 Payee name Facebook Ads	
6 Amount (\$) \$26.³⁷	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) Ad on Facebook
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)
Candidate / Officeholder name		
Office sought		
Office held		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
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)
Candidate / Officeholder name		
Office sought		
Office held		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
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)
Candidate / Officeholder name		
Office sought		
Office held		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

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
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 G: 1		2 FILER NAME Scott Johnson		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3/25/11		5 Payee name Corner Bakery			
6 Amount (\$) \$9.40 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 4805 Frankford Rd, Ste 105 Dallas, TX 75287			
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) Lunch w/ Constituent + Donor	
Date 3/31/11		Payee name Mandi Hawkins			
Amount (\$) \$300.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 525 South Maxwell Creek Wylie, TX 75098			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Salaries/Wages/Contract		Description (If travel outside of Texas, complete Schedule T) Contract labor for campaign services	
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)	
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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