## **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

### FORM C/OH COVER SHEET PG 1

The COM Instruction Guilde explains how to complete this form.    ACCOUNT # (Ethics Coroniciscin filters)   2 Total pages filed:   1					
OFFICEHOLDER NAME  ACCOMME  LAST  JOHNSON  APT / SUPTRE  GTY: STEPN  JUL 15 2008  City Secretary's Office  ACCEPVED  JUL 15 2008  City Secretary's Office  City Secretary's Office  ACCEPVED  JUL 15 2008  City Secretary's Office  City Secretary's Office  AREA CODE  PHONE NUMBER  AREA CODE  PHONE NUMBER  AREA CODE  PHONE NUMBER  AREA CODE  PHONE NUMBER  ACCOMME  A	The C/OH Instruction (	Juide explains how to complete this form.	1	2 Total pages filed:	
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MALING ADDRESS Change of Address  AREA CODE PHONE NUMBER EXTENSION Recording Recording CAMPAIGN TREASURER ADDRESS Readence or business) Readence or business Recording Record				1	
8 CANDIDATE/ OFFICEHOLDER PHONE  AREA CODE PHONE NUMBER  (2) 4) 9 29 - 11 8 9  MS 1MR8 1MR PRST MI Date Processed Date Imaged  AREA CODE PHONE NUMBER STREET ADDRESS, NO PO BOX PLEASE). APT BUTE 8; CITY: STATE: ZIP CODE  TREASURER PHONE  3 CAMPAIGN TREASURER PHONE  3 CAMPAIGN TREASURER PHONE  3 AREA CODE PHONE NUMBER EXTENSION  STATE: ZIP CODE  STATE: ZIP CODE  STATE: ZIP CODE  I Sth day after campaign treasurer appointment (officeholder entry)  Spotificent (officeholder entry)  AREA CODE PHONE NUMBER EXTENSION  TEXAS TATE: ZIP CODE  STATE: ZIP CODE  State officent State of St	MAILING ADDRESS	6072 Dripping Spring	is Dr. Fisco, TX		
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TREASURER NAME    NAME	6 CAMPAIGN	MS / MRS / MR FIRST	MI		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)  8 CAMPAIGN TREASURER PHONE  9 REPORT TYPE  January 15 July 15 Ju	TREASURER	MCS. Tyne.	SUFFIX	Date Imaged	
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ADDRESS (Residence or business)  8 CAMPAIGN TREASURER PHONE PHONE NUMBER EXTENSION  7 REPORT TYPE  9 REPORT TYPE  10 PERIOD COVERED  11 ELECTION  12 OFFICE  12 OFFICE  14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER RUDGE  15 OFFICE POOR; Apt./ Suita #; City; State; Zip Code  16 AREA CODE PHONE NUMBER EXTENSION  17 FINAL REPORT TYPE  18 AREA CODE PHONE NUMBER EXTENSION  18 EXPENDITURE BY OTHER INDIVIDUALS  19 REPORT TYPE  10 January 15			1	ZIP CODE	
TREASURER PHONE  9 REPORT TYPE    January 15	ADDRESS	15509 Wyoming Dr. J Frisa	),TX 75035		
PHONE    PHONE   CATTYPE   January 15   30th day before election   Runoff   15th day after campaign treasurer appointment (officeholder only)			EXTENSION		
January 15   30th day before election   Runoff   appointment (efficiency or election   Principle of the prin	PHONE	(417)47++41			
10 PERIOD COVERED    Month	9 REPORTITE	January 15 30th day before electio	n Runoff		
THROUGH  THR		July 15 8th day before election		Land	
11 ELECTION    Continue	1	AT		A	
Month Day Year    Second   Primary   Runoff   Genoral   Special			V / JU/	′ o	
12 OFFICE  OFFICE HELD (if any)  Frisco City Council, Place 6  OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS  Address / PO Box; Apt. / Suite #; City; State; Zip Code	11 ELECTION	Month Day Year			
Frisco City Council, Macc 6  14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS  Address / PO Box; Apt. / Suite #; City; State; Zip Code  Address / PO Box; Apt. / Suite #; City; State; Zip Code		5/10/8   LI Primary	Runoff A	General Special	
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	12 OFFICE	1		)	
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  **Address / PO Box; Apt. / Suite #; City; State; Zip Code	14 NOTICE	trisco City Council, Maccy	0		
EXPENDITURE BY OTHER INDIVIDUALS  Address / PO Box; Apt. / Suite #; City; State; Zip Code  additional pages	OF DIRECT				
Address / PO Box; Apt. / Suite #; City; State; Zip Code	EXPENDITURE	Name			
☐ additional pages	1				
	İ	Address / PO Box; Apt. / Suite #; City; State; 7	Zip Code		
GO TO PAGE 2	additional pages				
	GO TO PAGE 2				

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

## FORM C/OH COVER SHEET PG 2

	·			
16 C/OH NAME	ا		16 ACCOUNT # (Ethics Commission Filers)	
$\sum_{c}$	of John	son		
17 NOTICE FROM POLITICAL	* 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(S)	COMMITTEE NAME COMMITTEE TYPE			
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		OAMUSTEE AMANDON TOURS MUDER NAME		
additional pages		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
18 CONTRIBUTION	1. TOTAL F	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN		
TOTALS		S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	
	2. TOTAL	POLITICAL CONTRIBUTIONS		
	(OTHER	THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$1,500.00	
	M		1,300.	
EXPENDITURE	<ol><li>TOTAL F</li></ol>	OLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZ		
TOTALS			\$	
	4. TOTAL	POLITICAL EXPENDITURES	6770770	
			\$ 2,787,70	
OONTDID TOU				
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA PRTING PERIOD	الماتما	
D/ 1/2 1/402	OF REPO	KTING FERIOD	\$ 1,933,17	
		** · · · · · · · · · · · · · · · · · ·	,	
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH		
LOANTOTALS	LAST DA	Y OF THE REPORTING PERIOD	\$	
19 AFFIDAVIT				
			erjury, that the accompanying report	
			nformation required to be reported by	
		me under Title 15, Election Code.	, ,	
		(/, AV)	mu	
		Signature of Cardi	date or Officeholder	
		y signature or squar	add of Chiconoldor	
AFFIX NOTARY STAMP	/ SEAL ABOVE			
Sworn to and subscrib	ed before me, by t	ne said Scott Johnson	_, this the(Stle day	
or July, 20	) <u>/ / </u> , to certi	fy which, witness my hand and seal of office.		
on Estela	Barrera	M. Estela Brosera	Dr. admin. asst	
Signature of officer adr	ministering oath	Printed name of officer administering oath Tit	le 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 Scott Johnson		3 ACCOUNT # (Eti	hics Commission filers)	
4 Date	5 Full name of contributorout-of-state PAC (ID#:	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
4/29/8	6 Contributor address; City; State; Zip Code	t.Casie	#100,00	
	Irving, TX 75063		(if travel outside	of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor Out-of-state PAC (ID#;	Virgini (Alice Selection (Alice Selectio	Amount of contribution (\$)	In-kind contribution description (if applicable)
4/29/8	Contributor address; City; State; Zip Code		\$500, <u>∞</u>	
<b>'</b>	Lindale, TX 75771		fif travel outside o	:   
	pation / Job tille (See Instructions)	Employer (See I	instructions)	or texas, complete concusts 17
Developer			ALIEN III AND ALIEN AND AND AND AND AND AND AND AND AND AN	en sinessitti eesseteksessi suurimisimiseleksi kalanami tärjasta kalanta kalanteessa saasta saatees
Date	Full name of contributor Gout-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
5/5/8	Medigovich, Robert +Na Contributor address; City; State; Zip Code	italle	#150.00	! [
,	Frisco, TX 75034			of Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See I		2005.1
Municipa		COWWALL	Wester D	
	Full name of contributor	\ \	Amount of contribution (\$)	In-kind contribution description (if applicable)
2/3/0				of Texas, complete Schedule T)
Principal occu President	pation / Job title (See Instructions) -	Employer (See I		wsal
Date	Full name of contributor ☐ out-of-state PAC (1D#:	uineauurideende kookkeisuden alla ei den kookkeise	Amount of	In-kind contribution
Date			contribution (\$)	description (if applicable)
5/7/8	Contributor address; City; State; Zip Code		\$500.00	
,	Frisco, TX 75034		(if travel outside o	of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)  Employer (See Project Manager Microsoft			nstructions)	
	ATTACH ADDITIONAL COPIES	OF THIS FORM AS	NEEDED	

#### **POLITICAL CONTRIBUTIONS** OTHER THAN PLEDGES OR LOANS

#### SCHEDULE A

1-800-325-8506

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A:	
2 FILER NAME Scott Johnson		3 ACCOUNT # (Ethics Commission filers)		
4 Date	6 Full name of contributorout-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
6/1/8	. Arbuckle, David + Shanyi 6 Contributor address; City; State; Zip Code	1	\$10000	 
	Frisco, TX 75034		(If travel outside o	of Texas, complete Schedule T)
	pation / Job title (See Instructions) Y Liason Wice Pullent	10 Employer (See	nstructions)	
Date	Full name of contributor Out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			[ 
		-		
Principal occupation / Job title (See Instructions) Employer (See I			(If travel outside of Texas, complete Schedule T) nstructions)	
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	Contributor address; City; State; Zip Code			
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Date	Full name of contributor     out-of-state PAC (ID#:	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
			//f travel outelds o	of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See In			rexas, comprete conecute 1)	
Date	Full name of contributorout-of-state PAC (ID#:	)	Amount of contribution (\$)	In-kind contribution description (if appli∌able)
	Contributor address; City; State; Zip Code		 	
			Of travel outside o	f Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)  Employer (See Instructions)				
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

Texas Ethics C	ommission P.O. Box 12070 Austin, T	( Fexas 78711-2070	(512) 463	-5800 1-800-325-8506
POLITIC	CALEXPENDITURES			SCHEDULE F
The Instruct	tion Guide explains how to complete this form.		1 Total page:	s Schedule F:
2 FILER NAME	Scott Jahnson		3 ACCOUNT	# (Ethics Commission filers)
4 Date	5 Payee name	A STATE OF THE STA		7 Amount (\$)
5 5 8	Eagle Press 6 Payer address; city; state; zip Code 733 Fort Worth Dr. Denton, TX 76202			#1,049.91
required.)	ment (See instructions regarding type of information	9 •• Complete if dir Candidate / Officeholder n	-	to benefit C/OH •• Office sought Office held
(if travel outside	e of Texas, complete Schedule T)		snilenkskilpsiestomentensy	
Date	Payee name			Amount (\$)
5/5/8	Payee name  Tanget  Payee address; City; State; Zip Code  El Donado Prkwy  Frisco TV 75034			\$129,89
	Frisco, TX 75034			
Purpose of pay required.)	ment (See instructions regarding type of information	•• Complete if dir Candidate / Officeholder n	•	to benefit C/OH •• Office sought Office held
(if travel outside	of Texas, complete Schedule T)		MANAGER STATE OF THE STATE OF T	
5/8/8	Payee name Tourget Payee address; City; State; Zip Code El Donalo Prkwy Frisco, TX 75034			Amount (\$) 259,78
Purpose of payment (See instructions regarding type of information required.)		Complete if direct expenditure to benefit C/OH     Candidate / Officeholder name     Office sought     Office held		
(if travel outsi	de of Texas, complete Schedule T)		***************************************	
Date 5   2   8	Payee name  Staples  Payee address; City; State; Zip Code  3333 Preston Road  Frisco TX 75035		, , ,	Amount (\$) 4 95.79
Purpose of payment (See Instructions regarding type of information required.)  Printer Ink  (If travel outside of Texas, complete Schedule T)		•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name Office sought Office held		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

(If travel outside of Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Payee address; City; State; Zip Code Frisco, TX 75034

Purpose of payment (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

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· Complete if direct expenditure to benefit C/OH · Candidate / Officeholder name Office sought

Office held