

# 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: <b>7</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. Scott Johnson NICKNAME LAST SUFFIX	<b>OFFICE USE ONLY</b>  Date Received <b>RECEIVED</b>  <b>JUL 15 2008</b>  City Secretary's Office  Date Hand-delivered or Date Postmarked  1:46 pm / Et 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 Dr.; 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 / 1 / 08    6 / 30 / 8		
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 / 10 / 8		
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	** 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**Scott Johnson**16 ACCOUNT # (Ethics Commission Filers)****17 NOTICE  
FROM  
POLITICAL  
COMMITTEE(S)**

• 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

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages**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)

\$ 1,500.<sup>00</sup>**EXPENDITURE  
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 2,787.70**CONTRIBUTION  
BALANCE**

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

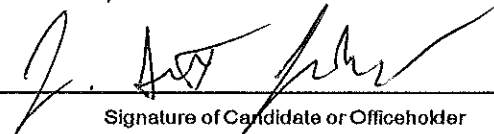
\$ 1,933.17**OUTSTANDING  
LOAN TOTALS**

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.



Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Scott Johnson, this the 15th day of July, 20 08, 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

2 FILER NAME Scott Johnson

3 ACCOUNT # (Ethics Commission filers)

4 Date 4/29/8 5 Full name of contributor ☐ out-of-state PAC (ID#) Jason & Casie...

7 Amount of contribution (\$) \$100.00 8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

Irving, TX 75063

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions) Physician

10 Employer (See Instructions)

Date 4/29/8 Full name of contributor ☐ out-of-state PAC (ID#) Kendall III, C.W.  
Contributor address; City; State; Zip Code

Amount of contribution (\$) \$500.00 In-kind contribution description (if applicable)

Lindale, TX 75771

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions) Developer

Employer (See Instructions) C.W. Kendall III

Date 5/5/8 Full name of contributor ☐ out-of-state PAC (ID#) Medigovich, Robert & Natalie  
Contributor address; City; State; Zip Code

Amount of contribution (\$) \$150.00 In-kind contribution description (if applicable)

Frisco, TX 75034

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions) Municipal Coordinator

Employer (See Instructions) Community Waste Disposal

Date 5/5/8 Full name of contributor ☐ out-of-state PAC (ID#) Roemer, Greg & Vicki  
Contributor address; City; State; Zip Code

Amount of contribution (\$) \$150.00 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions) President

Employer (See Instructions) Community Waste Disposal

Date 5/7/8 Full name of contributor ☐ out-of-state PAC (ID#) Fisher, Mike  
Contributor address; City; State; Zip Code

Amount of contribution (\$) \$500.00 In-kind contribution description (if applicable)

Frisco, TX 75034

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions) Project Manager

Employer (See Instructions) Microsoft

ATTACH ADDITIONAL COPIES OF THIS FORM 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: 2

2 FILER NAME

Scott Johnson

3 ACCOUNT # (Ethics Commission filers)

4 Date

6/1/8

5 Full name of contributor ☐ out-of-state PAC (ID#:

Arbuckle, David + Shanyn

6 Contributor address; City; State; Zip Code

Frisco, TX 75034

7 Amount of  
contribution (\$)

\$100.00

8 In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Community Liaison - Vice President

10 Employer (See Instructions)

AT&amp;T

Date

Full name of contributor ☐ 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 ☐ 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 ☐ 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 ☐ 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)

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# POLITICAL EXPENDITURES

## SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 3

2 FILER NAME Scott Johnson

3 ACCOUNT # (Ethics Commission filers)

4 Date 5/5/8	5 Payee name Eagle Press 6 Payee address; City; State; Zip Code 733 Fort Worth Dr. Denton, TX 76202	7 Amount (\$) \$1,049.91
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8 Purpose of payment (See instructions regarding type of information required.)  
Printing

9 \*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

(If travel outside of Texas, complete Schedule T)

Date 5/5/8	Payee name Target Payee address; City; State; Zip Code El Dorado Pkwy Frisco, TX 75034	Amount (\$) \$129.89
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Purpose of payment (See instructions regarding type of information required.)  
Tent

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

(If travel outside of Texas, complete Schedule T)

Date 5/8/8	Payee name Target Payee address; City; State; Zip Code El Dorado Pkwy Frisco, TX 75034	Amount (\$) \$259.78
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Purpose of payment (See instructions regarding type of information required.)  
Tents

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

(If travel outside of Texas, complete Schedule T)

Date 5/12/8	Payee name Staples Payee address; City; State; Zip Code 3333 Preston Road Frisco, TX 75035	Amount (\$) \$95.79
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Purpose of payment (See instructions regarding type of information required.)  
Printer Ink

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

(If travel outside of Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# POLITICAL EXPENDITURES

## SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 3

2 FILER NAME Scott Johnson

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	7 Amount (\$)
5/9/8	Lowe's Payee address; City; State; Zip Code 3360 Preston Rd. Frisco, TX 75034	\$39.46

8 Purpose of payment (See instructions regarding type of information required.)  
T-Pasts + Ties  
(If travel outside of Texas, complete Schedule T)

9 \*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date	Payee name	Amount (\$)
5/10/8	7-Eleven Payee address; City; State; Zip Code 5403 N. Dallas PKwy. Frisco, TX 75034	\$48.16

Purpose of payment (See instructions regarding type of information required.)  
Volunteer Refreshments  
(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date	Payee name	Amount (\$)
5/12/8	Lowe's Payee address; City; State; Zip Code 3360 Preston Rd. Frisco, TX 75034	\$14.91

Purpose of payment (See instructions regarding type of information required.)  
Shovel  
(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date	Payee name	Amount (\$)
6/8/8	Fred Pascerelli Payee address; City; State; Zip Code 9920 Dixon Ct. Frisco, TX 75034	\$851.45

Purpose of payment (See instructions regarding type of information required.)  
Direct Mail  
(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

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# POLITICAL EXPENDITURES

## SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 3

2 FILER NAME Scott Johnson

3 ACCOUNT # (Ethics Commission filers)

4 Date 5/19/8	5 Payee name Frisco Post Office 6 Payee address; City; State; Zip Code USPS Frisco, TX 75034	7 Amount (\$) \$168.20
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8 Purpose of payment (See instructions regarding type of information required.)  
Postage  
(If travel outside of Texas, complete Schedule T)

9 \*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date 5/21/8	Payee name Staples Payee address; City; State; Zip Code 3333 Preston Rd. Frisco, TX 75035	Amount (\$) \$27.38
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Purpose of payment (See instructions regarding type of information required.)  
Envelopes  
(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date 5/22/8	Payee name Frisco Post Office Payee address; City; State; Zip Code USPS Frisco, TX 75034	Amount (\$) \$83.87
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Purpose of payment (See instructions regarding type of information required.)  
Postage  
(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date 6/5/8	Payee name Frisco Post Office Payee address; City; State; Zip Code USPS Frisco, TX 75034	Amount (\$) \$18.90
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Purpose of payment (See instructions regarding type of information required.)  
Postage  
(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

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