

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		<b>1</b> ACCOUNT # (Ethics Commission Filers)	<b>2</b> Total pages filed: <span style="font-size: 2em; color: red;">3</span>
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / <u>MR</u> FIRST      MI <span style="font-size: 1.5em; color: red;">Drew D Johnson</span> <hr/> NICKNAME      LAST      SUFFIX	<b>OFFICE USE ONLY</b> Date Received <span style="font-size: 1.5em; color: red;">1/14/14 KLE</span> <hr/> Date Hand-delivered or Postmarked <hr/> Receipt #      Amount <hr/> Date Processed <span style="font-size: 1.5em; color: red;">1/14/14 KLE</span> <hr/> Date Imaged <span style="font-size: 1.5em; color: red;">1/14/14 KLE</span>	
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> change of address	ADDRESS / PO BOX:      APT / SUITE #:      CITY:      STATE:      ZIP CODE <span style="font-size: 1.5em; color: red;">503 Elkins Lake Huntsville, TX 77340</span>		
<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	AREA CODE      PHONE NUMBER      EXTENSION <span style="font-size: 1.5em; color: red;">(936) 435 0876</span>		
<b>6</b> CAMPAIGN TREASURER NAME	MS / MRS / <u>MR</u> FIRST      MI <span style="font-size: 1.5em; color: red;">Geyrme Johnson</span> <hr/> NICKNAME      LAST      SUFFIX		
<b>7</b> CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE):      APT / SUITE #:      CITY:      STATE:      ZIP CODE: <span style="font-size: 1.5em; color: red;">503 Elkins Lake Huntsville, TX 77340</span>		
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE      PHONE NUMBER      EXTENSION <span style="font-size: 1.5em; color: red;">(936) 435 0876</span>		
<b>9</b> 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)		
<b>10</b> PERIOD COVERED	Month      Day      Year      THROUGH      Month      Day      Year <span style="font-size: 1.5em; color: red;">7 / 1 / 2012      12 / 31 / 2013</span>		
<b>11</b> ELECTION	ELECTION DATE Month      Day      Year <span style="font-size: 1.5em; color: red;">/ /</span>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
<b>12</b> OFFICE	OFFICE HELD (if any) <span style="font-size: 1.5em; color: red;">City Councilman</span>	<b>13</b> OFFICE SOUGHT (if known)	

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

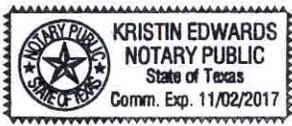
**FORM C/OH  
COVER SHEET PG 2**

<b>14 C/OH NAME</b> Don H. Johnson	<b>15 ACCOUNT #</b> (Ethics Commission Filers)
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<b>16 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <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.	
	<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

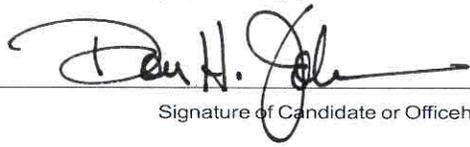
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ .56
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ .56
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ -0-
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$ 600.00
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1731.66
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

**18 AFFIDAVIT**

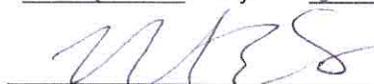


AFFIX NOTARY STAMP / SEAL ABOVE

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 of Candidate or Officeholder

Sworn to and subscribed before me, by the said Don H. Johnson, this the 14<sup>th</sup> day of January, 20 14, to certify which, witness my hand and seal of office.

  
 \_\_\_\_\_  
 Signature of officer administering oath

Kristin Edwards  
 \_\_\_\_\_  
 Printed name of officer administering oath

Deputy City Secretary  
 \_\_\_\_\_  
 Title of officer administering oath

# 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: <b>1</b>	2 FILER NAME <b>Don H Johnson</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>10/28/13</b>	5 Payee name <b>Josh Humphries, Candidate for City Council</b>
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6 Amount (\$) <b>\$300<sup>00</sup></b>	7 Payee address; City; State; Zip Code <b>305 Forest Lane Newtown, TX 77340</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Contribution/Donation</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>Campaign contribution</b>
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>10/28/13</b>	Payee name <b>Joe Emmett, Candidate for City Council</b>
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Amount (\$) <b>\$300<sup>00</sup></b>	Payee address; City; State; Zip Code <b>1304 Avenue O Newtown, TX 77340</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Contribution/Donation</b>	Description (If travel outside of Texas, complete Schedule T) <b>Campaign contribution</b>
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	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)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	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)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**