

# 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>
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3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR <b>Doc</b>	FIRST <b>H</b>	MI	LAST <b>Johnson</b>	OFFICE USE ONLY
	NICKNAME	LAST	SUFFIX		

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX;	APT/SUITE#;	CITY;	STATE;	ZIP CODE
	<b>503 Elkins Lake Huntsville, TX 77340</b>				

5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	<b>(936) 435-0876</b>		

6 CAMPAIGN TREASURER NAME	MS/MRS/MR <b>Gaylene</b>	FIRST <b>Johnson</b>	MI	LAST	SUFFIX
	NICKNAME	LAST	SUFFIX		

7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE);	APT/SUITE#;	CITY;	STATE;	ZIP CODE
	<b>503 Elkins Lake Huntsville, TX 77340</b>				

8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	<b>(936) 435-0876</b>		

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 type="checkbox"/> July 15	<input checked="" 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
	<b>9 / 28 / 2012</b>				<b>10 / 27 / 2012</b>		

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
<b>11 / 6 / 2012</b>							

12 OFFICE OFFICE HELD (if any) <b>City Councilman</b>	13 OFFICE SOUGHT (if known)
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**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

14 C/OH NAME

*Don H. Johnson*

15 ACCOUNT # (Ethics Commission Filers)

16 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

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ *445.00*

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ *1595.00*

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ *-0-*

4. TOTAL POLITICAL EXPENDITURES

\$ *3085.25*

CONTRIBUTION  
BALANCE

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

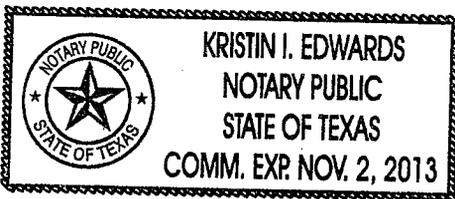
\$ *2552.83*

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ *-0-*

18 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.

*Don H. Johnson*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Don H. Johnson, this the 29th day of October, 20 12, to certify which, witness my hand and seal of office.

*Kristin Edwards*  
Signature of officer administering oath

Kristin Edwards  
Printed name of officer administering oath

Deputy City Secretary  
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 FILER NAME <i>Don H Johnson</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>10/15/12</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Champ and Virginia Miller</i>	7 Amount of contribution (\$) <i>300<sup>00</sup></i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>P.O. Box 7543 Huntsville, Tx 77342</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>10/15/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Steve Burris</i>	Amount of contribution (\$) <i>\$ 100<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>63 Elkins Lake Huntsville TX 77340</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>10/15/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Dana Gibson</i>	Amount of contribution (\$) <i>\$ 150<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>362 Elkins Lake, Huntsville, TX 77340</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>10/15/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ivo A Nelson</i>	Amount of contribution (\$) <i>\$ 100<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>70 Sunset Rd, Huntsville, Tx 77340</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>10/15/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>William Green</i>	Amount of contribution (\$) <i>\$ 100<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>470 Elkins Lake, Huntsville, Tx 77340</i>		(If travel outside of Texas, complete Schedule T)	
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:

2 FILER NAME

*Don H Johnson*

3 ACCOUNT # (Ethics Commission Filers)

4 Date

*10/15/12*

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

*Timothy Deahl*

6 Contributor address; City; State; Zip Code

*260 IH4IS Suite B  
Huntsville, TX 77340*

7 Amount of contribution (\$)

*\$ 100<sup>-</sup>*

8 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

*10/15/12*

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

*Dale Stouy*

Contributor address; City; State; Zip Code

*95 Elkins Lake, Huntsville Tx  
77340*

Amount of contribution (\$)

*\$ 100<sup>-</sup>*

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*10/15/12*

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

*George Miles, Jr*

Contributor address; City; State; Zip Code

*673 Elkins Lake  
Huntsville, TX 77340*

Amount of contribution (\$)

*\$ 100<sup>-</sup>*

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*10/15/12*

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

*Wayne Scott*

Contributor address; City; State; Zip Code

*600 Elkins Lake  
Huntsville, TX 77340*

Amount of contribution (\$)

*\$ 100<sup>00</sup>*

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*10/2/12*

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

*Michah Slaughter, Eagle Graphics*

Contributor address; City; State; Zip Code

*1304 Sam Houston, Huntsville, TX  
77340*

Amount of contribution (\$)

In-kind contribution description (if applicable)

*Business  
Cards cc  
\$26*

(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

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2 FILER NAME <i>Scott Johnson</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>10/15/12</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Scott and Sally Nelson</i>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable) <i>Meat @ Quet \$ 745<sup>00</sup> food</i>
6 Contributor address; City; State; Zip Code <i>70 Sunset Lake Huntsville, TX 77340</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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

### 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:	2 FILER NAME <i>Dow H Johnson</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>10/1/2012</i>	5 Payee name <i>Office Depot</i>
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6 Amount (\$) <i>\$41<sup>00</sup></i>	7 Payee address; City; State; Zip Code <i>133 IH45 Huntsville, Texas 77340</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Event Expense</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Donations</i>
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>10/3/2012</i>	Payee name <i>U S Post Office Huntsville</i>
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Amount (\$) <i>\$45<sup>00</sup></i>	Payee address; City; State; Zip Code <i>3190 Hwy 30 W, Huntsville, Tx 77340</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Event Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Postage Donations</i>
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>10/12/2012</i>	Payee name <i>Precision Printing</i>
---------------------------	---

Amount (\$) <i>\$895<sup>02</sup></i>	Payee address; City; State; Zip Code <i>P.O. Box 3656 Huntsville, Tx 77305</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising</i>	Description (If travel outside of Texas, complete Schedule T) <i>Postcards, print, mail</i>
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>10/12/2012</i>	Payee name <i>U S Postmaster Course</i>
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Amount (\$) <i>\$112<sup>97</sup></i>	Payee address; City; State; Zip Code <i>809 W Valley Street Course, Tx 77301</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising</i>	Description (If travel outside of Texas, complete Schedule T) <i>Postage for mailing</i>
------------------------	--	---

Complete ONLY 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

# 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       | Printing Expense              | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                |                               | 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:	2 FILER NAME <i>Doe H Johnson</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>10/12/2012</i>	5 Payee name <i>Walmart</i>
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6 Amount (\$) <i>\$48<sup>15</sup></i>	7 Payee address; City; State; Zip Code <i>141 IH455 Huntsville, Tx 77340</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Event Expense</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Candy for Parade Route</i>
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>10/12/2012</i>	Payee name <i>Huntsville Stem</i>
---------------------------	--------------------------------------

Amount (\$) <i>\$85<sup>00</sup></i>	Payee address; City; State; Zip Code <i>1409 10<sup>th</sup> Street Huntsville, Tx 77340</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising</i>	Description (If travel outside of Texas, complete Schedule T) <i>Ad in Stem Voter Guide</i>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>10/18/2012</i>	Payee name <i>KSAM Radio</i>
---------------------------	---------------------------------

Amount (\$) <i>\$858<sup>00</sup></i>	Payee address; City; State; Zip Code <i>P.O. Box 330, Huntsville, Tx 77342</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising</i>	Description (If travel outside of Texas, complete Schedule T) <i>Radio Spots</i>
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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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 ONLY 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