

# 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 # <small>(Ethics Commission Filers)</small>	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="checkbox"/> FIRST <i>Mary</i> MI <i>Joan</i> NICKNAME LAST SUFFIX <i>Joan</i> <i>Johnson</i>		<b>OFFICE USE ONLY</b> Date Received <div style="text-align: center; color: red; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="text-align: center; color: blue;">5/3/13 2:35pm</div>
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT./SUITE #; CITY; STATE; ZIP CODE <i>6615 West Point West University Place, TX 77005</i>		Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(713) 668-9901</i>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX <i>Bernice</i> <i>Joseph</i>		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT./SUITE #; CITY; STATE; ZIP CODE <i>2907 Tangleby West University Place, TX 77005</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(713) 664-6435</i>		
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 <i>1 / 01 / 13    5 / 3 / 13</i>		
11 ELECTION	ELECTION DATE Month Day Year <i>5 / 11 / 2013</i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <i>City Council Member</i>	13 OFFICE SOUGHT (if known) <i>City Council Member</i>	

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# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

14 C/OH NAME

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

\$

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

\$ 450.-

EXPENDITURE  
TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 1127.<sup>45</sup>

CONTRIBUTION  
BALANCE

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

\$ 200.-

OUTSTANDING  
LOAN TOTALS

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

\$ 1,727,89

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.

  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said M. JOAN JOHNSON, this the 3<sup>rd</sup> day of APRIL, 20 13, 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 FILER NAME <i>Mary Jean Johnson</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>4/4/13</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Frank Griffin &amp; Janet McNeil</i>	7 Amount of contribution (\$) <i>\$100.-</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>2807 Pleasant Houston, TX 77005</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>Retired</i>		10 Employer (See Instructions)	
Date <i>3/26/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Spencer Neuman</i>	Amount of contribution (\$) <i>\$250.-</i>	In-kind contribution description (if applicable) <i>Graphics</i>
Contributor address; City; State; Zip Code <i>Houston, TX</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>5/2/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>C. A. Samell</i>	Amount of contribution (\$) <i>\$100.-</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>3833 Southwestern Houston, TX 77005</i>		(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#:	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(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#:	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(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.



**LOANS**

**SCHEDULE E**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

*Mary Joan Johnson*

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS: → → → → → →

\$

5 Date of loan

*3/14/13*

7 Name of lender

out-of-state PAC (ID# \_\_\_\_\_)

*Loan of Personal Fund - Mary Joan Johnson*

9 Loan Amount (\$)

*\$ 2,000. -*

6 Is lender a financial institution?

Y  N

8 Lender address; City; State; Zip Code

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

none

15 Check if personal funds were deposited into political account

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

not applicable

18 Guarantor address; City; State; Zip Code

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender

out-of-state PAC (ID# \_\_\_\_\_)

Loan Amount (\$)

Is lender a financial institution?

Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

Check if personal funds were deposited into political account

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

not applicable

Guarantor address; City; State; Zip Code

Principal Occupation (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.



# 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 <i>Mary Jean Johnson</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>3/14/13</i>	5 Payee name <i>Sprint 2 Print</i>
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6 Amount (\$) <i>\$372.11</i>	7 Payee address; City; State; Zip Code <i>8748 Clay Rd Houston, TX 77080</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Advertising</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>50 Yard Signs + Stakes</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>3/28/13</i>	Payee name <i>Fast Signs</i>
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Amount (\$) <i>\$118.-</i>	Payee address; City; State; Zip Code <i>3895 A Southwest Freeway Houston, TX 77027</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>175 "Re-Elect" Decals</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>4/5/13</i>	Payee name <i>Fast Signs</i>
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Amount (\$) <i>\$465.48</i>	Payee address; City; State; Zip Code <i>3895 A Southwest Freeway Houston, TX 77027</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>Push Cards</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>4/8/13</i>	Payee name <i>Fast Signs</i>
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Amount (\$) <i>\$171.86</i>	Payee address; City; State; Zip Code <i>3895 A Southwest Freeway Houston, TX 77027</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>Banner</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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED