SPECIFIC-PURPOSE COMMITTEE
CAMPAIGN FINANCE REPORT

FORM SPAC
COVER SHEET PG 1

	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
The SPAC Instruction Guide explains how to complete this form.		5

3 COMMITTEE NAME

" Yes!"

OFFICE USE ONLY

Date Received
10/31/16

4 COMMITTEE ADDRESS

ADDRESS / PO BOX;   APT / SUITE #;   CITY;   STATE;   ZIP CODE

503 Elkins Lake
Huntsville, TX 77340

☐ Change of Address

Date Hand-delivered or Date Postmarked
10/31/16

5 CAMPAIGN TREASURER NAME

MS / MRS / MR   FIRST   MI

Don   H   Johnson

NICKNAME   LAST   SUFFIX

Receipt #   Amount $

Date Processed   10/31/16

Date Imaged   10/31/16

6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE);   APT / SUITE #;   CITY;   STATE;   ZIP CODE

824 Overbrook
Huntsville, TX 77340

7 CAMPAIGN TREASURER MAILING ADDRESS

STREET ADDRESS OR PO BOX;   APT / SUITE #;   CITY;   STATE;   ZIP CODE

503 Elkins Lake
Huntsville, TX 77340

☐ Change of Address

8 CAMPAIGN TREASURER PHONE

AREA CODE   PHONE NUMBER   EXTENSION

(936)(214) 207-4352

9 REPORT TYPE

☐ January 15
☐ July 15
☐ 30th day before election
☑ 8th day before election
☐ Runoff
☐ Exceeded $500 limit
☐ Dissolution (Attach PAC-DR)
☐ 10th day after campaign treasurer termination

10 PERIOD COVERED

Month   Day   Year

10 / 18 / 2016   THROUGH   10 / 29 / 2016

Month   Day   Year

11 ELECTION

ELECTION DATE

Month   Day   Year

11 / 08 / 2016

ELECTION TYPE

☐ Primary   ☐ Runoff   ☐ Other Description
☐ General   ☑ Special

GO TO PAGE 2

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS
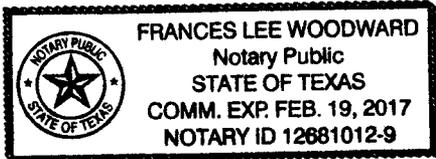
FORM SPAC
COVER SHEET PG 2

12 COMMITTEE NAME "Yes!"	13 Filer ID (Ethics Commission Filers)

14 COMMITTEE PURPOSE		CANDIDATE / OFFICEHOLDER NAME
(Attach lists on plain paper to complete this report if necessary.)	☐ CANDIDATE	
☑ SUPPORT (Candidate or Measure)	☐ OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)
☐ OPPOSE (Candidate or Measure)		
☐ ASSIST (Officeholder)	☑ MEASURE	BALLOT IDENTIFICATION / # PRoP. 1,2 ≠3 ELECTION DATE Month 11 Day 08 Year 2016
		DESCRIPTION Vote "Yes!" for City Bonds

15 CONTRIBUTION TOTALS	1.	TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ 1432
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 1732
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF $100 OR LESS, UNLESS ITEMIZED	$ -0-
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 1732
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	$ -0-
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ -0-

16 AFFIDAVIT

FRANCES LEE WOODWARD
Notary Public
STATE OF TEXAS
COMM. EXP. FEB. 19, 2017
NOTARY ID 12681012-9

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 Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Don H. Johnson , this the 31st day of October , 20 16 , 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
	Lee Woodward	City Secretary

SUBTOTALS - SPAC

17	COMMITTEE NAME "Yes!"	18 Filer ID (Ethics Commission Filers)

19	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	☑	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 300
2.	☐	SCHEDULE A2 : NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$
3.	☐	SCHEDULE B: PLEDGED CONTRIBUTIONS	$
4.	☐	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	$
5.	☐	SCHEDULE C2 : NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	$
6.	☐	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATON OR LABOR ORGANIZATION	$
7.	☐	SCHEDULE E: LOANS	$
8.	☑	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 1732
9.	☐	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$
10.	☐	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$
11.	☐	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$
12.	☐	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$
13.	☐	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$
14.	☐	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.	**1** Total pages Schedule A1: 1

2 FILER NAME "Yes!"

3 Filer ID (Ethics Commission Filers)

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of contribution ($)
10/21/16	Dale Story	100.00
	6 Contributor address; City; State; Zip Code 49 State Hwy 75 Huntsville, Tx 77320	

8 Principal occupation / Job title (See Instructions) Realtor	**9** Employer (See Instructions) The Story Team

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
10/19/16	Walter Woodward	100.00
	Contributor address; City; State; Zip Code 1565 Vetran's Pkwy Huntsville, Tx 77340	

Principal occupation / Job title (See Instructions) Curator	Employer (See Instructions) Sam Houston State Univ

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
10/21/16	Letitia Humphries	100.00
	Contributor address; City; State; Zip Code 305 Forest Lane Huntsville, Tx 77340	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
	Contributor address; City; State; Zip Code	

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 EXPENDITURES MADE
FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
   Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME " Yes! "	3 Filer ID (Ethics Commission Filers)

4 Date 10/19/16	5 Payee name Campaign & Promotions

6 Amount ($) 00 $1200 —	7 Payee address; City; State; Zip Code 404 I45 South Huntsville, TX 77340

☐ Expenditure from corporate funds

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Signs Advertising	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

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

Date 10/26/16	Payee name KSAM Radio

Amount ($) 0 C $732 —	Payee address; City; State; Zip Code 622 I45 South Huntsville, TX 77340

☐ Expenditure from corporate funds

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

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

Date	Payee name

Amount ($)	Payee address; City; State; Zip Code

☐ Expenditure from corporate funds

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED