



# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME Johnson, Jarvis (Mr.)

15 ACCOUNT # (Ethics Commission filers)  
00099999

### 16 NOTICE FROM POLITICAL COMMITTEE(S)

.. This box is for notice of political expenditures 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 \$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 0.00

### EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$ 0.00

4. TOTAL POLITICAL EXPENDITURES \$ 6,575.00

### CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 16,425.00

### OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00

### 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.

*Jarvis Johnson*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jarvis Johnson, this the 23<sup>rd</sup> day of February 2007, to certify which, witness my hand and seal of office.

*Lynette Bailey Jones*  
Signature of officer administering oath

Lynette Bailey Jones  
Print name of officer administering oath

Notary  
Title of officer administering oath

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 1/5 Report: 3/7	
2 FILER NAME Johnson, Jarvis (Mr.)				3 ACCOUNT # (Ethics Commission filers) 00099999	
4 Date  08/28/2006	5 Payee name Burleigh, Oliver (Mr.)  6 Payee address; City; State; Zip Code 2613 Lelia Houston, TX 77026			7 Amount (\$)  \$285.00	
8 Purpose of payment (See instructions regarding type of information required.) Distribution of Flyers  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)			9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:		
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)					
11 Departure city / location		12 Departure date	13 Destination city / location		14 Arrival date
15 Means of transportation			16 Purpose of travel		
4 Date  07/22/2006	5 Payee name E & E Cleaners  6 Payee address; City; State; Zip Code 3802 Crain Street Houston, TX 77026			7 Amount (\$)  \$150.00	
8 Purpose of payment (See instructions regarding type of information required.) Dry Cleaning for Event Visits  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)			9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:		
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)					
11 Departure city / location		12 Departure date	13 Destination city / location		14 Arrival date
15 Means of transportation			16 Purpose of travel		

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1 PAGE #**

Schedule: 2/5 Report: 4/7

**2 FILER NAME** Johnson, Jarvis (Mr.)**3 ACCOUNT #**

(Ethics Commission filers)

00099999

**4 Date**

07/15/2006

**5 Payee name**

Ford, Yolanda (Ms.)

**7**

Amount

(\$)

\$2,500.00

**6 Payee address; City; State; Zip Code**16514 Lacy Lane  
Missouri City, TX 77489**8 Purpose of payment**  
(See instructions regarding type of information required.)  
Consulting Payment for travel outside Texas (complete boxes 10-16)**9 \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\***  
Candidate / Officeholder name:

Office sought:

Office held:

**10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)****11 Departure city / location****12 Departure date****13 Destination city / location****14 Arrival date****15 Means of transportation****16 Purpose of travel****4 Date**

09/29/2006

**5 Payee name**

Galilee Missionary Baptist Church

**7**

Amount

(\$)

\$100.00

**6 Payee address; City; State; Zip Code**6616 D S Bailey Lane  
Houston, TX 77091**8 Purpose of payment**  
(See instructions regarding type of information required.)  
Advertisement Payment for travel outside Texas (complete boxes 10-16)**9 \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\***  
Candidate / Officeholder name:

Office sought:

Office held:

**10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)****11 Departure city / location****12 Departure date****13 Destination city / location****14 Arrival date****15 Means of transportation****16 Purpose of travel**

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/5 Report: 5/7	
2 FILER NAME Johnson, Jarvis (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00099999	
4 Date  07/15/2006	5 Payee name Glenn, John (Mr.)  6 Payee address; City; State; Zip Code Post Office 130932 Houston, TX 77219	7 Amount (\$)  \$665.00	
8 Purpose of payment (See instructions regarding type of information required.) Consulting  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	
4 Date  12/26/2006	5 Payee name Johnson, Jarvis (Mr.)  6 Payee address; City; State; Zip Code 1051 Cottage Oak Houston, TX 77091	7 Amount (\$)  \$525.00	
8 Purpose of payment (See instructions regarding type of information required.) Christmas Baskets for Seniors  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	

# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form. 1 PAGE #  
Schedule: 4/5 Report: 6/7

2 FILER NAME Johnson, Jarvis (Mr.) 3 ACCOUNT # (Ethics Commission filers)  
00099999

4 Date  09/09/2006	5 Payee name Krayon Catering  6 Payee address; City; State; Zip Code 902 Ringlold Houston, TX 77088	7 Amount (\$)  \$350.00
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8 Purpose of payment (See instructions regarding type of information required.) Breakfast for City Council Members  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
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10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
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15 Means of transportation	16 Purpose of travel
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4 Date  07/22/2006	5 Payee name R.O.W.D.Y. Foundation Houston, TX  6 Payee address; City; State; Zip Code	7 Amount (\$)  \$600.00
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8 Purpose of payment (See instructions regarding type of information required.) T-Shirt Production  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
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10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
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15 Means of transportation	16 Purpose of travel
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**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 5/5 Report: 7/7	
2 FILER NAME Johnson, Jarvis (Mr.)			3 ACCOUNT # (Ethics Commission filers) 00099999		
4 Date  09/28/2006	5 Payee name Saint Monica's Catholic Church  6 Payee address; City; State; Zip Code 8421 West Montgomery Road Houston, TX 77088			7 Amount (\$)  \$500.00	
8 Purpose of payment (See instructions regarding type of information required.) Sponsorship of Event.  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)			9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:		
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)					
11 Departure city / location		12 Departure date	13 Destination city / location		14 Arrival date
15 Means of transportation			16 Purpose of travel		
4 Date  07/18/2006	5 Payee name Thompson, Donna (Ms.)  6 Payee address; City; State; Zip Code Sunnyvale Forest Houston, TX 77088			7 Amount (\$)  \$900.00	
8 Purpose of payment (See instructions regarding type of information required.) Block Walking Coordination  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)			9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:		
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)					
11 Departure city / location		12 Departure date	13 Destination city / location		14 Arrival date
15 Means of transportation			16 Purpose of travel		