



Final Report

This document must be clear, legible and typed or printed in blue or black ink.

received
1/22/15

<input type="checkbox"/> Original Report		<input checked="" type="checkbox"/> Amended Report – Report # _____	
FRIENDS OF TIMOTHY J. "TIM" JOHNSON			
Name of Candidate Campaign Committee		Committee ID # (if one)	
3703 HOWARD RD.		757-539-0293	
Candidate's Residence Address (include number and street)		Daytime Phone Number (for person filling out this report)	
SUFFOLK, VA. 23434		TJETTJ@GMAIL.COM	
City, State and Zip		E-mail Address	

Termination Statement of Candidate/Treasurer

I declare, subject to the provisions of § 24.2-1016 of the *Code of Virginia* which is punishable up to a Class 5 Felony that, to the best of my knowledge, this **FINAL REPORT** for the period beginning _____ and ending DEC. 22, 14, including all accompanying schedules, fully discloses all financial activities for this period and that this committee. I further declare that this committee is being disbanded and that this **FINAL REPORT** fully discloses all previously unreported receipts and has disbursed all funds in accordance with § 24.2-948.4 of the *Code of Virginia* and that this candidate committee has no outstanding debts.

1-22-15
Date

Signature of Treasurer or Candidate

SCHEDULE D: EXPENDITURES

MUST BE TYPED OR PRINTED LEGIBLY IN INK

***DO NOT INCLUDE REPAYMENT OF LOAN PRINCIPAL OR DISPOSITION OF FINAL SURPLUS FUNDS ON THIS SCHEDULE

FRIENDS OF TIMOTHY J. "TIM" JOHNSON
 FULL NAME OF CANDIDATE, CANDIDATE'S COMMITTEE OR POLITICAL COMMITTEE

REPORTING PERIOD: NOV 28 '14 THROUGH: DEC 22 '14
 PAGE: 1 OF 1

COLUMN 1 PERSON OR COMPANY PAID MAILING ADDRESS OF PAYEE INCLUDE ZIP	COLUMN 2 ITEM OR SERVICE	COLUMN 3 NAME OF PERSON AUTHORIZING EXPENDITURE	COLUMN 4 DATE OF EXPENDITURE	COLUMN 5 AMOUNT PAID
VA. PILOT PILOT MEDIA P.O. Box 449 NORFOLK, VA 23501-0449	ADVERTISING	TIM JOHNSON	NOV 28 2014	320.00
TRIED BLUE STRATEGIES LLC 6504 HOWLAND RD. SUFFOLK, VA. 23437	CAMPAIGN EXPENSE / DIRECT LABOR	TIM JOHNSON	DEC 20 2014	1189.75

FILER IS SUBJECT TO PENALTIES IF ALL INFORMATION REQUIRED ON THIS FORM IS NOT GIVEN.

TOTAL THIS PERIOD
 [ENTER ON LAST PAGE OF SCHEDULE D AND
 ON LINE 9 OF SCHEDULE G.]

1509.75