

OGE Form 278 (Rev. 09/2010)
SEC. 205
U.S. Office of Government Ethics

Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Form Approved
OMB No. 3289-0001

Date of Appointment, Commission, Election, or Termination (Month, Day, Year)		Reporting Status (Check Appropriate Box) <input checked="" type="checkbox"/> New Entrant, Nominee, or Candidate	Termination Date (If Applicable) (Month, Day, Year)	Fee for Late Filing Any individual who is required to file this report and does so more than 30 days after the date the report is required to be filed, or, if an extension is granted, more than 30 days after the last day of the filing extension period, shall be subject to a \$200 fee.	
Reporting Individual's Name JOHNSON		First Name and Middle Initial GARY E.	Reporting Periods The reporting period is the preceding calendar year except Part II of Schedule C and Part I of Schedule D where you must also include the filing year up to the date you file. Part II of Schedule D is not applicable.		
Position for Which Filing PRESIDENT OF U.S.		Department of Agency (If Applicable)	Termination Error: The reporting period begins at the end of the period covered by your previous filing and ends at the date of termination. Part II of Schedule D is not applicable.		
Location of Present Office (For Filing Only) PO BOX 828 EL PRADO NM 87529		Telephone No. (Include Area Code) 505-776-1093	Nominees, New Entrants and Candidates for President and Vice President: Schedule A - The reporting period for income (BOX C) is the preceding calendar year and the current calendar year up to the date of filing. Value means as of any date you choose that is within 31 days of the date of filing. Schedule B - Not applicable. Schedule C, Part I (Unlisted) - The reporting period is the preceding calendar year and the current calendar year up to any date you choose that is within 31 days of the date of filing. Schedule C, Part II (Agreements or Arrangements) - Show any agreements or arrangements of the date of filing. Schedule D - The reporting period is the preceding two calendar years and the current calendar year up to the date of filing.		
Address (Number, Street, City, State, and ZIP Code)		Do You Intend to Create a Qualified Third-Party Trust? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
City of Position(s) and Date(s) Held		Signature of Reporting Individual Mary E Johnson Date (Month, Day, Year) 7/8/11			
Name of Congressional Committee Considering Nominations		Signature of Other Reviewer Date (Month, Day, Year)			
Do You Intend to Create a Qualified Third-Party Trust?		Signature of Designated Agency Ethics Official/Reporting Official Date (Month, Day, Year)			
Signature		Date (Month, Day, Year)			
Comments of Reporting Officials (If additional space is required, use the reverse side of this sheet)					
(Check box if filing extension granted & indicate number of days _____) <input type="checkbox"/>					
(Check box if changes are indicated on the reverse side) <input type="checkbox"/>					
AGENCY USE ONLY					
OGE USE ONLY					

2011-Jul-14 01:40 PM hackstaff gessler 3035344309

2011 JUL 14 PM 3:54
OFFICE OF GENERAL COUNSEL

RECEIVED
FEDERAL ELECTION COMMISSION

Reporting Individual's Name		SCHEDULE A										Page Number							
Gary E. Johnson												2 of 2							
Assets and Income		Valuation of Assets at close of reporting period					Income: type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item.												
BLOCK A		BLOCK B					BLOCK C												
<p>For you, your spouse, and dependent children, report each asset held for investment or the production of income which had a fair market value exceeding \$1,000 at the close of the reporting period, or which generated more than \$200 in income during the reporting period, together with such income.</p> <p>For yourself, also report the source and actual amount of earned income exceeding \$200 (other than from the U.S. Government). For your spouse, report the source but not the amount of earned income of more than \$1,000 (except report the actual amount of any honoraria over \$200 of your spouse).</p> <p>Name: <input type="checkbox"/></p>		<p>Name Not (see form 228)</p> <p>\$1,001 - \$10,000</p> <p>\$10,001 - \$50,000</p> <p>\$50,001 - \$100,000</p> <p>\$100,001 - \$500,000</p> <p>\$500,001 - \$1,000,000</p> <p>Over \$1,000,000</p> <p>\$1,000,001 - \$5,000,000</p> <p>\$5,000,001 - \$25,000,000</p> <p>\$25,000,001 - \$100,000,000</p> <p>Over \$100,000,000</p> <p>Excluded Investment Fund</p> <p>Excluded Trust</p> <p>Qualified Trust</p>					<p>Type</p> <p>Amount</p> <p>None (or less than \$201)</p> <p>\$201 - \$1,000</p> <p>\$1,001 - \$2,500</p> <p>\$2,501 - \$5,000</p> <p>\$5,001 - \$15,000</p> <p>\$15,001 - \$50,000</p> <p>\$50,001 - \$100,000</p> <p>\$100,001 - \$1,000,000</p> <p>Over \$1,000,000</p> <p>\$1,000,001 - \$5,000,000</p> <p>Over \$5,000,000</p> <p>Other Income (Specify Type & Actual Amount)</p> <p>Date (Mo., Day, Yr.)</p> <p>Only if Honoraria</p>												
<p>Central Airlines Coaches</p> <p>Don Jones & Sons, Business Store</p> <p>Kempstone Equity Fund</p> <p>Stk. West and 500 Index Fund</p>																			
1	HOME TOOS																		
2	HOME SANTA FE																		
3	PARTNERSHIP INTEREST HOTEL LACKLAND TX																		
4	PARTNERSHIP INTEREST ALBUQUERQUE HOTEL																		
5	OFFICE BUILDING ON WASHINGTON ST. ALBUQUERQUE																		
6	PARTNERSHIP INTEREST SANTA FE HOTEL																		

* This category applies only if the asset/income is solely that of the filer's spouse or dependent children. If the asset/income is either that of the filer or jointly held by the filer with the spouse or dependent children, rank the other higher categories of value, as appropriate.

2011-Jul-14 01:40 PM hackstaff gessler 3035344309

Reporting Individual's Name		SCHEDULE A continued (Use only if needed)										Page Number																					
GARY E. JOHNSON												8 of 5																					
BLOCK A Assets and Income	BLOCK B Valuation of Assets at close of reporting period										BLOCK C Income: type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item.																						
											Type	Amount	Date (Mo., Days, Yr.) Only if Honorary																				
	None (or less than \$1,001)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	Accepted Trust	Qualified Trust	Dividends	Partnership Income	Interest	Capital Gains	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	Over \$1,000,000	Over \$5,000,000	Other Income (Specify Type & Actual Amount)				
1 PARTNERSHIP INTEREST OFFICE BUILDING CANTON OHIO				X											X																		
2 PARTNERSHIP INTEREST HOTEL TEMPE ARIZONA					X														X														
3 PARTNERSHIP INTEREST WAPA VALLEY ADEEL CA					X										X																		
4 OFFICE COMPLEX PARTNERSHIP OHIO				X															X														
5 HOME SANTA FE					X														X														
6 VACANT LAND WEST MESA ALBUQUERQUE			X																X														
7 NOTE RECEIVABLE EARL + LORRAINE JOHNSON	X																		X														
8 CASH OR EQUIVALENTS					X														X														
9 AUTOMOBILES PERSONAL ASSETS																			X														

* This category applies only if the asset/income is solely that of the filer's spouse or dependent children. If the asset/income is either that of the filer or jointly held by the filer with the spouse or dependent children, mark the other higher categories of value, as appropriate.

2011-Jul-14 01:41 PM hackstaff gessler 3035344309

OMB Form 277 (Rev. 05/2007)
 5-CFR, Part 2014
 U.S. Office of Government Ethics

Reporting Individual's Name: _____

SCHEDULE C

Page Number: **5**

Part I: Liabilities

Report liabilities over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent children. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out; loans secured by automobiles, household furniture or appliances; and liabilities owed to certain relatives listed in instructions. See instructions for revolving charge accounts.

None

Creditor (Name and Address)	Type of Liability	Date Incurred	Interest Rate	Term if applicable	Category of Amount or Value (b)												
					\$10,001 - \$25,000	\$25,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	\$1,000,001 - \$2,500,000	\$2,500,001 - \$5,000,000	\$5,000,001 - \$10,000,000	\$10,000,001 - \$50,000,000	\$50,000,001 - \$100,000,000		
<i>Example</i> First American Bank, Washington, DC John Jones, Washington, DC	Mortgage on rental property, Baltimore Savings note	1998 1999	8% 10%	25 yrs. no term													
1 CHRYSLER BANK SANTA FE	MORTGAGE ON HOME	2009	4.7%	30 YRS.				X									
2																	
3																	
4																	
5																	

*This category applies only if the liability is solely that of the filer's spouse or dependent children. If the liability is that of the filer or a joint liability of the filer with the spouse or dependent children, mark the other higher category, as appropriate.

Part II: Agreements or Arrangements

Report your agreements or arrangements for (1) continuing participation in an employee benefit plan (e.g. pension, 401K, deferred compensation); (2) continuation of payment by a former employer (including severance payments); (3) leaves of absence; and (4) future employment. See instructions regarding the reporting of negotiations for any of these arrangements or benefits.

None

Status and Terms of any Agreement or Arrangement	Parties	Date
<i>Example</i> Payment to partnership agreement, with receive 50% share payment of capital amount & partnership share calculated on service performed through 1/30/01.	Doc Jones & Sons, Somers, DC	7/05
1		
2		
3		
4		
5		
6		

NONE

OMB Form 278 (Rev. 6/9/2010)
5 C.F.R. Part 2634
U.S. Office of the Inspector General

Reporting Individual's Name GARY E. JOHNSON	SCHEDULE D	Page Number 5 of 5
---	-------------------	------------------------------

Part I: Positions Held Outside U.S. Government

Report any positions held during the applicable reporting period, whether compensated or not. Positions include but are not limited to those of an officer, director, trustee, general partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise or any non-profit

organization or educational institution. Exclude positions with religious, social, fraternal, or political entities and those solely of an honorary nature.

None

	Organization (Name and Address)	Type of Organization	Position Held	From (M, Y)	To (M, Y)
	<small>Examples: Mod I Assn. of Nat'l Collectors, WA, NY Doe Jones & Smith, Montgomery, State</small>	<small>Non-profit Law firm</small>	<small>President Partner</small>	<small>6/92</small>	<small>1/08</small>
1	OUR AMERICA INITIATIVE 731 E. South Temple St, Salt Lake City, UT 84102	NON-PROFIT	Honorary Chairman	11/09	Present
2					
3					
4					
5					
6					

Part II: Compensation in Excess of \$5,000 Paid by One Source

Report sources of more than \$5,000 compensation received by you or your business affiliation for services provided directly by you during any one year of the reporting period. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any other

non-profit organization when you directly provided the services generating a fee or payment of more than \$5,000. You need not report the U.S. Government as a source.

None

	Source (Name and Address)	Brief Description of Duties
	<small>Examples: Doe Jones & Smith, Montgomery, State Doe University (client of Doe Jones & Smith), Montgomery, State</small>	<small>Legislator Legal services to corporation/for publicly corporation</small>
1		
2		
3		
4	NONE	
5		
6		