Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5514

FORM C/OH
COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT # (Ethics Commission filers)

2 Total pages filed:

OFFICE USE ONLY

Date Received

FILED FOR RECORD 2004 JAN 14 AM 9:24 DANA DEBEAUVOIR COUNTY CLERK TRAVIS COUNTY, TEXAS

Date Hand-delivered or Date Postmarked

Receipt # | Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR (MR) FIRST: Anthony MI: M

NICKNAME: A.J. LAST: Johnson SUFFIX:

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX: P.O. Box 150861 APT / SUITE #: CITY: STATE: ZIP CODE:

Austin, Texas 78715

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE: (512) PHONE NUMBER: 658-3260 EXTENSION:

6 CAMPAIGN TREASURER NAME

MS / MRS / MR (MRS) FIRST: Kellye MI: K.

NICKNAME: LAST: Johnson SUFFIX:

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): 5901 Airport Blvd APT / SUITE #: CITY: Austin STATE: Texas ZIP CODE: 78752

8 CAMPAIGN TREASURER PHONE

AREA CODE: (512) PHONE NUMBER: 658-3260 EXTENSION:

9 REPORT TYPE

☒ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)

☐ July 15 ☐ 8th day before election ☐ Exceeded $500 limit ☐ Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year: 12 / 15 / 03 THROUGH Month Day Year: 12 / 31 / 03

11 ELECTION

ELECTION DATE Month Day Year: 03 / 09 / 04

ELECTION TYPE: ☑ Primary ☐ Runoff ☐ General ☐ Special

12 OFFICE

OFFICE HELD (if any): N/A

13 OFFICE SOUGHT (if known): Sheriff

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

•• Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ••

Name

Address / PO Box: Apt. / Suite #: City: State: Zip Code:

☐ additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

5479

15 C/OH NAME	16 ACCOUNT # (Ethics Commission filers)
A.J. Anthony M. Johnson	

17 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

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

18 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)	$ 1,970.00
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$
	4.	***TOTAL POLITICAL EXPENDITURES***	$ 266.44
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 2,540.00
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$

19 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. ••

LAURA GONZALES
Notary Public, State of Texas
My Commission Expires
DECEMBER 30, 2005

AFFIX NOTARY STAMP / SEAL ABOVE

Anthony M. Johnson
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Anthony M. Johnson, this the 14th day of January 2004, 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
Laura Gonzales	Laura Gonzales	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

5479

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A: 1 of 2

2 FILER NAME: "A.J." Anthony M. Johnson

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#: ____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
Dec 19, 2003	Dell Shaw 5 Curley Masquito Cove Sunset Valley, TX 78758	$1000	

9 Principal occupation \ Job title (See Intructions)	10 Employer (See Instructions)

Date	Full name of contributor (☐ out-of-state PAC (ID#: ____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
Dec 20, 2003	Gabriel Diba 8102 Mullen Austin, TX 78757	$500	

Principal occupation \ Job title (See Intructions)	Employer (See Instructions)

Date	Full name of contributor (☐ out-of-state PAC (ID#: ____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
Dec 23, 2003	LAVon Smith 5704 Lake More Dr Austin, TX 78731	$10	

Principal occupation \ Job title (See Intructions)	Employer (See Instructions)

Date	Full name of contributor (☐ out-of-state PAC (ID#: ____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
Dec 23, 2003	Mary Jones 1319 Rose Ave Killeen, TX 76543	$10	

Principal occupation \ Job title (See Intructions)	Employer (See Instructions)

Date	Full name of contributor (☐ out-of-state PAC (ID#: ____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
Dec 23, 2003	Johnnie Johnson 1317 Rose Ave Killeen, TX 76543	$200	

Principal occupation \ Job title (See Intructions)	Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

5479

Pg - 2

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A: 2 OF 2

2 FILER NAME "A.J." Anthony M. Johnson

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
Dec 27, 2003	Timmy & Melinda Terbay 200 Thunder Valley DR Georgetown, TX 78626	$150	

9 Principal occupation \ Job title (See Intructions)	10 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
Dec 31 2003	Robert Peterson 9329 Lightwood Loop Austin, TX 78748	$100	

Principal occupation \ Job title (See Intructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation \ Job title (See Intructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation \ Job title (See Intructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation \ Job title (See Intructions)	Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

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LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E: 1

2 FILER NAME: "A.J." Anthony Johnson

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $ 1,192 92

5 Date of loan	7 Name of lender ☐ out-of-state PAC (ID#:)	9 Loan Amount ($)
Dec 26, 03	"A.J." Anthony Johnson	$1,192.92
6 Is lender a financial Institution? Y (N)	8 Lender address; City; State; Zip Code: P.O. Box 150861 Austin, TX 78715	10 Interest rate: 12%
		11 Maturity date: N/A

12 Description of Collateral ☑ none

13 GUARANTOR INFORMATION	14 Name of guarantor	16 Amount Guaranteed ($)
☑ not applicable	15 Guarantor address; City; State; Zip Code: N/A	N/A

17 Principal Occupation	18 Employer
N/A	N/A

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

Description of Collateral ☐ none

GUARANTOR INFORMATION	Name of guarantor	Amount Guaranteed ($)
☐ not applicable	Guarantor address; City; State; Zip Code	

Principal Occupation	Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

5479

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 1 of 2

2 FILER NAME: A. J. Anthony Johnson

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address: City; State; Zip Code	7 Amount ($)
Dec 15, 2003	U.S. Postal Service Mockingbird Station Austin TX 78745	21.00

8 Purpose of payment (See instructions regarding type of information required.)	9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name / Office sought / Office held
Post Office Box Rental	N/A

Date	Payee name / Payee address: City; State; Zip Code	Amount ($)
Dec 16, 2003	Office Depot 2101 S. Lamar Austin Texas 78742	20.56

Purpose of payment (See instructions regarding type of information required.)	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name / Office sought / Office held
Return Address Stamp	N/A

Date	Payee name / Payee address: City; State; Zip Code	Amount ($)
Dec 17, 2003	Dollar General Store 6800 Westgate Austin TX 78748	2.20

Purpose of payment (See instructions regarding type of information required.)	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name / Office sought / Office held
Envelopes	N/A

Date	Payee name / Payee address: City; State; Zip Code	Amount ($)
Dec 18, 2003	Velocity Credit Union P.O. Box 1089 Austin, TX 78767	45.00

Purpose of payment (See instructions regarding type of information required.)	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name / Office sought / Office held
Checks and Book Holder	N/A

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

5479

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 2 of 2

2 FILER NAME "A.J." Anthony Johnson

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
Dec 27 2003	H.E.B. 2600 Slaughter Ln Austin, TX 78748	40.00

8 Purpose of payment (See instructions regarding type of information required.)	9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name / Office sought / Office held
Campaign Supplies	N/A

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
Dec 31, 2003	Office Depot 2101 S. Lamar Austin Texas 78745	111.88

Purpose of payment (See instructions regarding type of information required.)	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name / Office sought / Office held
Photo Paper & Ink Crg	N/A

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
Dec 31, 2003	U.S. Postal Service Mockingbird Station Austin, Texas 78745	23.70

Purpose of payment (See instructions regarding type of information required.)	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name / Office sought / Office held
Stamps	N/A

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
Dec 18, 2003	US Postal Service Mockingbird Station Austin, Texas 78745	2.10

Purpose of payment (See instructions regarding type of information required.)	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name / Office sought / Office held.
Stamps	N/A

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED