

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5600

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:

15

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS (MR)

FIRST

MI

NICKNAME

LAST

SUFFIX

A.J.

Anthony

Johnson

M

OFFICE USE ONLY

Date Received

2004 FEB -9 AM 9:55

Date Hand-delivered or Date Postmarked

Receipt #

Amount

Date Processed

Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX:

APT / SUITE #:

CITY:

STATE:

ZIP CODE

P.O. Box 150861

AUSTIN TEXAS 78715

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512)

658-3260

6 CAMPAIGN TREASURER NAME

MS / MRS (MR)

FIRST

MI

NICKNAME

LAST

SUFFIX

KELLYE

Johnson

K

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE):

APT / SUITE #:

CITY:

STATE:

ZIP CODE

5901 AIRPORT BLVD AUSTIN TEXAS 78752

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512)

658-3260

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

THROUGH

Month

Day

Year

01 / 01 / 04

01 / 29 / 04

11 ELECTION

ELECTION DATE

ELECTION TYPE

Month

Day

Year

03 / 09 / 04

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

15 C/OH NAME

A.J. Anthony M. Johnson

16 ACCOUNT # (Ethics Commission files)

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

additional pages

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

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)

\$ 1,825.00

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 2,548.50

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

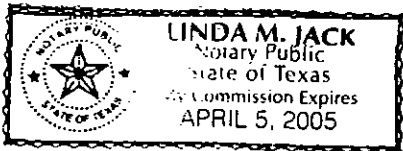
\$ 5711.00

OUTSTANDING LOAN TOTALS

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

\$

19 AFFIDAVIT



Linda M. Jack
AFFIX NOTARY STAMP / SEAL ABOVE

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.

Anthony M. Johnson
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Anthony Johnson, this the 9th day of February, 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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.			1 Total pages this Schedule A:	
2 FILER NAME "A.J." Anthony M. Johnson			3 ACCOUNT # (Ethics Commission filers)	
4 Date JAN 3, 2004	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Joe & Diane LEISA 6 Contributor address: City: State: Zip Code 600 Lost VALLEY DRIPPING SPRINGS, TX 78621	7 Amount of contribution (\$) \$ 25	8 In-kind contribution description (if applicable)	
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions)		
Date JAN 05, 2004	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Theo H. Johnson JR Contributor address: City: State: Zip Code 2626 Martha PL BURSHAM, IL 60633	Amount of contribution (\$) \$ 100	In-kind contribution description (if applicable)	
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)		
Date JAN 09, 2004	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: BRYAN & LADONNA COLLIER Contributor address: City: State: Zip Code 9330 Lightwood LOOP AUSTIN TX 78748	Amount of contribution (\$) \$ 200	In-kind contribution description (if applicable)	
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)		
Date JAN 07, 2004	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Margaret MYERS Contributor address: City: State: Zip Code 1706 PHYLIS DR COPPERAS COVE, TX 76552	Amount of contribution (\$) \$ 30	In-kind contribution description (if applicable)	
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)		
Date JAN 07, 2004	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: James WALKER Contributor address: City: State: Zip Code 1321 Rose Ave KILLEEN, TX 76543	Amount of contribution (\$) \$ 20	In-kind contribution description (if applicable)	
Principal occupation \ Job title (See Instructions)		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

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A:	
2 FILER NAME "A.J." Anthony M. Johnson		3 ACCOUNT # (Ethics Commission filers)	
4 Date JAN 09, 2004	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: RAY & Henrietta SANDERS 6 Contributor address: City: State: Zip Code 504 Mocking Bird Ln Lock Hart, TX	7 Amount of contribution (\$) \$50	8 In-kind contribution description (if applicable)
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions)	
Date JAN 09, 2004	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: RAY & Denise BROWN Contributor address: City: State: Zip Code 3003 BRANDY LN Georgetown TX 78628	Amount of contribution (\$) \$25	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date JAN 09, 2004	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: CARMEN REYES Contributor address: City: State: Zip Code 1773 Wells Branch Pkwy Austin, TX 78728	Amount of contribution (\$) \$20	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date JAN 11, 2004	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: James & PAT GREEN Contributor address: City: State: Zip Code 21218 DARBY DAY Pflugerville, TX 78660	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date JAN 11, 2004	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Dorothy Rangel Contributor address: City: State: Zip Code 130 N. Webberwood Way Elgin, TX 78610	Amount of contribution (\$) \$50	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A:

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

3 ACCOUNT # (Ethics Commission filers)

4 Date
JAN
13,
2004

5 Full name of contributor out-of-state PAC (ID#:
GREG PHCA
6 Contributor address: City: State: Zip Code
2619 OAKWOOD GLEN DR
CEDAR PARK, TX 78613

7 Amount of contribution (\$)
\$100

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
JAN
13
2004

Full name of contributor out-of-state PAC (ID#:
Thurlow R. Johnson
Contributor address: City: State: Zip Code
1317 ROSE AVE
KILLEEN TX 76543

Amount of contribution (\$)
\$250

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
JAN
17,
2004

Full name of contributor out-of-state PAC (ID#:
BRUCE MEDICOTT
Contributor address: City: State: Zip Code
8510 SDHO DR
AUSTIN TX 78745

Amount of contribution (\$)
\$25

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
JAN
21,
2004

Full name of contributor out-of-state PAC (ID#:
BEVERLY BLACKWOOD
Contributor address: City: State: Zip Code
600 BARKWOOD PARK
AUSTIN TX 78758

Amount of contribution (\$)
\$30

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
JAN
21,
2004

Full name of contributor out-of-state PAC (ID#:
DAVID CROWER
Contributor address: City: State: Zip Code
1707 BOWER
CEDAR PARK, TX 78761

Amount of contribution (\$)
\$100

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A:

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

3 ACCOUNT # (Ethics Commission filers)

4 Date
JAN
21,
2004

5 Full name of contributor out-of-state PAC (ID#:
Mike Sheffield
6 Contributor address: City: State: Zip Code
300 Sequoia Spur West
Georgetown, TX

7 Amount of contribution (\$)
\$50

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
JAN
21,
2004

Full name of contributor out-of-state PAC (ID#:
Donnie & Lrene Romand
Contributor address: City: State: Zip Code
54 Woodcreek DR
Wimberley, TEXAS

Amount of contribution (\$)
\$50

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
JAN
21,
2004

Full name of contributor out-of-state PAC (ID#:
Ken CASADAY
Contributor address: City: State: Zip Code
7831 EL Dorado CR
Austin, TX 78737

Amount of contribution (\$)
\$50

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
JAN
22,
2004

Full name of contributor out-of-state PAC (ID#:
TODD Myers
Contributor address: City: State: Zip Code
9701 Stonelake Blvd
Austin, TX 78759

Amount of contribution (\$)
\$100

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
JAN
22,
2004

Full name of contributor out-of-state PAC (ID#:
Martha ROSS
Contributor address: City: State: Zip Code
3361 Airport Blvd
Houston, TX 77051

Amount of contribution (\$)
\$100

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

***ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**
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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A:

2 FILER NAME

"A.J." Anthony M. Johnson

3 ACCOUNT # (Ethics Commission filers)

4 Date

JAN
23,
2004

5 Full name of contributor

RICK FREEMAN

out-of-state PAC (ID#)

6 Contributor address: City: State: Zip Code

2403 KATHY CV
AUSTIN TX 78704

7 Amount of contribution (\$)

\$100

8 In-kind contribution description (if applicable)

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions)

Date

JAN
24
2004

Full name of contributor

John Ross

out-of-state PAC (ID#)

Contributor address: City: State: Zip Code

3880 BANYAN GROVE LN
VIRGINIA BEACH, VA 23462

Amount of contribution (\$)

\$100

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

JAN
27,
2004

Full name of contributor

JULIE O'BRIEN

out-of-state PAC (ID#)

Contributor address: City: State: Zip Code

505 CLOVER CT
AUSTIN TX 78745

Amount of contribution (\$)

\$50

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

JAN
29,
2004

Full name of contributor

George & Yoko EWING

out-of-state PAC (ID#)

Contributor address: City: State: Zip Code

217 West Market
LOCKHART TX 78644

Amount of contribution (\$)

\$100

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

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 Instructions)

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 EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F.

2 FILER NAME

"A.J." Anthony Johnson

3 ACCOUNT # (Ethics Commission filers)

4 Date

JAN
01,
2004

5 Payee name

Home Depot

6 Payee address: City: State: Zip Code

1200 Home Depot Blvd
Sunset Valley, TX 78748

7 Amount (\$)

\$ 40.08

8 Purpose of payment (See instructions regarding type of information required.)

STAPLE'S, STAPLE GUN, WOOD STAKES

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

N/A

Date

JAN
02,
2004

Payee name

Home Depot

Payee address: City: State: Zip Code

1200 Home Depot Blvd
Austin, TEXAS 78748

Amount (\$)

37.76

Purpose of payment (See instructions regarding type of information required.)

STAPLE'S & STAPLE GUN

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

N/A

Date

JAN
03,
2004

Payee name

Home Depot

Payee address: City: State: Zip Code

1200 Home Depot Blvd
Austin TX 78748

Amount (\$)

58.22

Purpose of payment (See instructions regarding type of information required.)

WOOD STAKES

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

N/A

Date

JAN
04,
2004

Payee name

Home Depot

Payee address: City: State: Zip Code

1200 Home Depot Blvd
Austin TX 78748

Amount (\$)

38.91

Purpose of payment (See instructions regarding type of information required.)

WOOD STAKES

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

N/A

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F.

2 FILER NAME *A.J. - Anthony Johnson*

3 ACCOUNT # (Ethics Commission filers)

4 Date <i>JAN 04, 2004</i>	5 Payee name <i>CORNER STORE</i>	7 Amount (\$) <i>25.00</i>
6 Payee address: City: State: Zip Code <i>8628 Marchesa Rd Austin TX 78748</i>		

8 Purpose of payment (See instructions regarding type of information required.) <i>GAS FOR WORKER TO put out signs</i>	9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name: _____ Office sought: _____ Office held: _____ <i>N/A</i>
---	---

Date <i>JAN 06, 2004</i>	Payee name <i>A & F TROPHY CO</i>	Amount (\$) <i>270.00</i>
Payee address: City: State: Zip Code <i>4619 South Congress Austin, TX 78745</i>		

Purpose of payment (See instructions regarding type of information required.) <i>PRINTING Business cards & Flyers</i>	.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name: _____ Office sought: _____ Office held: _____ <i>N/A</i>
--	---

Date <i>JAN 07, 2004</i>	Payee name <i>U.S. POSTAL Service</i>	Amount (\$) <i>35.60</i>
Payee address: City: State: Zip Code <i>Mockingbird Station Austin, Texas 78745</i>		

Purpose of payment (See instructions regarding type of information required.) <i>STAMPs</i>	.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name: _____ Office sought: _____ Office held: _____ <i>N/A</i>
--	---

Date <i>JAN 9, 2004</i>	Payee name <i>Home Depot</i>	Amount (\$) <i>44.26</i>
Payee address: City: State: Zip Code <i>Home Depot Blvd Austin, TX 78745</i>		

Purpose of payment (See instructions regarding type of information required.) <i>Poles For Signs</i>	.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name: _____ Office sought: _____ Office held: _____ <i>N/A</i>
---	---

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

A.J. Anthony M. Johnson

3 ACCOUNT # (Ethics Commission filers)

4 Date
JAN
09,
2004

5 Payee name

EXXON

7 Amount
(\$)
20.00

6 Payee address; City: State; Zip Code

5671 Cameron Rd
Austin, TX 78723

8 Purpose of payment (See instructions regarding type of information required.)

GAS FOR WORKER FOR SIGN'S

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

N/A

Date

Payee name

Amount
(\$)
323.67

JAN
09
2004

A & M Productions

Payee address; City: State; Zip Code

Po Box 90157
Austin, TX 78748

Purpose of payment (See instructions regarding type of information required.)

Bumper STICKER'S

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

N/A

Date

Payee name

Amount
(\$)
29.60

JAN
10,
2004

U.S. POSTAL Service

Payee address; City: State; Zip Code

Mocking Bird STATION
Austin, Texas 78745

Purpose of payment (See instructions regarding type of information required.)

STAMP'S

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

N/A

Date

Payee name

Amount
(\$)
125.00

JAN
10,
2004

low Budget Computers

Payee address; City: State; Zip Code

516 E OLTORE ST
Austin, TX 78745

Purpose of payment (See instructions regarding type of information required.)

Program installed for Campaign

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

N/A

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES		SCHEDULE F
The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME A.J. Anthony Johnson		3 ACCOUNT # (Ethics Commission filers)
4 Date JAN 10, 2004	5 Payee name BANK OF AMERICA	7 Amount (\$) 2.00
6 Payee address: City: State: Zip Code CONGRESS & OLDF AUSTIN TX 78745		
8 Purpose of payment (See instructions regarding type of information required.) A.T.M. Fee	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held N/A	
Date JAN 13, 2004	Payee name US POSTAL SERVICE	Amount (\$) 35.60
Payee address: City: State: Zip Code Mocking Bird STATION AUSTIN TEXAS 78745		
Purpose of payment (See instructions regarding type of information required.) STAMP'S	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held N/A	
Date JAN 17, 2004	Payee name SPEEDY STOP	Amount (\$) 20.00
Payee address: City: State: Zip Code 15829 IH-35N Pflugerville, TX 78660		
Purpose of payment (See instructions regarding type of information required.) GAS FOR WORKER	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held N/A	
Date JAN 21, 2004	Payee name A & F TROPHY Comp.	Amount (\$) 284.00
Payee address: City: State: Zip Code 4619 S. Congress Ave AUSTIN TX 78745		
Purpose of payment (See instructions regarding type of information required.) T-SHIRTS	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held N/A	
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME "A.J." Anthony Johnson		3 ACCOUNT # (Ethics Commission filers)
4 Date JAN 22, 2004	5 Payee name A & M PRODUCTIONS Comp 6 Payee address: City: State: Zip Code PO Box 90157 Austin, TX 78748	7 Amount (\$) 636.31
8 Purpose of payment (See instructions regarding type of information required.) Sign's		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held N/A
Date JAN 22, 2004	Payee name Exxon Payee address: City: State: Zip Code Scenic Brook Dr Austin, TX 78748	Amount (\$) 25.51
Purpose of payment (See instructions regarding type of information required.) GAS TO put out sign's		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held N/A
Date JAN 23, 2004	Payee name OFFICE DEPOT Payee address: City: State: Zip Code 2101 S. LAMAR Austin, TX 78744	Amount (\$) 119.08
Purpose of payment (See instructions regarding type of information required.) PRINTING Paper & INK		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held N/A
Date JAN 23, 2004	Payee name WALGREEN'S Payee address: City: State: Zip Code 3601 W. Wm Cannon Austin, TX 78748	Amount (\$) 12.64
Purpose of payment (See instructions regarding type of information required.) Envelopes		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held N/A
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

POLITICAL EXPENDITURES		SCHEDULE F
The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME "A.J." Anthony Johnson		3 ACCOUNT # (Ethics Commission filers)
4 Date JAN 26, 2004	5 Payee name Home Depot 6 Payee address: City: State: Zip Code 1200 Home Depot SUNSET VALLEY, TX 78748	7 Amount (\$) 32.73
8 Purpose of payment (See instructions regarding type of information required.) Poles For Signs		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held N/A
Date JAN 26, 2004	Payee name MANOR B.P. Payee address: City: State: Zip Code 5801 MANOR RD AUSTIN TX 78723	Amount (\$) 25.00
Purpose of payment (See instructions regarding type of information required.) Gas TO POST Signs		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held N/A
Date JAN 26, 2004	Payee name Home Depot Payee address: City: State: Zip Code 1200 Home Depot SUNSET VALLEY, TX 78748	Amount (\$) 59.63
Purpose of payment (See instructions regarding type of information required.) Poles For Signs		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held N/A
Date JAN 26, 2004	Payee name Speedy Stop Payee address: City: State: Zip Code 15829 IH-35 N Pflugerville TX 78660	Amount (\$) 14.00
Purpose of payment (See instructions regarding type of information required.) WORKER GAS FOR SIGN		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held N/A

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES		SCHEDULE F
The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME "A.J." Anthony Johnson		3 ACCOUNT # (Ethics Commission filers)
4 Date JAN 26, 2004	5 Payee name RACE TRACK 6 Payee address: City: State: Zip Code 737 E. Wm CANNON AUSTIN TX 78745	7 Amount (\$) 20.00
8 Purpose of payment (See instructions regarding type of information required.) Supplier's For Worker's		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held N/A
Date JAN 29, 2004	Payee name AT&T Payee address: City: State: Zip Code P.O. Box 8220 AURORA IL 60572	Amount (\$) 164.78
Purpose of payment (See instructions regarding type of information required.) Phone Bill		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held N/A
Date	Payee name Payee address: City: State: Zip Code	Amount (\$)
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
Date	Payee name Payee address: City: State: Zip Code	Amount (\$)
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
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G

2 FILER NAME

"A. J." Anthony Johnson

3 ACCOUNT # (Ethics Commission filers)

4 Date

JAN

2,

2004

5 Payee name

TRAVIS County Republican PARTY

6 Payee address: City: State: Zip Code

7801 N. LAMAR Blvd

AUSTIN TEXAS 78752

8 Amount
(\$)
1250.00

7 Purpose of expenditure (See instructions regarding type of information required.)

Reimbursement from political contributions intended

Date

Payee name

Payee address: City: State: Zip Code

Amount
(\$)

Purpose of expenditure (See instructions regarding type of information required.)

Reimbursement from political contributions intended

Date

Payee name

Payee address: City: State: Zip Code

Amount
(\$)

Purpose of expenditure (See instructions regarding type of information required.)

Reimbursement from political contributions intended

Date

Payee name

Payee address: City: State: Zip Code

Amount
(\$)

Purpose of expenditure (See instructions regarding type of information required.)

Reimbursement from political contributions intended

Date

Payee name

Payee address: City: State: Zip Code

Amount
(\$)

Purpose of expenditure (See instructions regarding type of information required.)

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED