

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## 5667

### 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:

9

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS MR

FIRST

MI

NICKNAME

LAST

SUFFIX

A.J.

Anthony

M

Johnson

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

(312) 658-3260

6 CAMPAIGN TREASURER NAME

MS / MRS MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Kellye

K.

Johnson

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

(312) 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 / 30 / 04

02 / 28 / 04

11 ELECTION

ELECTION DATE

Month Day Year

ELECTION TYPE

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 #)

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  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> 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

\$ *0*

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

\$ *8,381.<sup>00</sup>*

EXPENDITURE TOTALS

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

\$ *0*

4. TOTAL POLITICAL EXPENDITURES

\$ *2,468.<sup>24</sup>*

CONTRIBUTION BALANCE

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

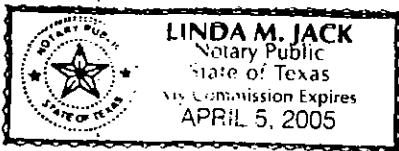
\$ *12,176.<sup>00</sup>*

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.

*Anthony M. Johnson*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Anthony M. Johnson, this the 1<sup>st</sup> day of March, 2004, to certify which, witness my hand and seal of office.

*Linda M. Jack*  
Signature of officer administering oath

Linda M. Jack  
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 02 20 04	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Theo H. Johnson Sr</u>	7 Amount of contribution (\$) <u>\$ 1000</u>	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code <u>P.O. Box 518 San Augustine TX 75972</u>			

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

Date 02 20 04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>TODD TERBAY</u>	Amount of contribution (\$) <u>\$ 740</u>	In-kind contribution description (if applicable) <u>STAMPS</u>
Contributor address: City: State: Zip Code <u>5307 medford DR Austin, TX 78723</u>			

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

Date 02 22 04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Todd BAXTER</u>	Amount of contribution (\$) <u>\$1400</u>	In-kind contribution description (if applicable) <u>Build of web site</u>
Contributor address: City: State: Zip Code <u>148 silk tree Round Rock, TX 78664</u>			

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

Date 02 24 04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>John SKOSKI</u>	Amount of contribution (\$) <u>\$ 25</u>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <u>410 Humphreys ST Buda, TX 78610</u>			

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

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address: City: State: Zip Code		

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 files)

4 Date

02  
02  
045 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

CURTIS &amp; VAKRIE Smith

6 Contributor address: City: State: Zip Code

9404 Lightwood Loop  
Austin TX 787487 Amount of  
contribution (\$)

\$25

8 In-kind contribution  
description (if applicable)

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions)

Date

02  
07  
04Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Soul Masquerade

Contributor address: City: State: Zip Code

14050 Research Blvd  
Austin TX 78758Amount of  
contribution (\$)

\$1891

In-kind contribution  
description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

02  
07  
04Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Rhino &amp; Jocks

Contributor address: City: State: Zip Code

14050 Research Blvd  
Austin, TexasAmount of  
contribution (\$)

\$1200

In-kind contribution  
description (if applicable)

Fun RAISER

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

02  
09  
04Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Ruthie Malone

Contributor address: City: State: Zip Code

PO Box 32  
Geneva, TX 75947Amount of  
contribution (\$)

\$100

In-kind contribution  
description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

02  
09  
04Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Joe &amp; Dolores Alvarado

Contributor address: City: State: Zip Code

4916 S. Congress  
Austin, TX 78745Amount of  
contribution (\$)

\$2000

In-kind contribution  
description (if applicable)Printing Post  
card, Flyer's  
and Business  
cards.

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  
02  
04  
04

5 Payee name

SHELL

6 Payee address; City; State; Zip Code

14824 IH-35  
Austin, TX 78728

7 Amount (\$)

\$25

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

GAS For Transport of Signs

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

N/A

Date  
02  
04  
04

Payee name  
Office Depot  
Payee address; City; State; Zip Code

2101 S. Lamar  
Austin, TX 78745

Amount (\$)

\$48.54

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

Ink For Printing & mailouts

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

N/A

Date  
02  
10  
04

Payee name  
Four Connor  
Payee address; City; State; Zip Code

701 S. 360  
Bee Caves, TX 78749

Amount (\$)

\$26.10

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

Lunches with PAC Rep

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

N/A

Date  
02  
11  
04

Payee name  
TRAVIS County Tax Assessor  
Payee address; City; State; Zip Code

TRAVIS COUNTY, TX 78723

Amount (\$)

\$5

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

PAY FOR Notary

\*\* 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  
02  
12  
04

5 Payee name  
AUSTIN AMERICAN STATEMAN  
6 Payee address: City: State: Zip Code  
305 S. CONGRESS  
AUSTIN, TX 78741

7 Amount (\$)  
\$ 434

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

Ad in Voter Guide

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

N/A

Date  
02  
17  
04

Payee name  
LAKE TRAVIS Republican Club  
Payee address: City: State: Zip Code  
PO Box 340327  
AUSTIN TX 78734

Amount (\$)  
\$ 15

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

Lunches

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

N/A

Date  
02  
14  
04

Payee name  
Comp USA  
Payee address: City: State: Zip Code  
5601 BRIDLE LN  
AUSTIN, TX 78748

Amount (\$)  
\$ 35.53

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

INK FOR POST CARDS

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

N/A

Date  
02  
20  
04

Payee name  
Comp USA  
Payee address: City: State: Zip Code  
5601 BRIDLE LN  
AUSTIN, TX 78748

Amount (\$)  
\$ 35.53

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

INK FOR POST CARDS

\*\* 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**

**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 files)

4 Date  
02  
20  
04

5 Payee name  
OFFICE MAX  
6 Payee address; City: State: Zip Code  
5600 Brodie Ln  
Austin, TX 78748

7 Amount (\$)  
\$ 54.<sup>10</sup>

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

Ink For Business cards

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

N/A

Date  
02  
22  
04

Payee name  
H. E. B.  
Payee address; City: State: Zip Code  
2110 Slaughter Ln  
Austin TX 78748

Amount (\$)  
\$ 37.<sup>83</sup>

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

Supplies For Campaign meeting

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

Date  
02  
22  
04

Payee name  
Popeyes  
Payee address; City: State: Zip Code  
9718 Manchaca Rd  
Austin, TX 78748

Amount (\$)  
\$ 21.<sup>60</sup>

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

Food For Campaign Meeting

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

N/A

Date  
02  
24  
04

Payee name  
AT&T  
Payee address; City: State: Zip Code  
P O Box 8220  
Aurora, IL 60512

Amount (\$)  
\$ 261.<sup>54</sup>

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

Phone Bills

-- 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

02  
25  
04

5 Payee name

OFFICE DEPOT

6 Payee address: City: State: Zip Code

2101 S. Lamar  
AUSTIN, TEXAS

7 Amount (\$)

\$ 132.<sup>74</sup>

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

Printing Paper

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

Candidate / Officeholder name Office sought Office held

N/A

Date

02  
25  
04

Payee name

Copier Depot

Payee address: City: State: Zip Code

5433 S. Congress  
AUSTIN, TX 78741

Amount (\$)

\$ 162.<sup>38</sup>

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

Rented Copier machine

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

Candidate / Officeholder name Office sought Office held

N/A

Date

02  
27  
04

Payee name

Comp USA

Payee address: City: State: Zip Code

569 Brodie Ln  
AUSTIN, TX 78748

Amount (\$)

\$ 60.<sup>30</sup>

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

Ink for printer

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

Candidate / Officeholder name Office sought Office held

N/A

Date

02  
27  
04

Payee name

OFFICE DEPOT

Payee address: City: State: Zip Code

2101 S. Lamar  
AUSTIN, TX 78748

Amount (\$)

\$ 107.<sup>30</sup>

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

Printing Paper

\*\* 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  
02  
27  
04

5 Payee name  
U.S. Postal Service  
6 Payee address: City: State: Zip Code  
Mocking Bird Station  
Austin, TX 78745

7 Amount (\$)  
\$ 6

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

STAMP'S

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

N/A

Date  
02  
27  
04

Payee name  
A & M Productions Co  
Payee address: City: State: Zip Code  
PO Box 90157  
Austin TX 78748

Amount (\$)  
\$ 324.<sup>75</sup>

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

Sign's

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

N/A

Date  
02  
27  
04

Payee name  
Austin American Statesman  
Payee address: City: State: Zip Code  
305 S. Congress  
Austin TX 78741

Amount (\$)  
\$ 655.<sup>00</sup>

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

AD

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

N/A

Date  
02  
28  
04

Payee name  
Office Depot  
Payee address: City: State: Zip Code  
2101 S. Lamar  
Austin TX 78741

Amount (\$)  
\$ 20

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

Labels

\*\* 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