

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Anthony "A.J." Johnson 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

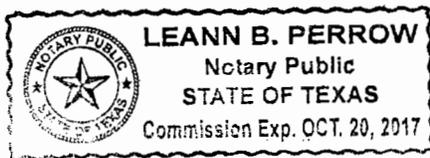
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 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)	\$ <u>8637.³³</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>3597.⁰⁰</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>5040.³³</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 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 A.J. Johnson
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said ANTHONY "A.J." JOHNSON, this the 13th day of JANUARY, 2014, to certify which, witness my hand and seal of office.

LeAnn B. Perrow LeAnn B. Perrow Notary Public
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - COH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME Anthony "AJ" Johnson		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 8637.³³
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 2729.³³
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 3597.⁰⁰
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
9.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
10.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
11.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:

2 FILER NAME **Anthony "AJ" Johnson** 3 Filer ID (Ethics Commission Filers)

4 Date 08/14/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) XAVIER & CHER MONTALVO	7 Amount of contribution (\$) \$ 100⁰⁰
6 Contributor address; City; State; Zip Code 7501 VON WALKER AUSTIN, TX 78749		

8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)

Date 08/14/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ted & SALLY Hernandez	Amount of contribution (\$) \$ 100⁰⁰
Contributor address; City; State; Zip Code 2712 Bobby Lane Austin, Texas 78748		

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

Date 08/29/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GARY A. Cobb	Amount of contribution (\$) \$ 250⁰⁰
Contributor address; City; State; Zip Code 4325 TRIBORO TRL Austin, TX 78749		

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

Date 09/5/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bob & Charlotte Petersen	Amount of contribution (\$) \$ 100⁰⁰
Contributor address; City; State; Zip Code 9329 Lightwood Loop Austin, TX 78748		

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:

2 FILER NAME **Anthony "A.J." Johnson** 3 Filer ID (Ethics Commission Filers)

4 Date **9/5/15** 5 Full name of contributor out-of-state PAC (ID#: _____) **Barry & Robina Wurzel** 7 Amount of contribution (\$) **\$ 100.00**
 6 Contributor address; City; State; Zip Code **11317 Pebble Garden Ln Austin, TX 78739**

8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)

Date **9/5/15** Full name of contributor out-of-state PAC (ID#: _____) **James & Kathleen Kinard** Amount of contribution (\$) **\$ 25.00**
 Contributor address; City; State; Zip Code **17305 Bishops Gate DR Pflugerville, TX 78660**

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

Date **9/15/15** Full name of contributor out-of-state PAC (ID#: _____) **Henry & Loretta Cowens** Amount of contribution (\$) **\$ 100.00**
 Contributor address; City; State; Zip Code **9334 Lightwood Loop Austin, TX 78748**

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

Date **9/21/15** Full name of contributor out-of-state PAC (ID#: _____) **Renee Jackson** Amount of contribution (\$) **\$ 75.00**
 Contributor address; City; State; Zip Code **10616 Tollesboro Cove Austin, TX 78739**

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

(Empty section for additional contributions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Anthony "AJ" Johnson		3 Filer ID (Ethics Commission Filers)
4 Date 9/24/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert J. TERBAY 6 Contributor address; City; State; Zip Code 4900 Duval ST Austin, TX 78751	7 Amount of contribution (\$) \$ 25.⁰⁰
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/1/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRYAN & LaDonna Collier Contributor address; City; State; Zip Code 101 Briar Meadow Huntsville, TX 77320	Amount of contribution (\$) \$ 50.⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/5/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dell & KATHLYN Shaw Contributor address; City; State; Zip Code 5 Curley Mesquite Cove Sunset Valley, TX 78745	Amount of contribution (\$) \$ 500.⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/14/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Drew Mc Angus Contributor address; City; State; Zip Code 9204 Elm Creek Cove Austin, TX 78714	Amount of contribution (\$) \$ 250.⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <p style="text-align: center; font-size: 1.2em;">Anthony "AJ" Johnson</p>		3 Filer ID (Ethics Commission Filers)
4 Date <p style="font-size: 1.5em;">11/14/15</p>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em;">Fynn & Mariah Lee</p> 6 Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">PO BOX 202 AUSTIN, TEXAS 78767</p>	7 Amount of contribution (\$) <p style="font-size: 1.5em;">\$ 100.⁰⁰</p>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <p style="font-size: 1.5em;">11/14/15</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em;">Jose & Carmen Hernandez</p> Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">5404 Pecan Brook Dr Austin, TX 78724</p>	Amount of contribution (\$) <p style="font-size: 1.5em;">\$ 25.⁰⁰</p>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <p style="font-size: 1.5em;">11/14/15</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em;">DOROTEO S. Hernandez</p> Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">2712 Bobby Ln Austin, TX 78745</p>	Amount of contribution (\$) <p style="font-size: 1.5em;">\$ 100.⁰⁰</p>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <p style="font-size: 1.5em;">11/14/15</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em;">CHRISTINE Laflamme</p> Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">9331 Lightwood Loop Austin, TX 78748</p>	Amount of contribution (\$) <p style="font-size: 1.5em;">\$ 100.⁰⁰</p>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Anthony "AJ" Johnson

3 Filer ID (Ethics Commission Filers)

4 Date

11/14/15

5 Full name of contributor

out-of-state PAC (ID#: _____)

GIANFRANCO SETZU

7 Amount of contribution (\$)

\$ 300 ⁰⁰/₁₀₀

6 Contributor address;

City; State; Zip Code

4100 W. SLAGATHER LN APT 6106 AUSTIN TX 78749

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11/14/15

Full name of contributor

out-of-state PAC (ID#: _____)

Lee Willis

Amount of contribution (\$)

\$ 300 ⁰⁰/₁₀₀

Contributor address;

City; State; Zip Code

7703 CREEKBLUFF DR AUSTIN TX 78750

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/14/15

Full name of contributor

out-of-state PAC (ID#: _____)

Beverly Matthews Willis

Amount of contribution (\$)

\$ 250 ⁰⁰/₁₀₀

Contributor address;

City; State; Zip Code

7703 CREEKBLUFF DR AUSTIN TX 78750

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/14/15

Full name of contributor

out-of-state PAC (ID#: _____)

Cher & Xavier Montalvo

Amount of contribution (\$)

\$ 100 ⁰⁰/₁₀₀

Contributor address;

City; State; Zip Code

7501 VOL WALKER DR AUSTIN TX 78749

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Anthony "AJ" Johnson		3 Filer ID (Ethics Commission Filers)
4 Date 11/14/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Ross	7 Amount of contribution (\$) \$ 300.00
	6 Contributor address; City; State; Zip Code 43259 Amy WAY Holbrook MO 20636	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/14/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Todd A MYERS	Amount of contribution (\$) \$ 100.00
	Contributor address; City; State; Zip Code 148 RainTree DR KYLE TX 78640	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/14/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shane Sexton	Amount of contribution (\$) \$ 50.00
	Contributor address; City; State; Zip Code 4526 Secura Lane Austin TX 78725	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/15/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corby Holcomb	Amount of contribution (\$) \$ 50.00
	Contributor address; City; State; Zip Code 199 Wild Plum WAY Austin TX 78737	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Anthony "AJ" Johnson

3 Filer ID (Ethics Commission Filers)

4 Date

11/17/15

5 Full name of contributor out-of-state PAC (ID#: _____)

Donnie Williamson

6 Contributor address; City; State; Zip Code

138 Black Bear Court Dripping Springs, TX 78620

7 Amount of contribution (\$)

\$ 100.⁰⁰

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11/21/15

Full name of contributor out-of-state PAC (ID#: _____)

DAYNA BLAZEY

Contributor address; City; State; Zip Code

1402 Foxwood Cove Austin, TX 78704

Amount of contribution (\$)

\$ 100.⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/30/15

Full name of contributor out-of-state PAC (ID#: _____)

Monica Alleman

Contributor address; City; State; Zip Code

5508 Mes Brauer Way Austin, TX 78749

Amount of contribution (\$)

\$ 25.⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/6/15

Full name of contributor out-of-state PAC (ID#: _____)

Aaron & Sylvia Zamora

Contributor address; City; State; Zip Code

5712 Duval Street Austin, TX 78752

Amount of contribution (\$)

\$ 50.⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Anthony (AJ) Johnson

3 Filer ID (Ethics Commission Filers)

4 Date

12/10/15

5 Full name of contributor

out-of-state PAC (ID#: _____)

Leann Perrow

7 Amount of contribution (\$)

\$ 100.⁰⁰

6 Contributor address;

City; State; Zip Code

12701 POQUOSON DR AUSTIN 78727

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/10/15

Full name of contributor

out-of-state PAC (ID#: _____)

Joe & Tyna Rodriguez

Amount of contribution (\$)

\$ 100.⁰⁰

Contributor address;

City; State; Zip Code

2305 ARNIE LN Round Rock, TX 78664

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/10/15

Full name of contributor

out-of-state PAC (ID#: _____)

Elizabeth Yeulich

Amount of contribution (\$)

\$ 50.⁰⁰

Contributor address;

City; State; Zip Code

2105-B ANN ARBOR AVE AUSTIN, TX 78704

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/10/15

Full name of contributor

out-of-state PAC (ID#: _____)

MARY PATRICK

Amount of contribution (\$)

\$ 50.⁰⁰

Contributor address;

City; State; Zip Code

P.O. Box 303370 Austin, TX 78703

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Anthony "AJ" Johnson

3 Filer ID (Ethics Commission Filers)

4 Date

12/10/15

5 Full name of contributor

out-of-state PAC (ID#: _____)

Cecilia Crossley

7 Amount of contribution (\$)

\$ 25.00

6 Contributor address;

City; State; Zip Code

3100 CATALINA DR Austin, TX 78741

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/10/15

Full name of contributor

out-of-state PAC (ID#: _____)

Shane & Christina Sexton

Amount of contribution (\$)

\$ 75.00

Contributor address;

City; State; Zip Code

4526 Secure Lane Austin, TX 78725

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/10/15

Full name of contributor

out-of-state PAC (ID#: _____)

Rick Cofer

Amount of contribution (\$)

\$ 250.00

Contributor address;

City; State; Zip Code

1212 Castle Hill St #14 Austin, TX 78703

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/10/15

Full name of contributor

out-of-state PAC (ID#: _____)

Jennette Kinard

Amount of contribution (\$)

\$ 100.00

Contributor address;

City; State; Zip Code

4801 County Rd 150 Georgetown, TX 78626

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Anthony "AJ" Johnson

3 Filer ID (Ethics Commission Filers)

4 Date

12/10/15

5 Full name of contributor out-of-state PAC (ID#: _____)

Drew Mc Angus

6 Contributor address; City; State; Zip Code

9204 Elm creek cv Austin, TX 78736

7 Amount of contribution (\$)

\$ 100. 00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/10/15

Full name of contributor out-of-state PAC (ID#: _____)

Todd A. Myers

Contributor address; City; State; Zip Code

148 Raintree DR Kyle, 78640

Amount of contribution (\$)

\$ 100. 00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/10/15

Full name of contributor out-of-state PAC (ID#: _____)

Deborah McMillen

Contributor address; City; State; Zip Code

7601 Hwy 71 WEST Austin, TX 78751

Amount of contribution (\$)

\$ 25. 00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/10/15

Full name of contributor out-of-state PAC (ID#: _____)

CLARA CARLOS & MIRE VASQUEZ

Contributor address; City; State; Zip Code

Amount of contribution (\$)

\$ 40 00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Anthony 'AJ' Johnson

3 Filer ID (Ethics Commission Filers)

4 Date

12/10/15

5 Full name of contributor

out-of-state PAC (ID#: _____)

Auther & Ashley Martinez

6 Contributor address;

City; State; Zip Code

7 Amount of contribution (\$)

\$ 28.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/10/15

Full name of contributor

out-of-state PAC (ID#: _____)

DANA BARBERDOMEW

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

\$ 20.00

PFLUSHVILLE TX 78760

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/10/15

Full name of contributor

out-of-state PAC (ID#: _____)

Juan & Felicia Hernandez

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

\$ 40.00

4128 SW LAKEWAY, TEXAS

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/14/15

Full name of contributor

out-of-state PAC (ID#: _____)

TOM WALSH

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

\$ 100.00

10905 RUSTIC MANOR LN AUSTIN 78750

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Anthony "AJ" Johnson

3 Filer ID (Ethics Commission Filers)

4 Date

12/18/15

5 Full name of contributor

out-of-state PAC (ID#: _____)

Kent & Michelle Mason

6 Contributor address;

City; State; Zip Code

5510 Tipton DR Austin TX 78723

7 Amount of contribution (\$)

\$ 50.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/18/15

Full name of contributor

out-of-state PAC (ID#: _____)

Theo H. Johnson JR

Contributor address;

City; State; Zip Code

1317 Rose Ave Killam TX 76543

Amount of contribution (\$)

\$ 300.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/30/15

Full name of contributor

out-of-state PAC (ID#: _____)

Corby Holcomb

Contributor address;

City; State; Zip Code

199 Wild Plum Way Austin TX 78737

Amount of contribution (\$)

\$ 50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/30/15

Full name of contributor

out-of-state PAC (ID#: _____)

Gunter, Bennett & Anthes

Contributor address;

City; State; Zip Code

600 West 9th Austin TX 78701

Amount of contribution (\$)

\$ 300.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Anthony "AJ" Johnson		3 Filer ID (Ethics Commission Filers)
4 Date 12/31/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arthur Arevalo	7 Amount of contribution (\$) \$ 50.⁰⁰
6 Contributor address; City; State; Zip Code 121 Lillie Robyn Ln Buda, TX 78610		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/31/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelda Shull	Amount of contribution (\$) \$ 20.⁰⁰
Contributor address; City; State; Zip Code 9113 Brimstone Ln Austin, TX 78717		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/31/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thurlow R. Johnson	Amount of contribution (\$) \$ 200.⁰⁰
Contributor address; City; State; Zip Code 1317 Rose Ave Killeen, TX 76543		
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 (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <u>1</u>	
2 FILER NAME <u>Anthony "AT" Johnson</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <u>12/10/15</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Donnie Williamson</u>	8 Amount of Contribution \$ <u>\$239.33</u>	9 In-kind contribution description <u>Fundraiser COST</u>
7 Contributor address; City; State; Zip Code <u>138 Blackbear Court Dripping Springs TX</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date <u>12/10/15</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>TEXAS Democratic Party</u>	Amount of Contribution \$ <u>\$2500.00</u>	In-kind contribution description <u>Voter File</u>
Contributor address; City; State; Zip Code <u>4818 E. Ben White #104 Austin, TX 78742</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Anthony "AJ" Johnson		3 Filer ID (Ethics Commission Filers)	
4 Date 8/13/15		5 Payee name U.S.P.S.			
6 Amount (\$) \$ 56.00		7 Payee address; City; State; Zip Code Mockingbird Station Austin, TX 78745			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Mockingbird Station Austin, TX 78745 P.O. Box		(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought
Date 8/15/15		Payee name OFFICE MAX			
Amount (\$) \$20.56		Payee address; City; State; Zip Code 5300 Mopac Exps S. Austin, TX 78749			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Campaign Stamp		Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought
Date 9/23/15		Payee name CHECKMARK TYPESETTING			
Amount (\$) \$ 74		Payee address; City; State; Zip Code 3217 N. IH-35 Austin, TX 78722			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Business Cards		Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought

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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Anthony "AJ" Johnson	3 Filer ID (Ethics Commission Filers)
4 Date 11/02/15	5 Payee name SiteGround	
6 Amount (\$) \$107.40	7 Payee address; City; State; Zip Code # 1525397 From web	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 11/13/15	Payee name H.E.B.	
Amount (\$) \$133.01	Payee address; City; State; Zip Code 2110 Slaughter Lane Austin, TX 78748	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name Office sought Office held	
Date 11/14/15	Payee name TACO CABANA	
Amount (\$) \$27.47	Payee address; City; State; Zip Code 9705 Manchaca Rd Austin, TX 78748	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name Office sought Office held	

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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Anthony "AJ" Johnson	3 Filer ID (Ethics Commission Filers)
4 Date 11/16/15	5 Payee name U.S.P.S.	
6 Amount (\$) \$ 19.60	7 Payee address; City; State; Zip Code OAKHILL Station AUSTIN, TX 78749	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Stamps	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 11/22/15	Payee name A & F. Trophy Company	
Amount (\$) \$ 278.74	Payee address; City; State; Zip Code 5214 BURLISON Rd # 302 AUSTIN, TX 78744	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) T-Shirts	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name Office sought Office held	
Date 11/24/15	Payee name TEXAS Democratic Party	
Amount (\$) \$ 1200 ⁰⁰	Payee address; City; State; Zip Code 1100 Lavaca Street AUSTIN, TX 78751	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) VAN	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name Office sought Office held	

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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Anthony "AJ" Johnson	3 Filer ID (Ethics Commission Filers)
4 Date 11-14-15	5 Payee name PAY PAL	
6 Amount (\$) \$1.75	7 Payee address; City; State; Zip Code 2211 N. 1st street San Jose ca 95131	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fee	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date 11-16-15	Payee name PayPAL	
Amount (\$) \$1.75	Payee address; City; State; Zip Code 2211 N. 1st Street San Jose CA 95131	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fee	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date 11-16-15	Payee name PAY PAL	
Amount (\$) \$ 3.20	Payee address; City; State; Zip Code 2211 N. 1st Street San Jose CA 95131	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fee	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	

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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Anthony "AJ" Johnson		3 Filer ID (Ethics Commission Filers)	
4 Date 11-17-15		5 Payee name PAY PAL			
6 Amount (\$) \$ 3.20		7 Payee address; City; State; Zip Code 2211 N. 1st Street San Jose Ca 95131			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fee		(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name	Office sought	Office held
Date 11/25/15		Payee name CHECKMARK TYPESETTING			
Amount (\$) \$289.03		Payee address; City; State; Zip Code 3217 N. IH-35 AUSTIN, TX 78722			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Pushcards		Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name	Office sought	Office held
Date 12/02/15		Payee name OFFICE MAX			
Amount (\$) \$20.00		Payee address; City; State; Zip Code 5300 Mopac EXPS S. AUSTIN, TX 78749			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Paper		Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name	Office sought	Office held

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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Anthony "AJ" Johnson	3 Filer ID (Ethics Commission Filers)
4 Date 12/02/15	5 Payee name Lone Star Awards & Trophies	
6 Amount (\$) \$27.00	7 Payee address; City; State; Zip Code 5201 N. Lamar Blvd Austin, TX 78751	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Name Tags	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 12/06/15	Payee name PAYPAL	
Amount (\$) \$1.75	Payee address; City; State; Zip Code 2211 N. 1st Street San Jose CA 95131	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fee	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name Office sought Office held	
Date 12/06/15	Payee name U.S.P.S.	
Amount (\$) \$9.80	Payee address; City; State; Zip Code Mockingbird Station Austin, TX 78745	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) STAMPS	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name Office sought Office held	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Anthony "AJ" Johnson	3 Filer ID (Ethics Commission Filers)
4 Date 12-12-15	5 Payee name Texas Democratic Party	
6 Amount (\$) \$ 1000⁰⁰	7 Payee address; City; State; Zip Code 4818 E. Ben White #104 Austin, TX 78742	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Filing Fee	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 12-21-15	Payee name WORLEY PRINTING CO	
Amount (\$) \$203.⁵¹	Payee address; City; State; Zip Code 3217 North IH-35 Austin, TX 78722	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Pushcards	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 12-10-15	Payee name FeBEX office	
Amount (\$) 119.¹⁷	Payee address; City; State; Zip Code 5601 Brodie Ln Austin, TX 78745	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Banner for "AJ" Print 11x17 cards	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

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