

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

8850

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <div style="text-align: center; font-size: 2em; font-weight: bold;">7</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. Anthony M. NICKNAME LAST SUFFIX "AJ" Johnson	OFFICE USE ONLY Date Received <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2016 MAY 27</div> Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 152152 Austin, TX 78715		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 658-3260		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Ms. DAYNA NICKNAME LAST SUFFIX BLAZEY	Receipt # Amount \$ Date Processed Date Imaged	
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1402 Foxwood cove Austin, TX 78704		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 771-2408		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input checked="" type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year 02 / 21 / 16 THROUGH / /		
11 ELECTION	ELECTION DATE Month Day Year 03 / 01 / 16	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) N/A	13 OFFICE SOUGHT (if known) TRAVIS County Constable Pct 3	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

Anthony "AJ" 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

GENERAL

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)

\$ 360.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 630.14

CONTRIBUTION
BALANCE

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

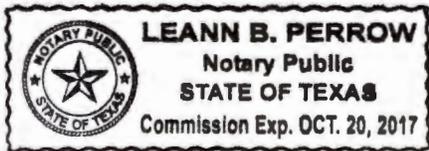
\$

OUTSTANDING
LOAN TOTALS

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

\$

18 AFFIDAVIT



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 M. Johnson, this the 20th day of May, 2016, 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 <i>Anthony "AJ" Johnson</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>360.⁰⁰</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
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	\$ <i>630.¹⁴</i>
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 2/24/16	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Communications workers of America 6 Contributor address; City; State; Zip Code 3907 Medical Parkway, #200 Austin, TX 78756	7 Amount of contribution (\$) \$ 200. <u>00</u>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/24/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jimmy Kull Contributor address; City; State; Zip Code 3208 Riva Ridge Rd Austin, TX 78746	Amount of contribution (\$) \$ 100. <u>00</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/25/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Margaret Ann Bonny Gardner Contributor address; City; State; Zip Code 3207 Kerbey Ln Austin, TX 78703	Amount of contribution (\$) \$ 60. <u>00</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
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.

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 "A.J." Johnson	3 Filer ID (Ethics Commission Filers)
----------------------------	--	---------------------------------------

4 Date 2-24-16	5 Payee name PAY PAL
-------------------	-------------------------

6 Amount (\$) \$3.20	7 Payee address; City; State; Zip Code 2211 N. 1st ST 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 2-25-16	Payee name PAY PAL
-----------------	-----------------------

Amount (\$) \$2.04	Payee address; City; State; Zip Code 2211 N. 1st ST 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 2-26-16	Payee name U.S.P.S.
-----------------	------------------------

Amount (\$) \$207. ⁰⁰	Payee address; City; State; Zip Code Mockingbird Station Austin, TX 78748
-------------------------------------	--

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
------------------------	--	--

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 2-26-16	5 Payee name WORLEY PRINTING	
6 Amount (\$) \$ 191.⁶⁰	7 Payee address; City; State; Zip Code 3217 North IH-35 AUSTIN, TEXAS 78722	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description
	Push cards	<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 3-1-16	Payee name H.E.B. Food Store	
Amount (\$) \$ 226.³⁰	Payee address; City; State; Zip Code 2110 West Slaughter Lane AUSTIN, TX 78748	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description
	Food & Supplies	<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	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
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
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT:
DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.
-- Complete only if "Report Type" on page 1 is marked "Final Report" --

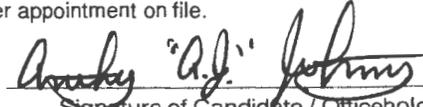
1 C/OH NAME

Anthony "AJ" Johnson

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.


Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

-- Complete A & B below *only* if you are not an officeholder. --

A. CAMPAIGN FUNDS

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.


Signature of Candidate

5 OFFICEHOLDER

-- Complete this section *only* if you are an officeholder --

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder