POFD FORM

AMENDMENT

Amendment Description: Wrong report type

COMPLETED

Submission Date: 03/13/2020

FILER INFORMATION

First Name: **CRAIG**Last Name: **JOHNSON**

Address: **12200 TIMBERLANE DRIVE**City, State Zip: **ANCHORAGE, Alaska 99515**

Contact Phone: 907-349-4307
Alternate Phone: Nothing to Report
Fax (Optional): Nothing to Report
Email: craigj73@hotmail.com

Partner Type: Spouse

Spouse/Domestic Partner Name: NANCY JOHNSON

Dependent Children: **0**Non-Dependent Children: **0**

PURPOSE OF FILING

Report Year: 2020

Report Dates: From 01/01/2019 Through 12/31/2019

Filing As: **State Office Holder**Branch: **Board/Commission Member**Board/Commission: **State Personnel Board**

Report Type: Annual

INCOME

Owner	Туре	Detail	Description	Amount
Filer	Dividend or Interest	PFD		\$1,000 - \$2,000
Spouse	Dividend or Interest	PFD		\$1,000 - \$2,000
Filer	Other	Source: State of Alaska retirement		\$10,000 - \$20,000

INTERESTS

Owner	Туре	Detail	Description	Interest
Filer	Real NW 1/4 of SW 1/4E1/4 SW Sec8, Township Range 11 Ava, Mo 65793 Ava , Missouri 65793		Ownership Interest: Owner	
Filer	Real Property	Not Reported Anchorage, Alaska 99515	Ownership Interest: Resid ence	
Filer	Beneficial	Managed By: State of Alaska Retirement	Retirement	Ownership: 100%
Filer, Spouse	Beneficial	Managed By: Pershing LLC	Investment 401K	Ownership: 100%
Spouse	Beneficial	Managed By: Fidelity	Investment account	Ownership: 100%

Owner	Туре	Detail	Description	Interest
Filer, Spouse	Beneficial	Managed By: Vanguard	Investment Fund	Ownership: 100%

LOANS AND DEBTS

Owner	Туре	Name
Filer	Creditor	Home Mortgage

LEASES

Owner	Type of Lease	Lease/Contract ID	Interest	Status	Description
No Leases / Nothing to Report					

CLOSE ECONOMIC ASSOCIATIONS

Person Disclosing Association	Associated Person	Description
No Associations / Nothing to Report		

LOBBYIST PARTNER EMPLOYERS

Name	Address	Compensation	
No Lobbyist Partner Employers / Nothing to Report			