

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**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:

5

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

Mr

Christopher

D

NICKNAME

LAST

SUFFIX

Chris

Johnson

**OFFICE USE ONLY**

Date Received

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

1313 Bennett Dr. Dumas TX. 79029

Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

( 806 )

930-7464

Date Hand-delivered or Date Postmarked

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

Mr

Brent

NICKNAME

LAST

SUFFIX

Clark

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

215 Bailey Dumas TX 79029

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

( 806 )

231-4427

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 Modified  
Reporting Limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month

Day

Year

Month

Day

Year

1

1

26

THROUGH

2

2

26

11 ELECTION

ELECTION DATE

Month

Day

Year

3

3

26

ELECTION TYPE

☒ Primary

☐ Runoff

☐ Other  
Description

☐ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Moore County Commissioner Precinct 2

14 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

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME  
Christopher Johnson

16 Filer ID (Ethics Commission Filers)

|                         |   |            |
|-------------------------|---|------------|
| 17 CONTRIBUTION TOTALS  | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$         |
|                         | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$         |
| EXPENDITURE TOTALS      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$         |
|                         | 4. TOTAL POLITICAL EXPENDITURES   | \$ 5756.94 |
| 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 SIGNATURE 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.

Signature of Candidate or Officeholder

Please complete either option below:

## (1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, 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

OR

## (2) Unsworn Declaration

My name is Christopher Johnson, and my date of birth is 09/27/1965  
My address is 1313 Bennett, Dumas, TX, 79029, United State

Executed in Moore County, State of Texas, on the 02 day of February, 2026

Signature of Candidate/Officeholder (Declarant)

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3****19 FILER NAME****20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE****SUBTOTAL  
AMOUNT**

|     |  |             |
|-----|--|-------------|
| 1.  | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$ 0.00     |
| 2.  | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$ 0.00     |
| 3.  | SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$ 0.00     |
| 4.  | SCHEDULE E: LOANS  | \$ 0.00     |
| 5.  | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS              | \$ 0.00     |
| 6.  | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$ 0.00     |
| 7.  | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS             | \$ 0.00     |
| 8.  | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$ 5,756.94 |
| 9.  | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                        | \$ 0.00     |
| 10. | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        | \$ 0.00     |
| 11. | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           | \$ 0.00     |
| 12. | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ 0.00     |

**EXPENDITURES MADE BY CREDIT CARD****SCHEDULE F4**If the requested information is not applicable, **DO NOT** include this page in the report.**EXPENDITURE CATEGORIES FOR BOX 10(a)**Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political CommitteeEvent Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal ServicesLoan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract LaborSolicitation/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.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

|   |  |  |
|---|--|--|
| <b>1 TOTAL PAGES</b><br>SCHEDULE F4: <b>2</b> | <b>2 FILER NAME</b><br>Christopher Johnson | <b>3 FILER ID (Ethics Commission Filers)</b> |
|---|--|--|

|  |                    |
|--|--------------------|
| <b>4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD</b> | <b>\$ 5,756.94</b> |
|--|--------------------|

|                             |  |
|-----------------------------|--|
| <b>5 CREDIT CARD ISSUER</b> | Name of financial institution<br>Chase |
|-----------------------------|--|

|                  |                                   |  |                                     |
|------------------|-----------------------------------|--|-------------------------------------|
| <b>6 PAYMENT</b> | (a) Amount Charged<br>\$ 2,767.84 | (b) Date Expenditure Charged<br>01/14/2026 | (c) Date(s) Credit Card Issuer Paid |
|------------------|-----------------------------------|--|-------------------------------------|

|                |                                  |  |
|----------------|----------------------------------|--|
| <b>7 PAYEE</b> | (a) Payee name<br>Dumas Printing | (b) Payee address; City, State, Zip Code<br>117 West 7th Dumas TX. 79029 |
|----------------|----------------------------------|--|

|  |   |  |
|--|---|--|
| <b>8 PURPOSE OF EXPENDITURE</b><br><input checked="" type="checkbox"/> Political<br><input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense                     | (b) Description<br>Campaign Signs/Social Media Expense |
|  | (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |  |

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| <b>9 Complete ONLY if direct expenditure to benefit C/OH</b> | Candidate / Officeholder name | Office Sought | Office Held |
|--|-------------------------------|---------------|-------------|

|                |                                 |  |                                     |
|----------------|---------------------------------|--|-------------------------------------|
| <b>PAYMENT</b> | (a) Amount Charged<br>\$ 485.77 | (b) Date Expenditure Charged<br>01/19/2026 | (c) Date(s) Credit Card Issuer Paid |
|----------------|---------------------------------|--|-------------------------------------|

|              |  |   |
|--------------|--|---|
| <b>PAYEE</b> | (a) Payee name<br>117 West 7th Dumas TX. 79029 | (b) Payee address; City, State, Zip Code<br>920 South Dumas TX. 79029 |
|--------------|--|---|

|  |   |   |
|--|---|---|
| <b>PURPOSE OF EXPENDITURE</b><br><input checked="" type="checkbox"/> Political<br><input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense                     | (b) Description<br>Cattle Panels/T-post |
|  | (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |   |

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| <b>Complete ONLY if direct expenditure to benefit C/OH</b> | Candidate / Officeholder name | Office Sought | Office Held |
|--|-------------------------------|---------------|-------------|

|                |                                   |  |                                     |
|----------------|-----------------------------------|--|-------------------------------------|
| <b>PAYMENT</b> | (a) Amount Charged<br>\$ 1,500.00 | (b) Date Expenditure Charged<br>01/27/2026 | (c) Date(s) Credit Card Issuer Paid |
|----------------|-----------------------------------|--|-------------------------------------|

|              |   |   |
|--------------|---|---|
| <b>PAYEE</b> | (a) Payee name<br>Moore County News Press | (b) Payee address; City, State, Zip Code<br>702 S Merideth Dumas TX 79029 |
|--------------|---|---|

|  |   |                                   |
|--|---|-----------------------------------|
| <b>PURPOSE OF EXPENDITURE</b><br><input checked="" type="checkbox"/> Political<br><input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense                     | (b) Description<br>News paper ads |
|  | (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |                                   |

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| <b>Complete ONLY if direct expenditure to benefit C/OH</b> | Candidate / Officeholder name | Office Sought | Office Held |
|--|-------------------------------|---------------|-------------|

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 10(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.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

|  |   |  |
|--|---|--|
| 1 TOTAL PAGES<br>SCHEDULE F4: 2  | 2 FILER NAME<br>Christopher Johnson   | 3 FILER ID (Ethics Commission Filers)                                    |
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD  |   | \$   |
| 5 CREDIT CARD<br>ISSUER  | Name of financial institution<br>Chase  |  |
| 6 PAYMENT  | (a) Amount Charged<br>\$ 782.11   | (b) Date Expenditure Charged<br>01/29/2026                               |
| 7 PAYEE  | (a) Payee name<br>Dumas Printing  | (b) Payee address; City, State, Zip Code<br>117 West 7th Dumas TX. 79029 |
| 8 PURPOSE OF<br>EXPENDITURE<br><input checked="" type="checkbox"/> Political<br><input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense                     | (b) Description<br>Banners/Door Hangers                                  |
| 9 Complete ONLY if direct<br>expenditure to benefit C/OH   | (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |  |
|  | Candidate / Officeholder name   | Office Sought Office Held  |
| PAYMENT  | (a) Amount Charged<br>\$ 221.22   | (b) Date Expenditure Charged<br>01/31/2026                               |
| PAYEE  | (a) Payee name<br>Bartletts Lumber  | (b) Payee address; City, State, Zip Code<br>920 South Dumas TX. 79029    |
| PURPOSE OF<br>EXPENDITURE<br><input checked="" type="checkbox"/> Political<br><input type="checkbox"/> Non-Political   | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense                     | (b) Description<br>Road sign material                                    |
| Complete ONLY if direct<br>expenditure to benefit C/OH   | (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |  |
|  | Candidate / Officeholder name   | Office Sought Office Held  |
| PAYMENT  | (a) Amount Charged<br>\$  | (b) Date Expenditure Charged   |
| PAYEE  | (a) Payee name  | (b) Payee address; City, State, Zip Code                                 |
| PURPOSE OF<br>EXPENDITURE<br><input type="checkbox"/> Political<br><input type="checkbox"/> Non-Political              | (a) Category (See Categories listed at the top of this schedule)  | (b) Description  |
| Complete ONLY if direct<br>expenditure to benefit C/OH   | (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |  |
|  | Candidate / Officeholder name   | Office Sought Office Held  |

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