

# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

|                                       |   |   |  |  |           |     |      |    |
|---------------------------------------|---|---|--|--|-----------|-----|------|----|
| 1 Filer ID (Ethics Commission Filers) |   | 2 Total pages filed:  |  | OFFICE USE ONLY                        |           |     |      |    |
| 3 CANDIDATE / OFFICEHOLDER NAME       | MS / MRS / MR                                     | FIRST   | MI                                       | Date Received                          |           |     |      |    |
|                                       | NICKNAME  | LAST  | SUFFIX                                   |  |           |     |      |    |
| 4 ORIGINAL REPORT TYPE                | <input checked="" type="checkbox"/> January 15    | <input type="checkbox"/> Runoff   | <input type="checkbox"/> Final report    | Date Hand-delivered or Date Postmarked |           |     |      |    |
|                                       | <input type="checkbox"/> July 15                  | <input type="checkbox"/> Exceeded modified reporting limit                        | <input type="checkbox"/> Other (specify) | Receipt #                              | Amount \$ |     |      |    |
|                                       | <input type="checkbox"/> 30th day before election | <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) |  | Date Processed                         |           |     |      |    |
|                                       | <input type="checkbox"/> 8th day before election  |   |  | Date Imaged                            |           |     |      |    |
| 5 ORIGINAL PERIOD COVERED             |   | Month   | Day                                      | Year                                   | Month     | Day | Year |    |
|                                       |   | 7   | 1  | 25                                     | THROUGH   | 12  | 31   | 25 |

6 EXPLANATION OF CORRECTION  
Failed to ~~include~~ political expense report

7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

- ☐ Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.
- ☐ Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Signature of Candidate/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 (street), Denver (city), TX (state), 79059 (zip code), USA (country).

Executed in Moore County, State of TX, on the 2 day of Feb, 2020 (month) (year).

Signature of Candidate/Officeholder (Declarant)

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

# 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:

2

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

Mr

Christopher

D

NICKNAME

LAST

SUFFIX

Chris

Johnson

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

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

Mr

Brent

NICKNAME

LAST

SUFFIX

Clark

7 CAMPAIGN  
TREASURER  
ADDRESS  
(Residence or Business)

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

CITY;

STATE;

ZIP CODE

215 Bailey Dumas, TX 79029

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

7

1

25

THROUGH

Month

Day

Year

12

31

25

11 ELECTION

ELECTION DATE

Month

Day

Year

3

2

26

ELECTION TYPE



Primary



Runoff



Other  
Description



General



Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Moore County Commisioner Pct 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

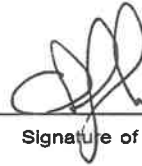
FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME  
Christopher D 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) | \$ 0.00                              |
|                         | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ 0.00                              |
| EXPENDITURE TOTALS      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$ 750 <sup>00</sup> <del>0.00</del> |
|                         | 4. TOTAL POLITICAL EXPENDITURES   | \$ 750 <sup>00</sup> <del>0.00</del> |
| CONTRIBUTION BALANCE    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ 0.00                              |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ 0.00                              |

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 D Johnson, and my date of birth is 09/27/1965

My address is 1313 Bennett Dr, Dumas, TX, 79029, USA

Executed in Moore County, State of Texas, on the 15 day of January, 2020

Signature of Candidate/Officeholder (Declarant)

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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.

|  |   |  |
|--|---|--|
| <b>1</b> Total pages Schedule G:<br><b>1</b>   | <b>2</b> FILER NAME<br><b>Christopher Johnson</b>   | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Date<br><b>12/03/2026</b>   | <b>5</b> Payee name<br><b>Moore County Republican Party</b>   |  |
| <b>6</b> Amount (\$)<br><b>750.00</b><br><small>Reimbursement from political contributions intended</small>                    | <b>7</b> Payee address; City; State; Zip Code<br><b>PO Box 1132 Sunray TX 79086</b><br><small>Check if individual's residence address.</small>      |  |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contribution/Donation made by candidate/officeholder/political committee | <b>(b)</b> Description<br><b>Filing fee</b>  |
|  | <b>(c)</b> <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>    |  |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name Office sought Office held |   |  |
| Date   | Payee name  |  |
| Amount (\$)<br><br><small>Reimbursement from political contributions intended</small>  | Payee address; City; State; Zip Code<br><br><small>Check if individual's residence address.</small>   |  |
| <b>PURPOSE OF EXPENDITURE</b>  | Category (See Categories listed at the top of this schedule)  | Description                                  |
|  | <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>               |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name Office sought Office held          |   |  |
| Date   | Payee name  |  |
| Amount (\$)<br><br><small>Reimbursement from political contributions intended</small>  | Payee address; City; State; Zip Code<br><br><small>Check if individual's residence address.</small>   |  |
| <b>PURPOSE OF EXPENDITURE</b>  | Category (See Categories listed at the top of this schedule)  | Description                                  |
|  | <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>               |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name Office sought Office held          |   |  |
| Date   | Payee name  |  |
| Amount (\$)<br><br><small>Reimbursement from political contributions intended</small>  | Payee address; City; State; Zip Code<br><br><small>Check if individual's residence address.</small>   |  |
| <b>PURPOSE OF EXPENDITURE</b>  | Category (See Categories listed at the top of this schedule)  | Description                                  |
|  | <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>               |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name Office sought Office held          |   |  |

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