

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 Mr. Christopher Johnson		Date Received			
		FIRST	MI				
		NICKNAME	LAST				
4 ORIGINAL REPORT TYPE		<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election		<input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> 15th day after treasurer appointment (officeholder only)			
5 ORIGINAL PERIOD COVERED		Month	Day	Year	Month	Day	Year
		7/1/25		THROUGH		12/31/25	
6 EXPLANATION OF CORRECTION		Failed to list political expense report					
7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.							
<p>Check ONLY if applicable:</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> 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.</p>							
Signature of Candidate/Officeholder							
Please complete either option below:							
(1) Affidavit							
<p>NOTARY STAMP/SEAL</p> <p>Sworn to and subscribed before me by _____ this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.</p>							
Signature of officer administering oath		Printed name of officer administering oath		Title of officer administering oath			
OR							
(2) Unsworn Declaration							
<p>My name is <u>Christopher Johnson</u>, and my date of birth is <u>09/27/1965</u>.</p> <p>My address is <u>1313 Bennett</u>, <u>Denton</u>, <u>TX</u>, <u>79009</u>, <u>USA</u>.</p> <p>(street) (city) (state) (zip code) (country)</p> <p>Executed in <u>Moore</u> County, State of <u>TX</u>, on the <u>2</u> day of <u>Feb</u>, 20 <u>2025</u> (year)</p>							
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 Mr NICKNAME Chris	FIRST Christopher	MI D	SUFFIX	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		ADDRESS / PO BOX; APT / SUITE #: CITY; STATE; ZIP CODE 1313 Bennett DR Dumas TX 79029				Date Received	
5 CANDIDATE/ OFFICEHOLDER PHONE		AREA CODE (806)	PHONE NUMBER 930-7464	EXTENSION		Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME		MS / MRS / MR Mr NICKNAME	FIRST Brent	MI	SUFFIX	Receipt # Amount \$	
						Date Processed	
						Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY; 215 Bailey Dumas, TX 79029				STATE; ZIP CODE	
8 CAMPAIGN TREASURER PHONE		AREA CODE (806)	PHONE NUMBER 231-4427	EXTENSION			
9 REPORT TYPE		<input checked="" 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 Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED		Month 7	Day / 1	Year / 25	Month 12	Day / 31	Year / 25
11 ELECTION		ELECTION DATE Month 3 Day / 2 Year / 26		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)		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.					
Additional Pages		COMMITTEE TYPE <input type="checkbox"/> GENERAL		COMMITTEE NAME			
		<input type="checkbox"/> SPECIFIC		COMMITTEE ADDRESS			
				COMMITTEE CAMPAIGN TREASURER NAME			
				COMMITTEE CAMPAIGN TREASURER ADDRESS			

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

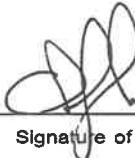
FORM C/OH
COVER SHEET PG 2

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 ⁰⁰ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 750 ⁰⁰ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0.00
	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

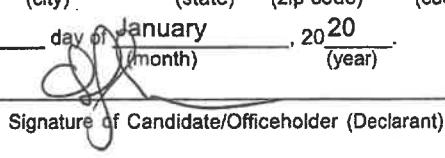
OR

(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.

(street) (city) (state) (zip code) (country)

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	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
Credit Card Payment	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 G: 1	2 FILER NAME Christopher Johnson	3 Filer ID (Ethics Commission Filers)
4 Date 12/03/2026	5 Payee name Moore County Republican Party	
6 Amount (\$) 750.00 Reimbursement from political contributions intended	7 Payee address; PO Box 1132 Sunray TX 79086 Check if individual's residence address.	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contribution/Donation made by candidate/officeholder/political committee	(b) Description Filing fee
	(c) Check if travel outside of Texas. Complete Schedule T.	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	Payee name	
Amount (\$)	Payee address; Check if individual's residence address.	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T.	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; Check if individual's residence address.	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T.	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		