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:

OFFICE USE ONLY

Date Received: RECEIVED JAN 12 2026 BY: SJ

Date Hand-delivered or Date Postmarked

Receipt # | Amount $

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: Mr | FIRST: Wade | MI: T

NICKNAME | LAST: Johnson | SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX: 709 Pecan P.O. Box 927 | APT / SUITE #: | CITY: Panhandle | STATE: TX | ZIP CODE: 79068

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE: (806) | PHONE NUMBER: 679-7308 | EXTENSION:

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: Mrs | FIRST: Kourtney | MI: L

NICKNAME | LAST: Johnson | SUFFIX

7 CAMPAIGN TREASURER ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE): 709 Pecan | APT / SUITE #: | CITY: Panhandle | STATE: TX | ZIP CODE: 79068

8 CAMPAIGN TREASURER PHONE

AREA CODE: (806) | PHONE NUMBER: 570-2780 | EXTENSION:

9 REPORT TYPE

- ☒ January 15
- ☐ July 15
- ☐ 30th day before election
- ☐ 8th day before election
- ☐ Runoff
- ☐ Exceeded Modified Reporting Limit
- ☐ 15th day after campaign treasurer appointment (Officeholder Only)
- ☐ Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month / Day / Year: 7 / 1 / 25 THROUGH 12 / 31 / 25

11 ELECTION

ELECTION DATE — Month / Day / Year: 3 / 3 / 26

ELECTION TYPE

- ☒ Primary
- ☐ General
- ☐ Runoff
- ☐ Special
- ☐ Other Description: _____

12 OFFICE

OFFICE HELD (if any):

13 OFFICE SOUGHT (if known): Precinct 2 County Commissioner

14 NOTICE FROM POLITICAL COMMITTEE(S)

☐ Additional Pages

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: ☐ GENERAL ☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME	Wade T. 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)	$ Ø
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ Ø
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$ Ø
	4.	**TOTAL POLITICAL EXPENDITURES**	$ Ø
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ Ø
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ Ø

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.

Wade T. Johnson
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

CARRIE NOBLE
Notary Public, State of Texas
Notary ID #12649088-5
My Commission Expires 10-17-2026

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Wade Johnson this the 12th day of January 20 26, to certify which, witness my hand and seal of office.

Carrie Noble — Carrie Noble — Customer Service Rep

Signature of officer administering oath | Printed name of officer administering oath | Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20_____.
(month) (year)

_____
Signature of Candidate/Officeholder (Declarant)