

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: <div style="text-align: center; font-size: 24px;">7</div>
3 CANDIDATE / OFFICEHOLDER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR <u>Mr.</u></div> <div>FIRST <u>Chris</u></div> <div>MI <u>M</u></div> </div> <hr style="border: 0; border-top: 1px dotted black;"/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST <u>Obenhaus</u></div> <div>SUFFIX</div> </div>	<div style="text-align: center; border: 1px solid black; padding: 5px; font-weight: bold;">OFFICE USE ONLY</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Date Received <div style="font-size: 24px; color: blue; font-weight: bold;">RECEIVED</div> <div style="color: red; font-weight: bold;">FEB 02 2026</div> </div>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	<div style="display: flex; justify-content: space-between;"> <div>ADDRESS / PO BOX; <u>1004 College Ave</u></div> <div>APT / SUITE #;</div> <div>CITY; <u>Levelland TX</u></div> <div>STATE;</div> <div>ZIP CODE <u>79336</u></div> </div>	<div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Date Hand-delivered or Date Postmarked </div>	
5 CANDIDATE / OFFICEHOLDER PHONE	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE <u>(806)</u></div> <div>PHONE NUMBER <u>891-7211</u></div> <div>EXTENSION</div> </div>	<div style="display: flex; justify-content: space-between; border-top: 1px solid black;"> <div>Receipt #</div> <div>Amount \$</div> </div>	
6 CAMPAIGN TREASURER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR <u>Mr.</u></div> <div>FIRST <u>Heath</u></div> <div>MI <u>A</u></div> </div> <hr style="border: 0; border-top: 1px dotted black;"/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST <u>Morris</u></div> <div>SUFFIX</div> </div>	<div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Date Processed </div>	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	<div style="display: flex; justify-content: space-between;"> <div>STREET ADDRESS (NO PO BOX PLEASE); <u>2017 Rice Dr</u></div> <div>APT / SUITE #;</div> <div>CITY; <u>Levelland TX</u></div> <div>STATE;</div> <div>ZIP CODE <u>79336</u></div> </div>		
8 CAMPAIGN TREASURER PHONE	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE <u>(806)</u></div> <div>PHONE NUMBER <u>241-5939</u></div> <div>EXTENSION</div> </div>		
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input checked="" type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>		
10 PERIOD COVERED	<div style="display: flex; justify-content: space-between;"> <div> Month Day Year <u>01 / 01 / 26</u> </div> <div>THROUGH</div> <div> Month Day Year <u>01 / 22 / 26</u> </div> </div>		
11 ELECTION	<div style="display: flex; justify-content: space-between;"> <div> ELECTION DATE Month Day Year <u>03 / 03 / 26</u> </div> <div> ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special </div> </div>		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <u>County Judge</u>	
14 NOTICE FROM POLITICAL COMMITTEE(S)	<div style="font-size: 8px;">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.</div>		
Additional Pages	<div style="display: flex; flex-direction: column;"> <div><input type="checkbox"/> GENERAL</div> <div><input type="checkbox"/> SPECIFIC</div> </div>	<div style="border: 1px solid black; padding: 2px;"> COMMITTEE NAME </div> <div style="border: 1px solid black; padding: 2px;"> COMMITTEE ADDRESS </div> <div style="border: 1px solid black; padding: 2px;"> COMMITTEE CAMPAIGN TREASURER NAME </div> <div style="border: 1px solid black; padding: 2px;"> COMMITTEE CAMPAIGN TREASURER ADDRESS </div>	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

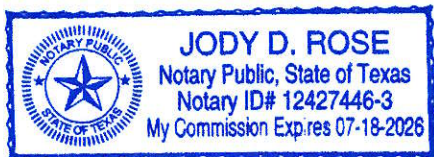
15 C/OH NAME <u>Chris Obenhaus</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>3,502.01</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>3,066.27</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>435.74</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>1,102.25</u>

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]
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Chris Obenhaus this the 2nd day of February, 2026, to certify which, witness my hand and seal of office.

Jody D. Rose Jody D. Rose Notary / Election Admin.
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)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME Chris Obenhaus	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3502.01
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3066.27
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>1 of 2</u>
2 FILER NAME <u>Chris Obenhaus</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>1/2/26</u>	5 Full name of contributor out-of-state PAC (ID#: <u>Matt Stape</u>	7 Amount of contribution (\$) <u>\$1,000.00</u>
6 Contributor address; City; State; Zip Code <u>1853 Cotton Levelland TX 79336</u>		
8 Principal occupation / Job title (See Instructions) <u>Owner</u>		9 Employer (See Instructions) <u>Wild Life Art Studio</u>
Date <u>1/9/26</u>	Full name of contributor out-of-state PAC (ID#: <u>Chuck Wallace</u>	Amount of contribution (\$) <u>\$100.00</u>
Contributor address; City; State; Zip Code <u>110 Houston St Levelland TX 79336</u>		
Principal occupation / Job title (See Instructions) <u>Self-employed</u>		Employer (See Instructions) <u>C & G Medicare Services</u>
Date <u>1/9/26</u>	Full name of contributor out-of-state PAC (ID#: <u>Richard Obenhaus</u>	Amount of contribution (\$) <u>\$601.01</u>
Contributor address; City; State; Zip Code <u>4618 7th St Lubbock TX 79416</u>		
Principal occupation / Job title (See Instructions) <u>Owner</u>		Employer (See Instructions) <u>Restorhaus</u>
Date <u>1/9/26</u>	Full name of contributor out-of-state PAC (ID#: <u>Carrie Obenhaus</u>	Amount of contribution (\$) <u>\$601.00</u>
Contributor address; City; State; Zip Code <u>4618 7th St Lubbock TX 79416</u>		
Principal occupation / Job title (See Instructions) <u>Owner</u>		Employer (See Instructions) <u>Restorhaus</u>
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>2 of 2</u>
2 FILER NAME <u>Chris Obenhaus</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>1/22/20</u>	5 Full name of contributor out-of-state PAC (ID#: <u>Michelle McDaniel</u>	7 Amount of contribution (\$) <u>\$200.00</u>
6 Contributor address; City; State; Zip Code <u>315 FM 145 Earth TX 79031</u>		
8 Principal occupation / Job title (See Instructions) <u>Disciple of Christ</u>		9 Employer (See Instructions) <u>Restoration Ministries</u>
Date <u>1/22/20</u>	Full name of contributor out-of-state PAC (ID#: <u>Dallas Pena</u>	Amount of contribution (\$) <u>\$1,000.00</u>
Contributor address; City; State; Zip Code <u>1 Crockett Cir. Levelland TX 79336</u>		
Principal occupation / Job title (See Instructions) <u>Owner</u>		Employer (See Instructions) <u>Invicta</u>
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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.

1 Total pages Schedule F1: 1 of 2		2 FILER NAME Chris Obenhaus		3 Filer ID (Ethics Commission Filers)	
4 Date 11/2/26		5 Payee name Vista Print			
6 Amount (\$) \$188.77		7 Payee address; City; State; Zip Code 275 Wyman St Waltham MA 02451 <small>Check if individual's residence address.</small>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising expense		(b) Description Door hangers		
	(c) <small>Check if travel outside of Texas. Complete Schedule T.</small>		<small>Check if Austin, TX, officeholder living expense</small>		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought Office held Chris Obenhaus County Judge			
Date 11/5/26		Payee name Iris Keeling			
Amount (\$) \$600.00		Payee address; City; State; Zip Code 507 Ave G Levelland TX 79336 <small>Check if individual's residence address.</small>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description Announcement Reception		
	<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		Candidate / Officeholder name Office sought Office held Chris Obenhaus County Judge			
Date 11/9/26		Payee name Signs on the Go			
Amount (\$) \$1202.01		Payee address; City; State; Zip Code 304 County Rd. 7200 Lubbock TX 79404 <small>Check if individual's residence address.</small>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Signs / Magnets		
	<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		Candidate / Officeholder name Office sought Office held Chris Obenhaus County Judge			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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.

1 Total pages Schedule F1: <i>2 of 2</i>	2 FILER NAME <i>Chris Obenhaus</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>11/2/20</i>	5 Payee name <i>Vistago Print</i>	
6 Amount (\$)	7 Payee address; City; State; Zip Code <i>6706 Lohman Ford Rd. Lago Vista TX 78045</i> <small>Check if individual's residence address.</small>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description <i>Signs</i>
	(c) <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Chris Obenhaus</i> Office sought <i>County Judge</i> Office held	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code <small>Check if individual's residence address.</small>	
PURPOSE OF EXPENDITURE	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	Candidate / Officeholder name Office sought Office held	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code <small>Check if individual's residence address.</small>	
PURPOSE OF EXPENDITURE	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	Candidate / Officeholder name Office sought Office held	

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