

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: <i>7</i>			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <i>Mr.</i>	FIRST <i>Chris</i>	MI <i>M</i>	OFFICE USE ONLY			
	NICKNAME <i>Obenhaus</i>	LAST	SUFFIX	Date Received RECEIVED <i>R FEB 02 2026 BY:</i>			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>1004 College Ave Levelland TX 79336</i>			Date Hand-delivered or Date Postmarked			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE <i>(806)</i>	PHONE NUMBER <i>891-7211</i>	EXTENSION	Receipt # Amount \$			
6 CAMPAIN TREASURER NAME	MS / MRS / MR <i>Mr.</i>	FIRST <i>Heath</i>	MI <i>A</i>	Date Processed			
	NICKNAME <i>Morris</i>	LAST	SUFFIX	Date Imaged			
7 CAMPAIN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>2017 Rice Dr Levelland TX 79336</i>						
8 CAMPAIN TREASURER PHONE	AREA CODE <i>(806)</i>	PHONE NUMBER <i>241-5939</i>	EXTENSION				
9 REPORT TYPE	<input type="checkbox"/> January 15	<input checked="" 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 <i>01</i>	Day <i>01</i>	Year <i>2024</i>	Month <i>01</i>	Day <i>22</i>	Year <i>2024</i>	
11 ELECTION	ELECTION DATE Month Day Year <i>03/03/24</i>		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Runoff <input type="checkbox"/> Special <input type="checkbox"/> Other Description				
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known) <i>County Judge</i>			
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 <input type="checkbox"/> 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

Chris Oberhaus

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

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 3,502.01

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 3,066.27

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

\$ 435.74

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ 1102.25

18 SIGNATURE

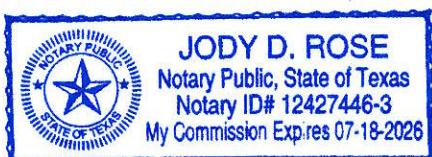
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by

Chris Oberhaus

this the 2nd day of February,

20 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 _____.

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: 1 of 2
2 FILER NAME <i>Chris Obenhaus</i>			3 Filer ID (Ethics Commission Filers)
4 Date <i>1/2/20</i>	5 Full name of contributor <i>Matt Slape</i>	out-of-state PAC (ID#:)	7 Amount of contribution (\$) <i>\$1,000.00</i>
	6 Contributor address; <i>1853 Cotton Levelland TX 79336</i>	City; State; Zip Code	
8 Principal occupation / Job title (See Instructions) <i>Owner</i>		9 Employer (See Instructions) <i>Wild life Art Studio</i>	
Date <i>1/9/20</i>	Full name of contributor <i>Chuck Wallace</i>	out-of-state PAC (ID#:)	Amount of contribution (\$) <i>\$100.00</i>
	Contributor address; <i>110 Houston St</i>	City; State; Zip Code <i>Levelland TX 79336</i>	
Principal occupation / Job title (See Instructions) <i>Self-employed</i>		Employer (See Instructions) <i>C & S Medicare Services</i>	
Date <i>1/9/20</i>	Full name of contributor <i>Richard Obenhaus</i>	out-of-state PAC (ID#:)	Amount of contribution (\$) <i>\$601.01</i>
	Contributor address; <i>4618 71st</i>	City; State; Zip Code <i>Lubbock TX 79416</i>	
Principal occupation / Job title (See Instructions) <i>Owner</i>		Employer (See Instructions) <i>Restorhaus</i>	
Date <i>1/9/20</i>	Full name of contributor <i>Carrie Obenhaus</i>	out-of-state PAC (ID#:)	Amount of contribution (\$) <i>\$601.00</i>
	Contributor address; <i>4618 71st</i>	City; State; Zip Code <i>Lubbock TX 79416</i>	
Principal occupation / Job title (See Instructions) <i>Owner</i>		Employer (See Instructions) <i>Restorhaus</i>	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

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 <u>Michelle McDaniel</u>	out-of-state PAC (ID#:)	7 Amount of contribution (\$) <u>\$200.00</u>
6 Contributor address; <u>315 FM 145 Earth TX 79031</u>	City;	State;	Zip Code
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 <u>Dallas Pena</u>	out-of-state PAC (ID#:)	Amount of contribution (\$) <u>\$1,000.00</u>
Contributor address; <u>1 Crockett Cir. Levalland TX 79336</u>	City;	State;	Zip Code
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;
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;
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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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	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 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; 275 Wyman St	City; Waltham State; MA Zip Code 02451
Check if individual's residence address.		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising expense	(b) Description Door hangers
	(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 Chris Obenhaus	Office sought County Judge
Date 11/5/26	Payee name Iris Keeling	
Amount (\$) \$1000.00	Payee address; 507 Ave G	City; Levelland State; TX Zip Code 79336
Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Announcement Reception
	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 Chris Obenhaus	Office sought County Judge
Date 11/9/26	Payee name Signs on the Go	
Amount (\$) \$1202.01	Payee address; 304 County Rd. 7200	City; Lubbock State; TX Zip Code 79404
Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Signs / Magnets
	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 Chris Obenhaus	Office sought County Judge

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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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
2 of 2	Chris Obenhaus		
4 Date	5 Payee name		
11/12/20	Vistago Print		
6 Amount (\$)	7 Payee address:	City; State; Zip Code	
	6706 Lohman Ford Rd. Lago Vista TX	78045	
Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	Advertising Expense	Signs	
(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
	Chris Obenhaus	County Judge	
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Check if individual's residence address.			
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;	City;	State; Zip Code
Check if individual's residence address.			
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			