CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)	**2** Total pages filed: 6

OFFICE USE ONLY

Date Received: FILED 3:45 o'clock PM APR 02 2024 SABRA SRADER ELECTION ADMINISTRATOR WISE COUNTY, TEXAS By Deputy

Date Hand-delivered or Date Postmarked:

Receipt # | Amount $

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: MR | FIRST: CRAIG | MI: D.

NICKNAME | LAST: JOHNSON | SUFFIX

4 ORIGINAL REPORT TYPE

- [x] January 15
- [ ] July 15
- [ ] 30th day before election
- [ ] 8th day before election
- [ ] Runoff
- [ ] Exceeded modified reporting limit
- [ ] 15th day after treasurer appointment (officeholder only)
- [ ] Final report
- Other (specify): _____

5 ORIGINAL PERIOD COVERED

Month / Day / Year: 07 / 01 / 2023 THROUGH 12 / 31 / 2023

6 EXPLANATION OF CORRECTION A SIMPLE MISCALCULATION, MADE IN GOOD FAITH, ON THE JANUARY 15TH CAMPAIGN FINANCE REPORT WAS CORRECTED. BOX 5 ON COVERSHEET PG 2 WAS CHANGED TO REFLECT CONTRIBUTION BALANCE MAINTAINED IN CAMPAIGN ACCOUNT AT TIME OF REPORT. THE JANUARY 15TH REPORT EXPENDATURES WERE DOCUMENTED ON INCORRECT FORMS. THE EXPENDATURES WERE NOT MADE FROM A BUSINESS OWNED BY C/OH. CORRECT FORMS INCLUDED.

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 misrepre-sent 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 CRAIG D. JOHNSON, and my date of birth is 10.30.1969.

My address is 1304 W. RODDEN (street), DECATUR (city), TX (state), 76234 (zip code), USA (country).

Executed in WISE County, State of TEXAS, on the 31st day of MARCH (month), 20 24 (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 2

15 C/OH NAME: CRAIG 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)	$ 27,322.28
	2. **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 27,322.28
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$ Ø
	4. **TOTAL POLITICAL EXPENDITURES**	$ 11,614.07
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 11,826.21
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.

_____
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 CRAIG D. JOHNSON, and my date of birth is 10-30-1969.

My address is 1304 W. RODDEN (street), DECATUR (city), TX (state), 76234 (zip code), USA (country).

Executed in WISE County, State of TEXAS, on the 31ST day of MARCH (month), 20 24 (year).

_____
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
CRAIG D JOHNSON	

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	☐	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 24,479.85
2.	☐	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$ 2,842.43
3.	☐	SCHEDULE B: PLEDGED CONTRIBUTIONS	$ Ø
4.	☐	SCHEDULE E: LOANS	$ Ø
5.	☐	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 11,614.07
6.	☐	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$ Ø
7.	☐	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$ Ø
8.	☐	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$ Ø
9.	☐	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	$ Ø
10.	☐	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$ Ø
11.	☐	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ Ø
12.	☐	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	$ Ø

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)
3	CRAIG D. JOHNSON	

Expenditure 1

4 Date	5 Payee name			
11-29-2023	WISE COUNTY CHAMBER OF COMMERCE			
6 Amount ($)	**7 Payee address;**	**City;**	**State;**	**Zip Code**
$350.00	P.O. BOX 2044	DECATUR	TX	76234

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): EVENT EXPENSE

(b) Description: CHAMBER GALA

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name: | Office sought: | Office held:

Expenditure 2

Date	Payee name			
11-29-2023	WISE COUNTY MESSENGER			
Amount ($)	**Payee address;**	**City;**	**State;**	**Zip Code**
$785	115 S. TRINITY	DECATUR	TX	76234

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): ADVERTISING EXPENSE

Description: AD's

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name: | Office sought: | Office held:

Expenditure 3

Date	Payee name			
12-26-2023	THE SHOPPER			
Amount ($)	**Payee address;**	**City;**	**State;**	**Zip Code**
$710.27	306 LINDSEY	BOWIE	TX	76230

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): ADVERTISING EXPENSE

Description: BANNERS

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name: | Office sought: | Office held:

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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
3	CRAIG D. JOHNSON	

4 Date	5 Payee name
10-05-2023	JUMP PARTY TEXAS

6 Amount ($)	7 Payee address;	City;	State;	Zip Code
$135.32	1000 N. TRINITY	DECATUR	TX	76234

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)	(b) Description
EVENT EXPENSE	CAMPAIGN KICKOFF EVENT

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX. officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date	Payee name
12-01-2023	WISE MARKETING

Amount ($)	Payee address;	City;	State;	Zip Code
$1,200.00	203 N. TRINITY ST, UNIT A,	DECATUR	TX	76234

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)	Description
ADVERTISING EXPENSE	ADVERTISING

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX. officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date	Payee name
12-28-2023	HOUSTON SIGN COMPANY

Amount ($)	Payee address;	City;	State;	Zip Code
$7,393.63	5801 CHIMNEY ROCK	HOUSTON	TX	77081

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)	Description
ADVERTISING EXPENSE	CAMPAIGN SIGNS

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX. officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
3	CRAIG D JOHNSON	

Expenditure 1

4 Date	5 Payee name			
11-22-2023	WISE COUNTY REPUBLICAN PARTY			
6 Amount ($)	**7 Payee address;**	**City;**	**State;**	**Zip Code**
$750.00	P.O. BOX 1521	DECATUR	TX	76234

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): POLLING EXPENSE

(b) Description: FILING FEE

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name: | Office sought: | Office held:

Expenditure 2

Date	Payee name			
07-18-2023	U.S.P.S.			
Amount ($)	**Payee address;**	**City;**	**State;**	**Zip Code**
$210.00	206 E. WALNUT	DECATUR	TX	76234

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): OFFICE OVERHEAD / RENTAL EXPENSE

Description: POST OFFICE BOX RENTAL

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name: | Office sought: | Office held:

Expenditure 3

Date	Payee name			
12-22-2023	WINRED			
Amount ($)	**Payee address;**	**City;**	**State;**	**Zip Code**
$9.85	1776 WILSON BLVD	BURKE	VA	22009

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): FEES

Description: DONATION WEBSITE FEES

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name: | Office sought: | Office held:

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