

# 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: **7**

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY
	NICKNAME	LAST	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE			<p><b>FILED</b> 9:08am. FEB 02 2026</p> <p>SYLVIA GUERRERO CLERK HEMPHILL COUNTY TEXAS</p> <p>Date Received</p> <p>Receipt #</p> <p>Amount \$</p> <p>Date Processed</p> <p>Date Imaged</p>
<input type="checkbox"/> Change of Address	11810 US Hwy 60 Canadian TX 79014			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
	(806)	255-3002		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	<p>CLERK</p> <p>HEMPHILL COUNTY TEXAS</p>
	NICKNAME	LAST	SUFFIX	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE			
(Residence or Business)	11810 US Hwy 60 Canadian TX 79014			
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
	(806)	255-3002		
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 Day Year    01 / 01 / 2026    THROUGH    01 / 31 / 2026			
11 ELECTION	ELECTION DATE		ELECTION TYPE	
	Month Day Year	03 / 03 / 2026	<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)	
	County Judge		County Johnson	
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.			
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS		
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

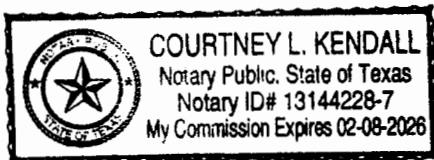
15 C/OH NAME <u>Lisa Johnson</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>0</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>1,177.47</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>1,177.47</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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.

Lisa Johnson  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Lisa Johnson this the 2 day of February 2024, to certify which, witness my hand and seal of office.  
Courtney Kendall Courtney Kendall Notary  
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

(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***Lisa G Johnson***20 Filer ID (Ethics Commission Filers)**

<b>21 SCHEDULE SUBTOTALS NAME OF SCHEDULE</b>		<b>SUBTOTAL AMOUNT</b>
1. <input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <del>0</del>
2. <input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. <input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/>	SCHEDULE E: LOANS	\$
5. <input type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6. <input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input checked="" type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>1,177.47</i>
10. <input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. <input type="checkbox"/>	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
2 FILER NAME Lisa Johnson		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) 
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

# 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  
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 G:		2 FILER NAME <i>Lisa G Johnson</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>1/2/2026</i>		5 Payee name <i>Canadian Record</i>			
6 Amount (\$) <i>14.10</i> <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address: <i>211 Main / P.O. Box 898</i>		City: <i>Canadian TX</i>	State; Zip Code <i>79014</i>
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>		(b) Description <i>Political ads</i>	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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 <i>1/7/2026</i>					
Payee name <i>Hemphill County Clerk</i>					
Amount (\$) <i>35</i> <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; <i>P.O. Box 867 / 400 Main</i>		City: <i>Canadian TX</i>	State; Zip Code <i>79014</i>
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>		Description <i>Voter list</i>	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name      Office sought      Office held					
Complete ONLY if direct expenditure to benefit C/OH					
Date <i>1/4/2026</i>					
Payee name <i>Amazon</i>					
Amount (\$) <i>70.04</i> <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; <i>Online</i>		City:	State; Zip Code
PURPOSE OF EXPENDITURE		<del>Printing Expense</del>		<del>Postcards + Business Cards</del>	
		Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>		Description <i>Postcards + Business cards</i>	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
		Candidate / Officeholder name      Office sought      Office held			
Complete ONLY if direct expenditure to benefit C/OH					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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  
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.

<b>1</b> Total pages Schedule G:	<b>2</b> FILER NAME <i>Lisa Johnson</i>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>1/20/2026</i>	<b>5</b> Payee name <i>U.S. Postal Service</i>		
<b>6</b> Amount (\$) <i>244</i> <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; <i>311 Main</i> City: <i>Canadian</i> State: <i>TX</i> Zip Code: <i>79014</i> <input type="checkbox"/> Check if individual's residence address.		
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Postage</i>		<b>(b)</b> Description <i>Postcard stamps</i>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name _____ Office sought _____ Office held _____			
<b>Date</b> <i>1/20/2026</i>	<b>Payee name</b> <i>Office Max</i>		
<b>Amount (\$)</b> <i>121.92</i> <input type="checkbox"/> Reimbursement from political contributions intended	<b>Payee address;</b> <i>2912 Soney Rd.</i> City: <i>Amarillo</i> State: <i>TX</i> Zip Code: <i>79124</i> <input type="checkbox"/> Check if individual's residence address.		
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) <i>Printing Expense</i>		<b>Description</b> <i>Postcards</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Candidate / Officeholder name _____ Office sought _____ Office held _____			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
<b>Date</b> <i>1/28/2026</i>	<b>Payee name</b> <i>U.S. Postal Service</i>		
<b>Amount (\$)</b> <i>549</i> <input type="checkbox"/> Reimbursement from political contributions intended	<b>Payee address;</b> <i>5000 S. Western</i> City: <i>Amarillo</i> State: <i>TX</i> Zip Code: <i>79109</i> <input type="checkbox"/> Check if individual's residence address.		
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) <i>Postage</i>		<b>Description</b> <i>Postcard stamps</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Candidate / Officeholder name _____ Office sought _____ Office held _____			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

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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 G:		2 FILER NAME <i>Lisa Johnson</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>1/30/2026</i>		5 Payee name <i>Amazon</i>			
6 Amount (\$) <i>17.51</i> <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; <i>Online</i>		City; State; Zip Code	
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>		(b) Description <i>Postcards</i>	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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			
Amount (\$)		Payee address;		City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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			
Amount (\$)		Payee address;		City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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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