

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:		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR			FIRST CASEY	MI F	OFFICE USE ONLY	
	NICKNAME			LAST JOHNSON	SUFFIX	Date Received HAND JAN 30 2026 DELIVERED	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX: 110 PR 44001			APT / SUITE #: Blossom	CITY: TX	STATE: 75416	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (903)	PHONE NUMBER 900-6683			EXTENSION		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MS	FIRST KAREN	MI			Receipt #	
	NICKNAME	LAST BEERS	SUFFIX			Amount \$	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): 110 PR 44001			CITY: Blossom	STATE: TX	ZIP CODE: 75416	
8 CAMPAIGN TREASURER PHONE	AREA CODE (903)	PHONE NUMBER 249-4870			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 1	Day 15	Year 26	THROUGH		Month 2 Day 1 Year 26	
11 ELECTION	ELECTION DATE Month 3 / Day 3 / Year 26		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special				
12 OFFICE	OFFICE HELD (if any) N/A			13 OFFICE SOUGHT (if known) Lamar County Commissioner Precinct 4			
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 <input type="checkbox"/> GENERAL	COMMITTEE NAME					
	COMMITTEE ADDRESS						
	COMMITTEE CAMPAIGN TREASURER NAME						
	COMMITTEE CAMPAIGN TREASURER ADDRESS						

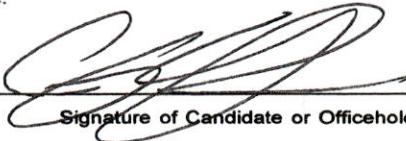
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Casey 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) \$
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 3,800.00
CONTRIBUTION BALANCE	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$
OUTSTANDING LOAN TOTALS	4. TOTAL POLITICAL EXPENDITURES \$ 1,404.30
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 2,395.70
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$

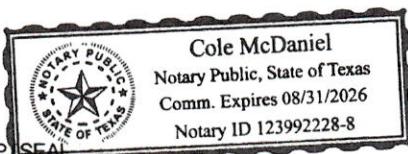
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Casey Johnson this the 30 day of January
20 26, to certify which, witness my hand and seal of office.

Signature of officer administering oath

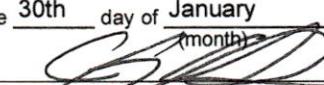
Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Casey Johnson, and my date of birth is 02/11/1985.
My address is 110 PR 44001, Blossom, TX, 75416, USA.
(street) (city) (state) (zip code) (country)
Executed in Lamar County, State of TX, on the 30th day of January, 20 26.
(month) (year)


Signature of Candidate/Officeholder (Declarant)

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

19 FILER NAME Casey Johnson	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,800.00
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	\$ 1,404.30
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>2</u>
2 FILER NAME Casey Johnson				3 Filer ID (Ethics Commission Filers)
4 Date 01/20/2026	5 Full name of contributor Fasken Farms LLC	out-of-state PAC (ID#_____)		7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)	
Date 01/20/2026	Full name of contributor Mike Kennedy	out-of-state PAC (ID#_____)		Amount of contribution (\$) 500.00
Contributor address;			City;	State; Zip Code
Principal occupation / Job title (See Instructions)				Employer (See Instructions)
Date 01/22/2026	Full name of contributor Holland Harper	out-of-state PAC (ID#_____)		Amount of contribution (\$) 500.00
Contributor address;			City;	State; Zip Code
Principal occupation / Job title (See Instructions)				Employer (See Instructions)
Date 01/22/2026	Full name of contributor Mark Horn	out-of-state PAC (ID#_____)		Amount of contribution (\$) 100.00
Contributor address;			City;	State; Zip Code
Principal occupation / Job title (See Instructions)				Employer (See Instructions)

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</u>
2 FILER NAME Casey Johnson				3 Filer ID (Ethics Commission Filers)
Date 01/22/2026	5 Full name of contributor Denise Moffitt	out-of-state PAC (ID#:)	7 Amount of contribution (\$) 250.00	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)		
Date 01/22/2026	Full name of contributor Stacy Cunningham	out-of-state PAC (ID#:)	Amount of contribution (\$) 1,000.00	
Contributor address;		City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date 01/22/2026	Full name of contributor Johnny Brooks	out-of-state PAC (ID#:)	Amount of contribution (\$) 1,000.00	
Contributor address;		City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date 01/22/2026	Full name of contributor AKB Contracting LLC	out-of-state PAC (ID#:)	Amount of contribution (\$) 200.00	
Contributor address;		City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		

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	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: 2	2 FILER NAME Casey Johnson	3 Filer ID (Ethics Commission Filers)
4 Date 01/15/2026	5 Payee name Print Works	
6 Amount (\$) 200.10	7 Payee address; 6955 Lamar Rd, Reno, TX 75462 <small>Check if individual's residence address.</small>	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Hats
	(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 Casey Johnson	Office sought LCC PCT 4
Date 01/20/2026	Payee name Prime Time Marketing Products	
Amount (\$) 725.00	Payee address; 220 CR 43360 Paris, TX 75460 <small>Check if individual's residence address.</small>	City; State; Zip Code
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Banners
	<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 Casey Johnson	Office sought LCC PCT 4
Date 01/21/2026	Payee name Kountry Kitchen	
Amount (\$) 327.96	Payee address; 110 Front St, Blossom, TX 75416 <small>Check if individual's residence address.</small>	City; State; Zip Code
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Food
	<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 Casey Johnson	Office sought LCC PCT 4
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	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: 2	2 FILER NAME Casey Johnson	3 Filer ID (Ethics Commission Filers)	
4 Date 01/22/2026	5 Payee name WalMart		
6 Amount (\$) 28.64	7 Payee address; 3855 Lamar Ave, Paris, TX 75462 <small>Check if individual's residence address.</small>	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Office Products	
	(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 Casey Johnson	Office sought LCC PCT 4	Office held
Date 01/22/2026	Payee name Paris Party Rentals		
Amount (\$) 69.11	Payee address; 4115 Pine Mill Rd. Paris, TX 75460 <small>Check if individual's residence address.</small>	City; State; Zip Code	
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Chairs	
	<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 Casey Johnson	Office sought LCC PCT 4	Office held
Date 01/22/2026	Payee name SCS Graphics		
Amount (\$) 53.49	Payee address; 3317 NE Loop 286, Paris, TX 75460 <small>Check if individual's residence address.</small>	City; State; Zip Code	
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Signs	
	<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 Casey Johnson	Office sought LCC PCT 4	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			