

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM 3001
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID	2 Total pages filed: 1 of 7	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI		<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">OFFICE USE ONLY</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Date Received</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Date Hand-delivered or Date Postmarked</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Receipt # Amount</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Date Processed</div> <div style="border: 1px solid black; padding: 2px;">Date Imaged</div>	
	MS. Faith			
NICKNAME LAST SUFFIX				
Johnson				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE		<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">OFFICE USE ONLY</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Date Received</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Date Hand-delivered or Date Postmarked</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Receipt # Amount</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Date Processed</div> <div style="border: 1px solid black; padding: 2px;">Date Imaged</div>	
	P.O. Box 224623			
Dallas, TX 75222				
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI		<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">OFFICE USE ONLY</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Date Received</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Date Hand-delivered or Date Postmarked</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Receipt # Amount</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Date Processed</div> <div style="border: 1px solid black; padding: 2px;">Date Imaged</div>	
	MS. Maurine			
NICKNAME LAST SUFFIX				
Dickey				
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">OFFICE USE ONLY</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Date Received</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Date Hand-delivered or Date Postmarked</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Receipt # Amount</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Date Processed</div> <div style="border: 1px solid black; padding: 2px;">Date Imaged</div>	
	18583 Dallas Parkway Suite 120			
Dallas, TX 75287				
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION		<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">OFFICE USE ONLY</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Date Received</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Date Hand-delivered or Date Postmarked</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Receipt # Amount</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Date Processed</div> <div style="border: 1px solid black; padding: 2px;">Date Imaged</div>	
	214/ 521-3748			
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)			<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">OFFICE USE ONLY</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Date Received</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Date Hand-delivered or Date Postmarked</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Receipt # Amount</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Date Processed</div> <div style="border: 1px solid black; padding: 2px;">Date Imaged</div>
	<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)			
9 PERIOD COVERED	Month Day Year THROUGH Month Day Year		<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">OFFICE USE ONLY</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Date Received</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Date Hand-delivered or Date Postmarked</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Receipt # Amount</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Date Processed</div> <div style="border: 1px solid black; padding: 2px;">Date Imaged</div>	
	07/01/2025 12/31/2025			
10 ELECTION	ELECTION DATE ELECTION TYPE			<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">OFFICE USE ONLY</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Date Received</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Date Hand-delivered or Date Postmarked</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Receipt # Amount</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Date Processed</div> <div style="border: 1px solid black; padding: 2px;">Date Imaged</div>
	Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other None			
None <input type="checkbox"/> General <input type="checkbox"/> Special				
11 OFFICE	OFFICE HELD (if any)x		<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">OFFICE USE ONLY</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Date Received</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Date Hand-delivered or Date Postmarked</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Receipt # Amount</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Date Processed</div> <div style="border: 1px solid black; padding: 2px;">Date Imaged</div>	
	None			
		12 OFFICE SOUGHT (if known)		<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">OFFICE USE ONLY</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Date Received</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Date Hand-delivered or Date Postmarked</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Receipt # Amount</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Date Processed</div> <div style="border: 1px solid black; padding: 2px;">Date Imaged</div>

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM 501
COVER SHEET PG 2

2 of 7

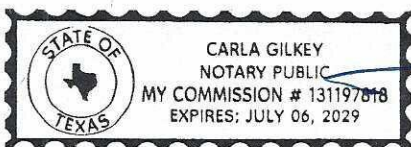
13 C / OH NAME Johnson, Faith	14 Filer ID
----------------------------------	-------------

15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,000.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 81,858.34
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

17 AFFIDAVIT

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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Faith Johnson, this the 14th day of January, 2026, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering

Carla Gilkey
Printed name of officer administering

Notary
Title of officer administering oath

18 FILER NAME

Johnson, Faith

19 Filer ID

20 SCHEDULE SUBTOTALS

NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
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 checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 2,850.00
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 150.00
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 1/2 Rpt: 4/7	2 FILER NAME Johnson, Faith	3 Filer ID
4 Date 10/19/2025	5 Payee name Chris Howell Foundation	
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 2201 Main Suite 835 Dallas, TX 75201	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsorship
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/20/2025	Payee name DFW Chapter - National Black Prosecutors	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 2001 Ross Ave Dallas, TX 75252	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/27/2025	Payee name Dallas County Republican Party	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 11617 N. Central Expwy Suite 240 Dallas, TX 75243	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 2025 Christmas Gala
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 2/2 Rpt: 5/7	2 FILER NAME Johnson, Faith	3 Filer ID
4 Date 10/24/2025	5 Payee name Gibson, Diane	
6 Amount (\$) \$100.00	7 Payee address; City; State; Zip Code P.O. Box 764701 Dallas, TX 75376-4701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/24/2025	Payee name Harrison, Jacqueline	
Amount (\$) \$750.00	Payee address; City; State; Zip Code 5711 Willow Wood Lane Dallas, TX 75252	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Accountant- Filing Returns
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/03/2025	Payee name Mesquite Republican Women	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 10300 North Central Expwy Suite 345 Dallas, TX 75231	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsorship
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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: Sch: 1/2 Rpt: 6/7		2 FILER NAME Johnson, Faith		3 Filer ID	
4 Date 07/31/2025		5 Payee name Johnson, Faith			
6 Amount (\$) \$25.00 <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code P.O. Box 224623 Dallas, TX 75222			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Cell Phone Service		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Verizon Cell Phone Service paid by Faith Johnson - cell under 3 year contract.	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 08/31/2025		Payee name Johnson, Faith			
Amount (\$) \$25.00 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code P.O. Box 224623 Dallas, TX 75222			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Cell Phone Service		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Verizon Cell Phone Service paid by Faith Johnson - cell under 3 year contract.	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 09/30/2025		Payee name Johnson, Faith			
Amount (\$) \$25.00 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code P.O. Box 224623 Dallas, TX 75222			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Cell Phone Service		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Verizon Cell Phone Service paid by Faith Johnson - cell under 3 year contract.	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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: Sch: 2/2 Rpt: 7/7		2 FILER NAME Johnson, Faith		3 Filer ID	
4 Date 10/31/2025		5 Payee name Johnson, Faith			
6 Amount (\$) \$25.00 <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code P.O. Box 224623 Dallas, TX 75222			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Cell Phone Service		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Verizon Cell Phone Service paid by Faith Johnson - cell under 3 year contract.	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 11/30/2025		Payee name Johnson, Faith			
Amount (\$) \$25.00 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code P.O. Box 224623 Dallas, TX 75222			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Cell Phone Service		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Verizon Cell Phone Service paid by Faith Johnson - cell under 3 year contract.	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 12/31/2025		Payee name Johnson, Faith			
Amount (\$) \$25.00 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code P.O. Box 224623 Dallas, TX 75222			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Cell Phone Service		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Verizon Cell Phone Service paid by Faith Johnson - cell under 3 year contract.	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	



AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2025, a candidate or officeholder who has accepted more than \$33,910 in political contributions or made more than \$33,910 in political expenditures in any calendar year must file all subsequent reports electronically.

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

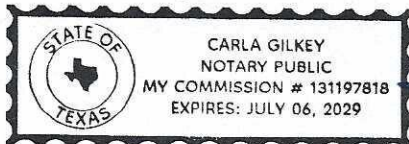
Date Imaged

Filer name <u>Faith Johnson</u>	Filer ID #
------------------------------------	------------

1. I swear or affirm that I have not accepted more than \$33,910 in political contributions or made more than \$33,910 in political expenditures in a calendar year.
2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$33,910 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
5. I am filing this affidavit with the Quarterly report due on January 15, 2026.
I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

[Signature]
Signature of Filer

Sworn to and subscribed before me by Faith Johnson this the 14th day of January, 2026, to certify which, witness my hand and seal of office.

[Signature] Carla Gilkey Notary
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 Filer (Declarant)

**FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT
ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER**