CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1	Filer ID (Ethics Commission Filers)		2 Total pages filed:			OFFICE USE ONLY			
	00088233	,		5			Date Received		
3	CANDIDATE /	MS / MRS / MR	FIRST		MI	ELECTRONICA	ALLY EILED		
	OFFICEHOLDER NAME	Mr.	Collin D.			10/29/2024	(LLI I ILLD		
	IVAIVIE	NICKNAME	LAST		SUFFIX				
			Johnson				5.5.1.1.		
	ORIGINAL January 15		Runoff	Other (s	pecify)	Date Hand-delivered o	r Date Postmarked		
	REPORT TYPE	July 15	Exceeded modified reporting limit			Receipt #	Amount		
		X 30th day before election	15th day after camp			1			
		8th day before election	appointment (office	• • •		Date Processed	•		
_	ODICINAL DEDICO		<u> </u>		Voor	_			
	ORIGINAL PERIOD COVERED	Month Day Yea 07/01/2024	THROUGH	Month Day 10/29/2024	Year	Date Imaged			
_	EXPLANATION OF C			10/29/2024					
7	AFFIDAVIT			ear, or affirm, under p correct.	enalty of perjur	y, that this corrected	d report is true		
7	AFFIDAVIT		and				d report is true		
7	AFFIDAVIT		and	correct.	and all applicas: I swear, or	ble statements: affirm that the original an intent to mislea	inal report		
7	AFFIDAVIT		and	correct. ck the box next to any Semiannual reports was made in good fa	and all applica s: I swear, or aith and without ormation contai swear, or affirm the 14th busine ginally filed is ir any error or or	ble statements: affirm that the original an intent to misleate the report. that I am filing this less day after the data accurate or incomp	inal report d or to corrected te I learned plete. I		
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Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT The C/OH Instruction Guide explains how to complete this form.

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to comple	ete this form.	1 Filer ID (Ethics Comm 00088233		2 Total pages filed 5	d:
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE US	SE ONI Y
OFFICEHOLDER NAME	Mr.	Collin D.			Date Received	
					ELECTRONICAL	LY FILED
	NICKNAME	LAST		SUFFIX	10/29/2024	
		Johnson				
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT	/ SUITE #; CIT	ΓY;	ZIP CODE	Date Hand-delivered or D	Oate Postmarked
MAILING ADDRESS	P.O Box 202				Receipt #	Amount
Change of Address	Lake Dallas, TX 75065				Date Processed	
					Date Imaged	
					Date imaged	
5 CAMPAIGN TREASURER		FIRST		MI		
NAME	Mrs.	Cynthia				
	NICKNAME	LAST		SUFFIX		
		Jones				
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PI FASE):	AP	T / SUITE #; CITY;	STAT	E; ZIP CODE
TREASURER ADDRESS	P.O Box 202	DON'T LET. (32),	· -	1700112 ", ",		L, L. 0021
(Residence or Business)	Lake Dallas, TX 75065					
7 CAMPAIGN	AREA CODE PHON	IE NUMBER	EXTENSION			
TREASURER PHONE	(214) 543-2970					
8 REPORT TYPE	January 15 X	30th day before	e election	Runoff	15th day after camp appointment (officel	
	July 15	8th day before	election	Exceeded modified	Final Report (Attach	
		J our day belore	election L	reporting limit	I mai report (ratao	TO/OH-HN)
9 PERIOD COVERED	Month Day Year			Month Day	Year	
COVERED	07/01/2024	Tł	HROUGH	10/29/202	4	
10 ELECTION	ELECTION DATE			ELECTION TYPE	Tout.	
	Month Day Year 11/05/2024		Primary	Runoff	Other	
	11/03/2024	X	General	Special		
11 OFFICE	OFFICE HELD (if any)	I		12 OFFICE SOUGHT		
	None			State Representa	ative District 57	
		GO -	TO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

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13 C / OH NAME	Johnson, Collin D. (N	tr.)	14 Filer ID 00088233	(Ethics Commission Filers)			
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	ommittees to support the eholder's knowledge or otice of such expenditures.					
Additional Pages	COMMITTEE TYPE						
	GENERAL						
	SPECIFIC						
	COMMITTEE CAMPAIGN TREASURER NAME						
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS				
16 CONTRIBUTION	1. TOTAL UNITEM	IZED POLITICAL CONTRIBUTIONS (OTHER THA	N PLEDGES LOANS				
TOTALS	OR GUARANTE	ES OF LOANS, OR CONTRIBUTIONS MADE ELEC		\$ 0.00			
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 607.51			
EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES TOTALS				\$ 0.00			
	4. TOTAL POLITIC	CAL EXPENDITURES		\$ 0.00			
CONTRIBUTION BALANCE	REPORTING PE			\$ 647.51			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS ITING PERIOD	OF THE LAST DAY	\$ 0.00			
17 AFFIDAVIT		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.					
		Mr. C	Collin D. Johnson				
Signature of Candidate or Officeholder							
AFFIX NO	TARY STAMP / SEAL AB	OVE					
Sworn to and subs	cribed before me, by the s	aid	, this the	day			
of, 20, to certify which, witness my hand and seal of office.							
Signature of officer administering Printed name of officer administering Title of officer administering oath							

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

4 of 5							
18 FILER NA Johnson,	(Ethics Commissi	on Filers)					
20 SCHEDUL NAME OF	SUBTOTAL	AMOUNT					
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	607.51			
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$				
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$				
4.	SCHEDULE E: LOANS		\$				
5.	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$					
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$				
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	\$					
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$					
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS						
10.	10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH						
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$				
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$				

	MONET	TARY POLITICAL CONTRIBUTION		SCHEDUL	E A1	
	The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 1/1 Rpt: 5/5		
2	FILER NAME	Ohnson, Collin D. (Mr.)			Filer ID (Ethics Commission 00088233	n Filers)
4	Date 08/08/2024	5 Full name of contributor X out-of-state PAC (ID#: 00087094			Amount of Contribution (\$)	\$566.51
		Washington D.C, DC 20001				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 09/24/2024	Full name of contributor out-of-state PAC (ID#:_ Peterson, Maria Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
	Principal occu	Hurricane, UT 84737 upation / Job title (See Instructions)	Employer (See Instructions	 - s)		
	Date 10/24/2024				Amount of Contribution (\$)	\$6.00
		Hurricane, UT 84737				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#:_ Tony , Pritchard Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
	Principal occu	Northlake, TX 76226 upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)		