

# 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:
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR: _____ FIRST: <u>Johnny</u> MI: <u>L</u> NICKNAME: <u>Bubba</u> LAST: <u>Paish</u> SUFFIX: <u>JR</u>	<b>OFFICE USE ONLY</b>	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>	ADDRESS / PO BOX: <u>20229 Hwy 34N</u> APT / SUITE #: _____ CITY: <u>Wolfcreek</u> STATE: <u>TX</u> ZIP CODE: <u>75496</u>	Date Received: <u>2/13/2024 8:45 AM</u> <u>Vicki Miller</u>	
<input type="checkbox"/> Change of Address	<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE: <u>(903)</u> PHONE NUMBER: <u>450-6866</u> EXTENSION: _____	Date Hand-delivered or Date Postmarked: <u>2/13/2024</u>
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR: _____ FIRST: <u>Discha</u> MI: <u>L</u> NICKNAME: _____ LAST: <u>Threlkeld</u> SUFFIX: _____	Receipt #	Amount \$
<b>7 CAMPAIGN TREASURER ADDRESS</b>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: <u>201 Keam St</u> CITY: <u>Ladonia</u> STATE: <u>TX</u> ZIP CODE: <u>75449</u>		Date Processed: <u>2/13/2024</u>
(Residence or Business)	<b>8 CAMPAIGN TREASURER PHONE</b>		Date Imaged: _____
<b>9 REPORT TYPE</b>	AREA CODE: <u>(903)</u> PHONE NUMBER: <u>456-6465</u> EXTENSION: _____		
<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before election		
<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election		
<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)	<input type="checkbox"/> Exceeded Modified Reporting Limit		
<input type="checkbox"/> Final Report (Attach C/OH - FR)	<input type="checkbox"/> Runoff		
<b>10 PERIOD COVERED</b>	Month Day Year: <u>1 / 1 / 2024</u> THROUGH Month Day Year: <u>2 / 5 / 2024</u>		
<b>11 ELECTION</b>	ELECTION DATE: Month Day Year: <u>3 / 5 / 2024</u>	ELECTION TYPE: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
<b>12 OFFICE</b>	OFFICE HELD (if any): _____	<b>13 OFFICE SOUGHT (if known)</b> <u>County Commissioner Precinct 3<sup>rd</sup></u>	
<b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b>	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	<input type="checkbox"/> GENERAL	COMMITTEE TYPE: _____ COMMITTEE NAME: _____	
<input type="checkbox"/> SPECIFIC	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 Johnny L "Bubba" Pairsh Jr 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)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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.

*[Handwritten Signature]*  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Johnny Pairsh this the 13<sup>th</sup> day of February, 2024, to certify which, witness my hand and seal of office.

[Signature] Signature of officer administering oath      Sally Wright Printed name of officer administering oath      Notary 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 Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

Johnny L "Bubba" Parish JR

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 0.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0.00
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0.00
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1:
<b>2</b> FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	<b>7</b> Amount of contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		



# TEXAS ETHICS COMMISSION STATEMENT OF DEFENSE

Complete this form if you are raising a defense to a late filing.  
You must complete either Jurat 1 or Jurat 2 below.

OFFICE USE ONLY	
Date Received	2/13/2024 8:45AM
	Vicki Miller
Date Postmarked	
Date Processed	2/13/2024
MID #	
Document #	

Filer Name <u>Johnny "Bubba" Parrish</u>	Filer ID #
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I swear, or affirm, under penalty of perjury, that the following statement is in all things true and correct:

This statement is filed for the Treasurer Report for Eldlin report due on Feb 5-2024. I learned that the report was late on Feb 12-2024

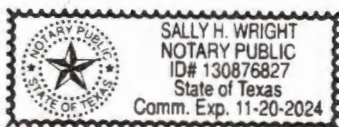
by Johnny "Bubba" Parrish Because I was looking at the wrong ~~date~~ date  
(how filer learned the report was late)

The reasons for requesting a waiver or reduction are (attach additional pages if necessary):

I thought it was due on Feb 12-2024

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

JPPH  
Signature of Filer

Sworn to and subscribed before me by Johnny Parrish this the 13<sup>th</sup> day of February, 20 24, to certify which, witness my hand and seal of office.

Sally H. Wright  
Signature of officer administering oath

Sallywright  
Printed name of officer administering oath

Notary  
Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.

(street) (city) (state) (country) (ZIP code)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(date) (month) (year)

\_\_\_\_\_  
Signature of Filer (Declarant)

## **INSTRUCTIONS FOR COMPLETING THIS FORM**

You may use this form to request a waiver or reduction of a fine in connection with a late report. You may include any information that you believe is relevant to your request, including the reasons why the report was filed late, the date on which and how you learned that the report was late, and any other facts that you believe qualify you for a waiver or reduction of the fine. Your request might be denied if you do not provide this information.

Your statement must include EITHER: 1) a completed Affidavit Jurat, OR 2) a completed Unsworn Declaration Jurat. If you use the Affidavit Jurat, the statement must be signed and notarized or sworn before an officer administering an oath. If you use the Unsworn Declaration Jurat, the statement must be signed and must include your name, date of birth, and address, and the county, state, and date of your signature.

Your Statement of Defense may be delivered to the Commission by the following:

- Mail a paper copy of your statement to:

Texas Ethics Commission  
P.O. Box 12070  
Austin, TX 78711-2070

-or-

- Email a PDF copy of your statement to:

affidavits@ethics.state.tx.us  
Include your Filer ID, name, AFFD, and report type in the subject line.  
For example:  
Subject Line: "00012345 Jane Doe, AFFD, July 2018 Semiannual late filing"

-or-

- Hand deliver a paper copy of your statement to:

Texas Ethics Commission  
201 E. 14th St.  
Sam Houston Building - 10th Floor  
Austin, TX 78701

Additional information regarding the late fine process, and the qualifications for a waiver or reduction of a late fine, are included on the Commission's website in the "Administrative Fines" section at <https://www.ethics.state.tx.us/enforcement/>.