

# 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 <i>Christopher</i> FIRST NICKNAME <i>Chris</i> LAST <i>Durant</i> MI <i>A</i> SUFFIX			<b>OFFICE USE ONLY</b> Date Received <b>FILED</b> <b>JAN 15 2026</b> <b>TITUS COUNTY ELECTIONS ADMINISTRATOR</b> <small>Date Hand-Delivered or Date Postmarked</small>	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> Change of Address ADDRESS / PO BOX <i>603 County Road 3265 Mt. Pleasant TX 75455</i> APT / SUITE # CITY STATE, ZIP CODE			AREA CODE <i>(903)</i> PHONE NUMBER <i>575 8720</i> EXTENSION	
<b>5 CANDIDATE/ OFFICEHOLDER PHONE</b> (Residence or Business)			AREA CODE <i>(903)</i> PHONE NUMBER <i>575 8720</i> EXTENSION	
<b>6 CAMPAIGN TREASURER NAME</b> MS / MRS MR <i>Christopher</i> FIRST NICKNAME <i>Chris</i> LAST <i>Durant</i> MI <i>A</i> SUFFIX			Receipt # <input type="text"/> Amount \$ <input type="text"/> Date Processed Date Imaged	
<b>7 CAMPAIGN TREASURER ADDRESS</b> STREET ADDRESS (NO PO BOX PLEASE): <i>603 County Road 3265</i> APT / SUITE #: <i>Mt. Pleasant</i> CITY: <i>TX</i> STATE, ZIP CODE <i>75455</i>				
<b>8 CAMPAIGN TREASURER PHONE</b> (Residence or Business)			AREA CODE <i>(903)</i> PHONE NUMBER <i>575 8720</i> EXTENSION	
<b>9 REPORT TYPE</b>			<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) <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)	
<b>10 PERIOD COVERED</b> Month <i>08</i> Day <i>05</i> Year <i>2025</i>			Month <i>01</i> Day <i>15</i> Year <i>2025</i>	
<b>11 ELECTION</b> ELECTION DATE Month <i>03</i> Day <i>03</i> Year <i>2024</i>			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)			13 OFFICE SOUGHT (if known) <i>Justice of the Peace Pt. 1, 3, 4</i>	
<b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b> <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. 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.	
<b>COMMITTEE TYPE</b> <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC			COMMITTEE NAME	
			COMMITTEE ADDRESS	
			COMMITTEE CAMPAIGN TREASURER NAME	
			COMMITTEE CAMPAIGN TREASURER ADDRESS	

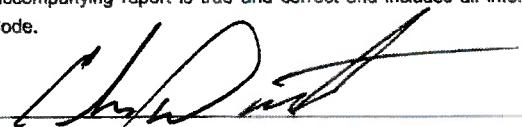
GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**FORM C/OH  
COVER SHEET PG 2**

15 C/OH NAME	<i>Chris Durant</i>	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 -
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ - 0 -
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 375 <sup>00</sup>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ - 0 -
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ - 0 -
OUTSTANDING LOAN TOTALS		

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 Chris Durant this the 15 day of January.

26 to certify which, witness my hand and seal of office.

Linda Farley-Smith  
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 Candidate/Officeholder (Declarant)

# 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	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 G.	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
1	Chris Donvert		
4 Date	5 Payee name		
11/8/25	Titus County Republican Party		
6 Amount (\$)	7 Payee address,	City: State: Zip Code	
375.00	108 PR 13 11	Mt. Pleasant TX 75455	
<input type="checkbox"/> Reimbursement from political contributions intended			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	Other Fees	Filing Fee	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9	Candidate / Officeholder name	Office sought	Office held
Complete ONLY if direct expenditure to benefit C/OH	Chris Donvert	Justice of the Peace Pt. 1, 3, 4	
Date	Payee name		
Amount (\$)	Payee address:	City, State: Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended			
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			
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
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>			

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<p>The C/OH Instruction Guide explains how to complete this form.</p>			<p><b>1</b> Filer ID (Ethics Commission Filers)</p> <p><b>2</b> Total pages filed.</p> <p><b>3</b></p>												
<p><b>3</b> CANDIDATE / OFFICEHOLDER NAME</p> <p>MS - MRS <input checked="" type="checkbox"/> FIRST <i>Christopher</i> MI <i>A</i> NICKNAME <i>Chris</i> LAST <i>DURANT</i> SUFFIX</p>	<p><b>OFFICE USE ONLY</b></p> <p>Date Received: <b>FILED</b></p> <p><b>JAN 15 2026</b></p> <p>TITUS COUNTY ELECTIONS ADMINISTRATOR</p>														
	<p>Address / PO Box: <i>603 CR 3265 Mt. Pleasant TX 75455</i></p> <p>APT / SUITE #: CITY: STATE: ZIP CODE</p>														
<p><b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS</p> <p><input type="checkbox"/> Change of Address</p>															
<p><b>5</b> CANDIDATE/ OFFICEHOLDER PHONE</p> <p>AREA CODE <i>(903)</i> PHONE NUMBER <i>575 8720</i></p>	<p>EXTENSION</p> <p>Date Hand-delivered or Date Postmarked</p>														
<p><b>6</b> CAMPAIGN TREASURER NAME</p> <p>MS / MRS / MR <i>Christopher</i> MI <i>A</i> NICKNAME <i>Chris</i> LAST <i>Durant</i> SUFFIX</p>	<p>RECEIPT # <input type="checkbox"/> AMOUNT \$ <input type="checkbox"/></p> <p>Date Processed</p> <p>Date Imaged</p>														
<p><b>7</b> CAMPAIGN TREASURER ADDRESS (Residence or Business)</p> <p>STREET ADDRESS <i>603 CR 3265</i> APT / SUITE #: CITY: STATE: ZIP CODE</p> <p><i>Mt. Pleasant TX 75455</i></p>															
<p><b>8</b> CAMPAIGN TREASURER PHONE</p> <p>AREA CODE <i>(903)</i> PHONE NUMBER <i>575 8720</i></p>	<p>EXTENSION</p>														
<p><b>9</b> REPORT TYPE</p> <p><input 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)</p> <p><input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input checked="" type="checkbox"/> Final Report (Attach C/OH - FR)</p>															
<p><b>10</b> PERIOD COVERED</p> <p>Month <i>01</i> Day <i>01</i> Year <i>2026</i> THROUGH Month <i>01</i> Day <i>16</i> Year <i>2026</i></p>															
<p><b>11</b> ELECTION</p> <p>ELECTION DATE Month <i>03</i> Day <i>03</i> Year <i>2026</i></p>	<p>ELECTION TYPE</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special</p>														
<p><b>12</b> OFFICE</p> <p>OFFICE HELD (if any)</p>	<p><b>13</b> OFFICE SOUGHT (if known)</p> <p><i>Justice of the Peace Pct. 1, 3, 4</i></p>														
<p><b>14</b> NOTICE FROM POLITICAL COMMITTEE(S)</p> <p><input type="checkbox"/> Additional Pages</p>	<p>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.</p> <table border="1"> <tr> <td>COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td></td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> <td></td> </tr> <tr> <td colspan="2">COMMITTEE ADDRESS</td> </tr> <tr> <td colspan="2">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td colspan="2">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL		<input type="checkbox"/> SPECIFIC		COMMITTEE ADDRESS		COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS	
COMMITTEE TYPE	COMMITTEE NAME														
<input type="checkbox"/> GENERAL															
<input type="checkbox"/> SPECIFIC															
COMMITTEE ADDRESS															
COMMITTEE CAMPAIGN TREASURER NAME															
COMMITTEE CAMPAIGN TREASURER ADDRESS															
<b>GO TO PAGE 2</b>															

# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed:	OFFICE USE ONLY		
3 CANDIDATE / OFFICEHOLDER NAME		FIRST <i>Christopher</i> NICKNAME <i>Chris</i> LAST <i>Durant</i> SUFFIX <i>A</i>		Data Received	
4 ORIGINAL REPORT TYPE		<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election	<input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> 15th day after treasurer appointment (officeholder only)	<input type="checkbox"/> Final report Other (specify) _____	Date Hand-delivered or Date Postmarked  Receipt # _____ Amount \$ _____
5 ORIGINAL PERIOD COVERED		Month <i>09</i> Day <i>26</i> Year <i>2025</i> THROUGH Month <i>12</i> Day <i>31</i> Year <i>2025</i>	Date Processed  Date Imaged		

## 6 EXPLANATION OF CORRECTION

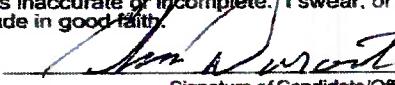
*I Put the wrong Date for the Period Covered*

## 7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

  
 Signature of Candidate/Officeholder

Please complete either option below:

## (1) Affidavit

## NOTARY STAMP / SEAL

Sworn to and subscribed before me by Chris Durant this the 16 day of January20 2024, to certify which, witness my hand and seal of office.
  
 Linda Farley Smith Linda Farley Smith

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 Candidate/Officeholder (Declarant)

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**
**FORM C/OH  
COVER SHEET PG 2**
**15 C/OH NAME***Chris Durant***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*

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ *0***EXPENDITURE  
TOTALS**

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE

\$ *0*

4. TOTAL POLITICAL EXPENDITURES

\$ *0***CONTRIBUTION  
BALANCE**

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ *0***OUTSTANDING  
LOAN TOTALS**

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ *0***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.

*Chris Durant*

Signature of Candidate or Officeholder

**Please complete either option below:**

**(1) Affidavit****NOTARY STAMP / SEAL**

Sworn to and subscribed before me by Chris Durant this the 16 day of January  
20 2016, to certify which, witness my hand and seal of office.

Linda Farley-Smith Linda Farley-Smith  
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)

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

## FORM C/OH - FR

The Instruction Guide explains how to complete this form.

\*\* Complete only if "Report Type" on page 1 is marked "Final Report" \*\*

1 C/OH NAME

*Chris Durant*

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

*Chris Durant*

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

\*\* Complete A & B below only if you are not an officeholder. \*\*

### A. CAMPAIGN FUNDS

Check only one:



I do not have unexpended contributions or unexpended interest or income earned from political contributions.



I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

### B. ASSETS

Check only one:



I do not retain assets purchased with political contributions or interest or other income from political contributions.



I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

*Chris Durant*

Signature of Candidate

5 OFFICEHOLDER

\*\* Complete this section only if you are an officeholder \*\*



I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder