

# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: 5		OFFICE RECEIVED FOR RECORD IN MY OFFICE	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	Date Received	
	NICKNAME	LAST	SUFFIX	AT 9:32 O'CLOCK	A M
4 ORIGINAL REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Final report	Date Hand-delivered or Date Filed	JAN 16 2026
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded modified reporting limit	<input type="checkbox"/> Other (specify)	Receipt #	ALORETTA MASON
5 ORIGINAL PERIOD COVERED	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		Date Processed	BY L. Mason
	<input type="checkbox"/> 8th day before election			Date Imaged	DEPUTY
Month Day Year Month Day Year					
7 / 1 / 2025 THROUGH 12 / 31 / 2025					

## 6 EXPLANATION OF CORRECTION

Schedule G of Itemized expenditures was incomplete; Dates for semiannual report were incorrect; committee listed incorrectly

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 \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_,  
20 \_\_\_\_\_, 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 Paul Bishop, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, Carthage TX 75633 USA.

(street) (city) (state) (zip code) (country)

Executed in Panola County, State of Texas, on the 16 day of January, 2026.

(month) (year)

Signature of Candidate/Officeholder (Declarant)

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

**FORM C/OH  
COVER SHEET PG 1**

Revised 1/1/2026

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

<b>15 C/OH NAME</b> Paul Bishop		<b>16 Filer ID (Ethics Commission Filers)</b>
<b>17 CONTRIBUTION TOTALS</b>	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
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,482.22
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0.00
<b>OUTSTANDING LOAN TOTALS</b>	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.

*Paul Bishop*

Signature of Candidate or Officeholder

Please complete either option below:

**(1) Affidavit**

NOTARY STAMP/SEAL

Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, 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 Paul Bishop, and my date of birth is \_\_\_\_\_.  
My address is \_\_\_\_\_, Carthage, TX, 75633, USA.  
(street) (city) (state) (zip code) (country)  
Executed in Panola County, State of Texas, on the 16 day of January, 2026.  
(month) (year)

*Paul Bishop*  
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  
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: <b>2</b>	2 FILER NAME <b>Paul W. Bishop</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>11/18/2025</b>	5 Payee name <b>Panola County Republican Party</b>	
6 Amount (\$)  Reimbursement from political contributions intended	7 Payee address;  City: <b>Carthage</b> State: <b>Texas</b> Zip Code <b>75633</b>  Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Fees</b>	(b) Description <b>Registration for candidacy</b>
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Paul Bishop</b>	Office sought <b>County Commissioner Pct 2</b> Office held <b>N/A</b>
Date <b>01/07/2026</b>	Payee name <b>ProSigns</b>	
Amount (\$)  Reimbursement from political contributions intended	Payee address;  City: <b>Carthage</b> State: <b>Texas</b> Zip Code <b>75633</b>  Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expenses</b>	Description <b>Campaign signs</b>
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Paul Bishop</b>	Office sought <b>County Commissioner Pct 2</b> Office held <b>N/A</b>
Date <b>01/09/2026</b>	Payee name <b>Prosigns</b>	
Amount (\$)  Reimbursement from political contributions intended	Payee address;  City: <b>Carthage</b> State: <b>Texas</b> Zip Code <b>75633</b>  Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expenses</b>	Description <b>Campaign Signs</b>
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Paul Bishop</b>	Office sought <b>County Commissioner Pct 2</b> Office held <b>N/A</b>
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

# 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  
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: <b>2</b>	2 FILER NAME <b>Paul W. Bishop</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>01/09/2026</b>	5 Payee name <b>KGAS Radio</b>	
6 Amount (\$)  Reimbursement from political contributions intended	7 Payee address;  City: <b>Carthage</b> State: <b>Texas</b> Zip Code <b>75633</b>  Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	(b) Description <b>Radio campaign</b>
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Paul Bishop</b>	Office sought <b>County Commissioner Pct 2</b> Office held <b>N/A</b>
Date <b>01/09/2026</b>	Payee name <b>Canva</b>	
Amount (\$)  Reimbursement from political contributions intended	Payee address;  City: <b>Austin</b> State: <b>Texas</b> Zip Code <b>78702</b>  Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expenses</b>	Description <b>Campaign business cards</b>
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Paul Bishop</b>	Office sought <b>County Commissioner Pct 2</b> Office held <b>N/A</b>
Date <b>01/14/2026</b>	Payee name <b>Canva</b>	
Amount (\$)  Reimbursement from political contributions intended	Payee address;  City: <b>Austin</b> State: <b>Texas</b> Zip Code <b>78702</b>  Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expenses</b>	Description <b>Campaign business cards</b>
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Paul Bishop</b>	Office sought <b>County Commissioner Pct 2</b> Office held <b>N/A</b>
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		