

# 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:		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr John C			OFFICE USE ONLY		
	NICKNAME LAST SUFFIX Chad Decker			Date Received  <b>FEB 02 2026</b>		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 13045 E. Jarratt Rd San Angelo TX 76905					
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (325) 895-0701			Date Hand-delivered or Date Postmarked		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mrs. Kristen C			Receipt # Amount \$		
	NICKNAME LAST SUFFIX Oliver			Date Processed  Date Imaged		
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE 6909 Oliver Lane San Angelo TX 76905					
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (325) 234-2193					
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit			<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month 1	Day / 1	Year / 26	Month 1	Day / 22	Year / 26
11 ELECTION	ELECTION DATE Month 3 / Day / 3 / Year / 26	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special _____				
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known) Tom Green County Commissioner, Precinct 2		
14 NOTICE FROM POLITICAL COMMITTEE(S)  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.					
	COMMITTEE TYPE  <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

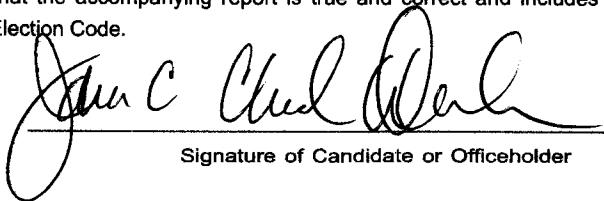
FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME  
Mr. John C (Chad) Decker

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. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,680.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$ 9,299.24
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3,050.76
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 9,000.00

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.



Signature of Candidate or Officeholder

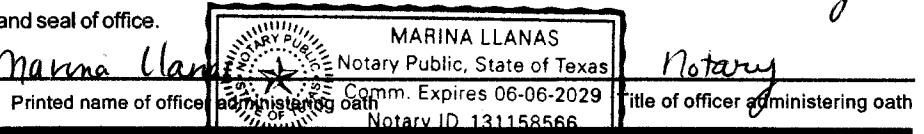
Please complete either option below:

**(1) Affidavit**

NOTARY STAMP/SEAL

Sworn to and subscribed before me by John C. Chad Decker this the 2<sup>nd</sup> day of February,  
20 24, to certify which, witness my hand and seal of office.

Marina Llanas  
Signature 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)

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

<b>19</b> FILER NAME Mr. John C (Chad) Decker	<b>20</b> Filer ID (Ethics Commission Filers)
<b>21</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,680.00
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3. <input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 5,000.00
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 9,299.24
6. <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7. <input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0.00
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12. 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.

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: <b>1 of 4</b>
<b>2 FILER NAME</b> <b>Mr. John C (Chad) Decker</b>			<b>3 Filer ID (Ethics Commission Filers)</b>
<b>4 Date</b> <b>01/02/2026</b>	<b>5 Full name of contributor</b> <b>Kristen Oliver</b>	out-of-state PAC (ID#: .....)	<b>7 Amount of contribution (\$)</b> <b>100.00</b>
	<b>6 Contributor address;</b> <b>6909 Oliver Lane</b>	City; <b>San Angelo</b> State; <b>TX</b> Zip Code <b>76905</b>	
<b>8 Principal occupation / Job title (See Instructions)</b>		<b>9 Employer (See Instructions)</b>	
<b>Date</b> <b>01/02/2026</b>	<b>Full name of contributor</b> <b>Rodney Fleming</b>	out-of-state PAC (ID#: .....)	<b>Amount of contribution (\$)</b> <b>100.00</b>
	<b>Contributor address;</b> <b>6705 Grand Canal Ct.</b>	City; <b>San Angelo</b> State; <b>TX</b> Zip Code <b>76904</b>	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b> <b>01/02/2026</b>	<b>Full name of contributor</b> <b>Fred Alvarez</b>	out-of-state PAC (ID#: .....)	<b>Amount of contribution (\$)</b> <b>300.00</b>
	<b>Contributor address;</b> <b>9178 Hawk Ave</b>	City; <b>San Angelo</b> State; <b>TX</b> Zip Code <b>76904</b>	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b> <b>01/07/2026</b>	<b>Full name of contributor</b> <b>Tiffanie Melone</b>	out-of-state PAC (ID#: .....)	<b>Amount of contribution (\$)</b> <b>30.00</b>
	<b>Contributor address;</b> <b>6122 Katie Lane</b>	City; <b>San Angelo</b> State; <b>TX</b> Zip Code <b>76904</b>	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

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

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: <i>2 of 4</i>
<b>2 FILER NAME</b> <b>Mr. John C (Chad) Decker</b>			<b>3 Filer ID (Ethics Commission Filers)</b>
<b>4 Date</b>  01/07/2026	<b>5 Full name of contributor</b>  Wrey Montgomery	out-of-state PAC (ID#: .....)	<b>7 Amount of contribution (\$)</b>  <b>250.00</b>
	<b>6 Contributor address;</b>  5618 Woodbine	City; San Angelo TX 76904	State; Zip Code
<b>8 Principal occupation / Job title (See Instructions)</b>		<b>9 Employer (See Instructions)</b>	
<b>Date</b>  01/06/2026	<b>Full name of contributor</b>  Pierce Miller	out-of-state PAC (ID#: .....)	<b>Amount of contribution (\$)</b>  <b>250.00</b>
	<b>Contributor address;</b>  PO Box 3832	City; San Angelo TX 76902	State; Zip Code
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b>  01/09/2026	<b>Full name of contributor</b>  Reid Stultz	out-of-state PAC (ID#: .....)	<b>Amount of contribution (\$)</b>  <b>250.00</b>
	<b>Contributor address;</b>  PO Box 3	City; San Angelo TX 76935	State; Zip Code
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b>  01/05/2026	<b>Full name of contributor</b>  Brandie Dragt	out-of-state PAC (ID#: .....)	<b>Amount of contribution (\$)</b>  <b>500.00</b>
	<b>Contributor address;</b>  6237 Chalimar Rd	City; San Angelo TX 76904	State; Zip Code
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<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.			

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

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

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: <b>3 of 4</b>
<b>2 FILER NAME</b> <b>Mr. John C (Chad) Decker</b>			<b>3 Filer ID (Ethics Commission Filers)</b>
<b>4 Date</b>  <b>01/05/2026</b>	<b>5 Full name of contributor</b>  <b>Gerrit Dragt</b>	<b>out-of-state PAC (ID#:</b> _____)	<b>7 Amount of contribution (\$)</b>  <b>750.00</b>
	<b>6 Contributor address;</b>  <b>6237 Chalimar Rd</b>	<b>City; State; Zip Code</b>  <b>San Angelo TX 76904</b>	
<b>8 Principal occupation / Job title (See Instructions)</b>		<b>9 Employer (See Instructions)</b>	
<b>Date</b>  <b>01/07/2026</b>	<b>Full name of contributor</b>  <b>Dave Leech</b>	<b>out-of-state PAC (ID#:</b> _____)	<b>Amount of contribution (\$)</b>  <b>1,000.00</b>
	<b>Contributor address;</b>  <b>7330 Alto Lane</b>	<b>City; State; Zip Code</b>  <b>San Angelo TX 76904</b>	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b>  <b>01/14/2026</b>	<b>Full name of contributor</b>  <b>Brett Schniers</b>	<b>out-of-state PAC (ID#:</b> _____)	<b>Amount of contribution (\$)</b>  <b>500.00</b>
	<b>Contributor address;</b>  <b>PO Box 360</b>	<b>City; State; Zip Code</b>  <b>Wall TX 76957</b>	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b>  <b>01/14/2026</b>	<b>Full name of contributor</b>  <b>Carol Niehues</b>	<b>out-of-state PAC (ID#:</b> _____)	<b>Amount of contribution (\$)</b>  <b>200.00</b>
	<b>Contributor address;</b>  <b>4202 Homestead Circle</b>	<b>City; State; Zip Code</b>  <b>San Angelo TX 76905</b>	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
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**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

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<b>2 FILER NAME</b> <b>Mr. John C (Chad) Decker</b>			<b>3 Filer ID (Ethics Commission Filers)</b>
<b>4 Date</b> 01/20/2026	<b>5 Full name of contributor</b> <b>Skip &amp; Valerie Priess</b>	out-of-state PAC (ID#: .....)	<b>7 Amount of contribution (\$)</b> <b>250.00</b>
	<b>6 Contributor address;</b> 808 Humble Rd	City; San Angelo TX 76903 State; Zip Code	
<b>8 Principal occupation / Job title (See Instructions)</b>		<b>9 Employer (See Instructions)</b>	
<b>Date</b> 01/21/2026	<b>Full name of contributor</b> <b>Russell Gully</b>	out-of-state PAC (ID#: .....)	<b>Amount of contribution (\$)</b> <b>200.00</b>
	<b>Contributor address;</b> 5001 Pecan Ridge Ln.	City; San Angelo TX 76904 State; Zip Code	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b>	<b>Full name of contributor</b>	out-of-state PAC (ID#: .....)	<b>Amount of contribution (\$)</b>
	<b>Contributor address;</b>	City; State; Zip Code	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b>	<b>Full name of contributor</b>	out-of-state PAC (ID#: .....)	<b>Amount of contribution (\$)</b>
	<b>Contributor address;</b>	City; State; Zip Code	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<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.			

## **LOANS**

**SCHEDULE E**

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

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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 F1: 1	2 FILER NAME Mr. John C (Chad) Decker	3 Filer ID (Ethics Commission Filers)	
4 Date 01/11/2026	5 Payee name LA Graphics Media		
6 Amount (\$) 215.70	7 Payee address; 1515 McKenzie	City: San Angelo State: TX Zip Code 76901	
Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Set up website	
	(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	Office sought	Office held
Date 01/19/2026	Payee name McLaughlin Advertising		
Amount (\$) 9,083.54	Payee address; 115 S. Park St	City: San Angelo	State: TX Zip Code 76901
Check if individual's residence address.		Check if Austin, TX, officeholder living expense	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Signs, Push Cards, Advertising	
	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	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City:	State: Zip Code
Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	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	Office sought	Office held

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