

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

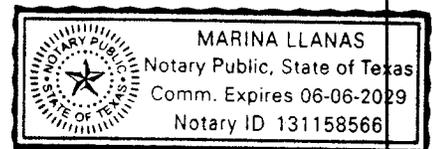
15 C/OH NAME John C. (Chad) Decker		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 9,509.30
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 472.25
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 12,116.91
OUTSTANDING LOAN TOTALS	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.

John C (Chad) Decker
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 23rd day of February, 2024, to certify which, witness my hand and seal of office.

David Owen Signature of officer administering oath
Marina Llanas 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

John C. (Chad) Decker

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 9,509.30
2.	■ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 400.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	■ SCHEDULE E: LOANS	\$ 9,000.00
5.	■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 472.25
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

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: 1 of 5
2 FILER NAME John C. (Chad) Decker		3 Filer ID (Ethics Commission Filers)
4 Date 01/24/2026	5 Full name of contributor out-of-state PAC (ID#: _____) George Randall	7 Amount of contribution (\$) 250.00
6 Contributor address; City; State; Zip Code 4741 Muirfield San Angelo TX 76904		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/28/2026	Full name of contributor out-of-state PAC (ID#: _____) Kenneth Gully	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code PO Box 690 Eola TX 76937		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/29/2026	Full name of contributor out-of-state PAC (ID#: _____) Jana McAllister	Amount of contribution (\$) 24.25
Contributor address; City; State; Zip Code 4700 SH 114 #1205 Northlake TX 76262		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/29/2026	Full name of contributor out-of-state PAC (ID#: _____) Scott Norman	Amount of contribution (\$) 485.05
Contributor address; City; State; Zip Code 3605 Edgemont Austin TX 78731		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2 of 5
2 FILER NAME John C. (Chad) Decker		3 Filer ID (Ethics Commission Filers)
4 Date 01/31/2026	5 Full name of contributor out-of-state PAC (ID#: _____) Ralph Matschek	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 13978 FM 380 Miles TX 76861		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/31/2026	Full name of contributor out-of-state PAC (ID#: _____) Gene Gully	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code 2904 Phinney Rd Mereta TX 76940		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/06/2026	Full name of contributor out-of-state PAC (ID#: _____) Paulette Dragt	Amount of contribution (\$) 1000.00
Contributor address; City; State; Zip Code 1526 Barbara San Angelo TX 76904		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/06/2026	Full name of contributor out-of-state PAC (ID#: _____) Gabe and Emily Andros	Amount of contribution (\$) 1000.00
Contributor address; City; State; Zip Code 5433 Ben Ficklin Rd San Angelo TX 76904		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3 of 5
2 FILER NAME John C. (Chad) Decker		3 Filer ID (Ethics Commission Filers)
4 Date 02/06/2026	5 Full name of contributor out-of-state PAC (ID#: _____) Casey Baize 6 Contributor address; City; State; Zip Code PO Box 517 Big Lake TX 76932	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/06/2026	Full name of contributor out-of-state PAC (ID#: _____) Jimmy and Carol Barton Contributor address; City; State; Zip Code PO Box 61310 San Angelo TX 76906	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/06/2026	Full name of contributor out-of-state PAC (ID#: _____) Valerie and Skip Priess Contributor address; City; State; Zip Code 808 Humble Rd San Angelo TX 76903	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/06/2026	Full name of contributor out-of-state PAC (ID#: _____) Will and Karee Wiggins Contributor address; City; State; Zip Code 665 W. Rattiff Rd San Angelo TX 76904	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4 of 5
2 FILER NAME John C. (Chad) Decker		3 Filer ID (Ethics Commission Filers)
4 Date 02/06/2026	5 Full name of contributor out-of-state PAC (ID#: _____) Kathleen Pfluger 6 Contributor address; City; State; Zip Code 1222 S Park San Angelo TX 76901	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/09/2026	Full name of contributor out-of-state PAC (ID#: _____) TREPAC - Texas Realtors PAC Contributor address; City; State; Zip Code PO Box 2246 Austin TX 78768	Amount of contribution (\$) 4000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/12/2026	Full name of contributor out-of-state PAC (ID#: _____) Tony Jones Contributor address; City; State; Zip Code 16530 Koonce Ln Christoval TX 76935	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/17/2026	Full name of contributor out-of-state PAC (ID#: _____) Gary Floyd Contributor address; City; State; Zip Code 2199 Coyote Bend San Angelo TX 76904	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5 of 5
2 FILER NAME John C. (Chad) Decker		3 Filer ID (Ethics Commission Filers)
4 Date 02/17/2026	5 Full name of contributor out-of-state PAC (ID#: _____) Bob Poulson 6 Contributor address; City; State; Zip Code 1489 Butler Dr. San Angelo TX 76904	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/18/2026	Full name of contributor out-of-state PAC (ID#: _____) Steve Eustis Contributor address; City; State; Zip Code PO Box 3253 San Angelo TX 76902	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: 1	
2 FILER NAME John C. (Chad) Decker		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 02/05/2026	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gerrit & Brandie Dragt	8 Amount of Contribution \$ 400.00	9 In-kind contribution description Meet & greet gathering
7 Contributor address; City; State; Zip Code 6237 Chalimar Rd San Angelo TX 76904		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Home Builder / Owner		11 Employer (FOR NON-JUDICIAL)(See Instructions) Dragt Construction	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
		Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1	2 FILER NAME John C. (Chad) Decker	3 Filer ID (Ethics Commission Filers)
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4 Date 02/17/2026	5 Payee name Brady Wetz
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6 Amount (\$) 312.25	7 Payee address; 4757 Muirfield Ave	City; San Angelo	State; TX	Zip Code 76904
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Meet and Greet
	(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 John C. (Chad) Decker	Office sought Tom Green County Commissioner, Pct 2	Office held
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Date 02/18/2026	Payee name Kristen Oliver
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Amount (\$) 160.00	Payee address; 6909 Oliver Ln	City; San Angelo	State; TX	Zip Code 76905
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Meet and Greet
	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 John C. (Chad) Decker	Office sought Tom Green County Commissioner, Pct 2	Office held
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Date	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
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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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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