

**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 Filer)	2 Total pages filed:																																	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <i>Mr.</i>	FIRST <i>John</i>	MI <i>W</i>	<b>OFFICE USE ONLY</b>  Date Received <i>940 o'clock A M</i> Date <i>1-15-2020</i> NORMA G. EDISON Elections Administrator Goliad County Texas By: <i>holyfield</i> Deputy																																	
	NICKNAME	LAST <i>Creech</i>	SUFFIX																																		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE: ZIP CODE																																	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		<b>RECEIVED</b>  Date Received <i>JAN 15 2020</i> Date Processed <i>KBC</i> Date Imaged																																
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <i>Mrs.</i>	FIRST <i>Martha</i>	MI <i>A</i>	SUFFIX																																	
NICKNAME	LAST <i>Creech</i>																																				
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #:			CITY:	STATE: ZIP CODE																																
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION																																		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input 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 <i>/</i>	Day <i>/</i>	Year <i>/</i>	Month <i>/</i>	Day <i>/</i>																																
	THROUGH																																				
11 ELECTION	ELECTION DATE Month Day Year <i>13 / 03 / 2026</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																																		
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)																																	
14 NOTICE FROM POLITICAL COMMITTEE(S)	<small>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.</small> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="4" style="width: 15%;">COMMITTEE TYPE  <input type="checkbox"/> Additional Pages</td> <td colspan="5">COMMITTEE NAME</td> </tr> <tr> <td colspan="5"><input type="checkbox"/> GENERAL</td> </tr> <tr> <td colspan="5"><input type="checkbox"/> SPECIFIC</td> </tr> <tr> <td colspan="5">COMMITTEE ADDRESS</td> </tr> <tr> <td colspan="5">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td colspan="5">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>						COMMITTEE TYPE  <input type="checkbox"/> Additional Pages	COMMITTEE NAME					<input type="checkbox"/> GENERAL					<input type="checkbox"/> SPECIFIC					COMMITTEE ADDRESS					COMMITTEE CAMPAIGN TREASURER NAME					COMMITTEE CAMPAIGN TREASURER ADDRESS				
COMMITTEE TYPE  <input type="checkbox"/> Additional Pages	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>																																					

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

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

15 C/OH NAME	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 <i>400</i>
4. TOTAL POLITICAL EXPENDITURES	\$ 0 <i>400</i>
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.

\_\_\_\_\_  
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 John W. Creech, and my date of birth is 01-12-1954.  
 My address is \_\_\_\_\_  
 (street) \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code) \_\_\_\_\_ (country) \_\_\_\_\_  
 Executed in Goliad County, State of Texas, on the 01 day of 01, 20 26 (month) (year)

\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)