

# 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<br><div style="text-align: center; font-size: 1.2em;">JOHN</div> <hr/> NICKNAME LAST SUFFIX<br><div style="text-align: center; font-size: 1.2em;">CORTLEYOU</div>   | <div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>OFFICE USE ONLY</b><br/> <b>FILED FOR RECORD</b><br/>         Date Received at <u>10:15</u> o'clock <u>A</u> m<br/> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;">JUL 15 2025</div> <b>SANDRA KNIGHT</b><br/>         County Clerk, Camp County, Texas<br/>         By <u>[Signature]</u> Deputy       </div> |  |   |   |                                 |  |   |  |  |  |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE # CITY; STATE; ZIP CODE<br><div style="font-size: 1.2em;">180 CR 2435</div> <div style="font-size: 1.2em;">PITTSBURG, TX 75686</div>   | Date Hand-delivered or Date Postmarked<br><br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;">Receipt #</td> <td style="width:50%; padding: 2px;">Amount \$</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Date Processed</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Date Imaged</td> </tr> </table>                             |  | Receipt #   | Amount \$   | Date Processed                  |  | Date Imaged                                 |  |  |  |
| Receipt #  | Amount \$  |  |  |   |   |                                 |  |   |  |  |  |
| Date Processed   |  |  |  |   |   |                                 |  |   |  |  |  |
| Date Imaged  |  |  |  |   |   |                                 |  |   |  |  |  |
| 5 CANDIDATE / OFFICEHOLDER PHONE   | AREA CODE PHONE NUMBER EXTENSION<br><div style="font-size: 1.2em;">(903) 856-6657</div>  | Date Hand-delivered or Date Postmarked<br><br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;">Receipt #</td> <td style="width:50%; padding: 2px;">Amount \$</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Date Processed</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Date Imaged</td> </tr> </table>                             |  | Receipt #   | Amount \$   | Date Processed                  |  | Date Imaged                                 |  |  |  |
| Receipt #  | Amount \$  |  |  |   |   |                                 |  |   |  |  |  |
| Date Processed   |  |  |  |   |   |                                 |  |   |  |  |  |
| Date Imaged  |  |  |  |   |   |                                 |  |   |  |  |  |
| 6 CAMPAIGN TREASURER NAME  | MS / MRS / MR FIRST MI<br><div style="text-align: center; font-size: 1.2em;">SAME</div> <hr/> NICKNAME LAST SUFFIX   | Date Hand-delivered or Date Postmarked<br><br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;">Receipt #</td> <td style="width:50%; padding: 2px;">Amount \$</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Date Processed</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Date Imaged</td> </tr> </table>                             |  | Receipt #   | Amount \$   | Date Processed                  |  | Date Imaged                                 |  |  |  |
| Receipt #  | Amount \$  |  |  |   |   |                                 |  |   |  |  |  |
| Date Processed   |  |  |  |   |   |                                 |  |   |  |  |  |
| Date Imaged  |  |  |  |   |   |                                 |  |   |  |  |  |
| 7 CAMPAIGN TREASURER ADDRESS<br>(Residence or Business)                                      | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE # CITY; STATE; ZIP CODE<br><div style="font-size: 1.2em;">SAME</div>  |  |  |   |   |                                 |  |   |  |  |  |
| 8 CAMPAIGN TREASURER PHONE   | AREA CODE PHONE NUMBER EXTENSION<br><div style="font-size: 1.2em;">( ) SAME</div>  |  |  |   |   |                                 |  |   |  |  |  |
| 9 REPORT TYPE  | <table style="width:100%;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input checked="" type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded Modified Reporting Limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table> |  |  | <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) | <input checked="" 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) |
| <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) |   |   |                                 |  |   |  |  |  |
| <input checked="" 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)                                   |   |   |                                 |  |   |  |  |  |
| 10 PERIOD COVERED  | <table style="width:100%;"> <tr> <td style="text-align: center;">Month Day Year</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">Month Day Year</td> </tr> <tr> <td style="text-align: center; font-size: 1.2em;">01 / 01 / 2025</td> <td></td> <td style="text-align: center; font-size: 1.2em;">06 / 30 / 2025</td> </tr> </table>  |  |  | Month Day Year  | THROUGH   | Month Day Year                  | 01 / 01 / 2025   |   | 06 / 30 / 2025                                   |  |  |
| Month Day Year   | THROUGH  | Month Day Year   |  |   |   |                                 |  |   |  |  |  |
| 01 / 01 / 2025   |  | 06 / 30 / 2025   |  |   |   |                                 |  |   |  |  |  |
| 11 ELECTION  | <table style="width:100%;"> <tr> <td style="width:40%;">           ELECTION DATE<br/>           Month Day Year<br/> <div style="font-size: 1.2em;">/ /</div> </td> <td style="width:60%;">           ELECTION TYPE<br/> <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br/> <input type="checkbox"/> General <input type="checkbox"/> Special         </td> </tr> </table>  |  |  | ELECTION DATE<br>Month Day Year<br><div style="font-size: 1.2em;">/ /</div> | ELECTION TYPE<br><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br><input type="checkbox"/> General <input type="checkbox"/> Special |                                 |  |   |  |  |  |
| ELECTION DATE<br>Month Day Year<br><div style="font-size: 1.2em;">/ /</div>                  | ELECTION TYPE<br><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br><input type="checkbox"/> General <input type="checkbox"/> Special  |  |  |   |   |                                 |  |   |  |  |  |
| 12 OFFICE  | OFFICE HELD (if any)<br><div style="font-size: 1.2em;">SHERIFF</div>   | 13 OFFICE SOUGHT (if known)  |  |   |   |                                 |  |   |  |  |  |
| 14 NOTICE FROM POLITICAL COMMITTEE(S)<br><br><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.  |  |  |   |   |                                 |  |   |  |  |  |
| <input type="checkbox"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC                    | <table style="width:100%;"> <tr> <td style="width:20%;">COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td></td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td></td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>  |  |  | COMMITTEE TYPE  | COMMITTEE NAME  |                                 | COMMITTEE ADDRESS  |   | COMMITTEE CAMPAIGN TREASURER NAME                |  | COMMITTEE CAMPAIGN TREASURER ADDRESS                     |
| COMMITTEE TYPE   | 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**

|                                |   |   |
|--------------------------------|---|---|
| <b>15 C/OH NAME</b>            |   | <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 -                                      |
|                                | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ - 0 -                                      |
| <b>EXPENDITURE TOTALS</b>      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$ - 0 -                                      |
|                                | 4. TOTAL POLITICAL EXPENDITURES   | \$ - 0 -                                      |
| <b>CONTRIBUTION BALANCE</b>    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ - 0 -                                      |
| <b>OUTSTANDING LOAN TOTALS</b> | 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 John Contelcyon this the 15th day of July, 2025, to certify which, witness my hand and seal of office.

Signature of officer administering oath: Sandra Knight Printed name of officer administering oath: Sandra Knight Title of officer administering oath: County Clerk

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)