

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.			1 Filer ID (Ethics Commission Filers)	2 Total pages filed:								
3 CANDIDATE / OFFICEHOLDER NAME		Mr. James J. Smith										
NICKNAME		FIRST	MI	SUFFIX								
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		ADDRESS / PO BOX:	APT / SUITE #:	CITY: STATE: ZIP CODE								
		PO Box 9057		Greenville Tx 75404								
5 CANDIDATE/ OFFICEHOLDER PHONE		AREA CODE	PHONE NUMBER	EXTENSION								
		(903)	450 - 3028									
6 CAMPAIGN TREASURER NAME		MS / MRS / MR	FIRST	MI								
		NICKNAME	LAST	SUFFIX								
			Elisha Hollis	M								
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE										
		6006 Trinity St. Greenville TX 75402										
8 CAMPAIGN TREASURER PHONE		AREA CODE	PHONE NUMBER	EXTENSION								
		(903)	450 - 2473									
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	Day	Year	Month	Day	Year					
		10	/	14	/	2025	THROUGH	12	/	31	/	2025
11 ELECTION		ELECTION DATE		ELECTION TYPE								
		Month	Day	Year	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description					
		03	/	03	/	2026	<input type="checkbox"/> General	<input type="checkbox"/> Special				
12 OFFICE		OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)							
		N/A			Justice of the Peace Pct. 1 Pl. 2							
14 NOTICE FROM POLITICAL COMMITTEE(S)		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"/> Additional Pages		COMMITTEE TYPE		COMMITTEE NAME								
		<input type="checkbox"/> GENERAL										
		<input type="checkbox"/> SPECIFIC										

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 2

15 JC/OH NAME

James Smith

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)

\$ 2,050.00

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 748.93

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

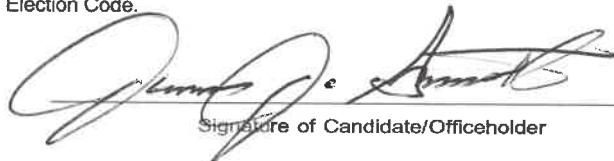
\$ 1301.07

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0.00

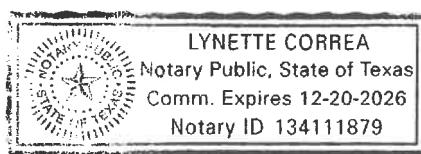
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by

Lynette Correa

this the 15 day of January,

20 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 _____, 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 - JC/OH**FORM JC/OH
COVER SHEET PG 3**

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
James Jonathan Smith	
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,050.00
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 50.00
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 748.93
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

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 A(J)1: 2
2 FILER NAME <i>James Jonathan Smith</i>		3 Filer ID (Ethics Commission Filers)
4 Date 11.17.25	5 Full name of contributor Randy Hinton	6 Contributor address; City; State; Zip Code 312 Victor Dr. Seagoville TX 75159
7 Amount of contribution (\$) \$150.00		8 Contributor's principal occupation Self Employed
9 Contributor's job title		10 Contributor's employer/law firm
11 Law firm of contributor's spouse (if any)		12 If contributor is a child, law firm of parent(s) (if any)
Date 11.17.25	Full name of contributor Alan Wallen	□ out-of-state PAC ID#: Contributor address; City; State; Zip Code 4501 FM 2947 Greenville TX 75402
Amount of contribution (\$) \$150.00		Contributor's principal occupation Contractor
Contributor's job title		Contributor's employer/law firm
Law firm of contributor's spouse (if any)		If contributor is a child, law firm of parent(s) (if any)
Date 11.12.25	Full name of contributor Julie R Sickels	□ out-of-state PAC ID#: Contributor address; City; State; Zip Code 9810 Claudette Greenville TX 75402
Amount of contribution (\$) \$350.00		Contributor's principal occupation Realtor
Contributor's job title		Contributor's employer/law firm
Law firm of contributor's spouse (if any)		If contributor is a child, law firm of parent(s) (if any)

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 (JUDICIAL)

SCHEDULE A(J)1

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

<p>The Instruction Guide explains how to complete this form.</p>				1 Total pages Schedule A(J)1: 2																																																		
2 FILER NAME <i>James Jonathan Smith</i>				3 Filer ID (Ethics Commission Filers)																																																		
4 Date <i>12.16.25</i>	5 Full name of contributor <i>Scott B Ellis</i>	<input type="checkbox"/> out-of-state PAC ID#:		7 Amount of contribution (\$) <i>\$ 750.00</i>																																																		
	6 Contributor address; <i>501 Traders Rd. Greenville Tx 75402</i>	City;	State;	Zip Code																																																		
8 Contributor's principal occupation <i>Building Contractor</i>			9 Contributor's job title																																																			
10 Contributor's employer/law firm			11 Law firm of contributor's spouse (if any)																																																			
12 If contributor is a child, law firm of parent(s) (if any)																																																						
 <table border="1"> <tr> <td> Date <i>12.18.25</i> </td> <td> Full name of contributor <i>Michelle Payne</i> </td> <td colspan="2"> <input type="checkbox"/> out-of-state PAC ID#: </td> <td> Amount of contribution (\$) <i>\$ 200.00</i> </td> </tr> <tr> <td></td> <td> Contributor address; <i>3339 Neola Rd. Greenville Tx 75402</i> </td> <td> City; </td> <td> State; </td> <td> Zip Code </td> </tr> <tr> <td colspan="2"> Contributor's principal occupation <i>Therapist</i> </td> <td colspan="3"> Contributor's job title </td> </tr> <tr> <td colspan="2"> Contributor's employer/law firm </td> <td colspan="3"> Law firm of contributor's spouse (if any) </td> </tr> <tr> <td colspan="5"> If contributor is a child, law firm of parent(s) (if any) </td> </tr> </table> <table border="1"> <tr> <td> Date <i>12.24.25</i> </td> <td> Full name of contributor <i>Jena A Rushing</i> </td> <td colspan="2"> <input type="checkbox"/> out-of-state PAC ID#: </td> <td> Amount of contribution (\$) <i>\$ 100.00</i> </td> </tr> <tr> <td></td> <td> Contributor address; <i>18662 FM 2493, Apt. 2604, Flint, Tx</i> </td> <td> City; </td> <td> State; </td> <td> Zip Code </td> </tr> <tr> <td colspan="2"> Contributor's principal occupation <i>Court Reporter</i> </td> <td colspan="3"> Contributor's job title </td> </tr> <tr> <td colspan="2"> Contributor's employer/law firm </td> <td colspan="3"> Law firm of contributor's spouse (if any) </td> </tr> <tr> <td colspan="5"> If contributor is a child, law firm of parent(s) (if any) </td> </tr> </table>					Date <i>12.18.25</i>	Full name of contributor <i>Michelle Payne</i>	<input type="checkbox"/> out-of-state PAC ID#:		Amount of contribution (\$) <i>\$ 200.00</i>		Contributor address; <i>3339 Neola Rd. Greenville Tx 75402</i>	City;	State;	Zip Code	Contributor's principal occupation <i>Therapist</i>		Contributor's job title			Contributor's employer/law firm		Law firm of contributor's spouse (if any)			If contributor is a child, law firm of parent(s) (if any)					Date <i>12.24.25</i>	Full name of contributor <i>Jena A Rushing</i>	<input type="checkbox"/> out-of-state PAC ID#:		Amount of contribution (\$) <i>\$ 100.00</i>		Contributor address; <i>18662 FM 2493, Apt. 2604, Flint, Tx</i>	City;	State;	Zip Code	Contributor's principal occupation <i>Court Reporter</i>		Contributor's job title			Contributor's employer/law firm		Law firm of contributor's spouse (if any)			If contributor is a child, law firm of parent(s) (if any)				
Date <i>12.18.25</i>	Full name of contributor <i>Michelle Payne</i>	<input type="checkbox"/> out-of-state PAC ID#:		Amount of contribution (\$) <i>\$ 200.00</i>																																																		
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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LOANS (JUDICIAL)**SCHEDULE E(J)**

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 E(J): 1
2 FILER NAME <i>James Smith</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ <i>0.00</i>
5 Date of loan <i>11-7-25</i>	7 Name of lender <i>James J Smith</i>	9 Loan Amount (\$) <i>50.00</i>
6 Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code <i>1905 Centerpoint Ln, Greenville, TX 75402 APT. 722</i>	10 Interest rate <i>0.00</i>
		11 Maturity date <i>N/A</i>
12 Lender's Principal Occupation <i>Investigator</i>		13 Lender's Job Title
14 Lender's Employer/Law Firm		15 Law Firm of lender's spouse (if any)
16 If lender is a child, law firm of parent(s) (if any)		
17 Description of Collateral <input checked="" type="checkbox"/> none		18 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
19 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	20 Name of guarantor	
	21 Guarantor address; City; State; Zip Code	
22 Amount Guaranteed (\$)		
23 Guarantor's Principal Occupation		24 Guarantor's Job Title
25 Guarantor's Employer/Law Firm		26 Law Firm of guarantor's spouse (if any)
27 If guarantor is a child, law firm of parent(s) (if any)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

**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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address;	City; State; Zip Code	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Fees	Filing fee	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12.3.25	Alliance Bank		
Amount (\$)	Payee address;	City; State; Zip Code	
5.00	6609 Wesley st	Greenville	Tx 75402
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Accounting/ Banking	Bank fee/ Statement fee	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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
Date	Payee name		
12.10.2025	Lake Printing		
Amount (\$)	Payee address;	City; State; Zip Code	
368.93	2314 Lee st.	Greenville	Tx 75401
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Printing Expense	cards, door hangers, magnets	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED