

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: <div style="text-align: center; font-size: 1.5em;">6</div>								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS <input checked="" type="radio"/> MR FIRST <div style="font-size: 1.2em;">James</div> MI <div style="font-size: 1.2em;">J</div>		OFFICE USE ONLY Date Received RECEIVED AT 2:01 o'clock P M FEB 02 2026 JEANNIE SHANKS Elections Administrator, Tarrant County, TX By: [Signature] Date Received: [Blank] Date Imaged: [Blank]								
	NICKNAME LAST SUFFIX <div style="font-size: 1.2em;">Smith</div>										
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <div style="font-size: 1.2em;">P.O. Box 9097 Greenville, TX 75404</div> <input type="checkbox"/> Change of Address											
5 CANDIDATE / OFFICEHOLDER PHONE AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 1.2em;">(903) 450-3028</div>											
6 CAMPAIGN TREASURER NAME MS / MRS <input checked="" type="radio"/> MR FIRST <div style="font-size: 1.2em;">Elisha</div> MI <div style="font-size: 1.2em;">M</div> NICKNAME LAST SUFFIX <div style="font-size: 1.2em;">Hollis</div>											
7 CAMPAIGN TREASURER ADDRESS (Residence or Business) STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="font-size: 1.2em;">6006 Trinity St. Greenville TX 75402</div>											
8 CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 1.2em;">(903) 450-2473</div>											
9 REPORT TYPE <input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input 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 Month Day Year Month Day Year <div style="font-size: 1.2em;">01 / 01 / 2026 THROUGH 01 / 31 / 2026</div>											
11 ELECTION ELECTION DATE: Month Day Year ELECTION TYPE: <div style="font-size: 1.2em;">03 / 03 / 2026</div> <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) <div style="font-size: 1.2em;">Justice of the Peace 1-2</div>									
14 NOTICE FROM POLITICAL COMMITTEE(S) <div style="display: flex; justify-content: space-between;"> <div style="width: 20%;"> <input type="checkbox"/> Additional Pages </div> <div style="width: 80%;"> <p>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.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; padding: 5px;">COMMITTEE TYPE</td> <td style="padding: 5px;">COMMITTEE NAME</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> GENERAL</td> <td style="padding: 5px;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> SPECIFIC</td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table> </div> </div>				COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE	COMMITTEE NAME										
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS										
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME										
	COMMITTEE CAMPAIGN TREASURER ADDRESS										

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)

\$ 1,450.00

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 2,267.20

CONTRIBUTION
BALANCE

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

\$ 533.87

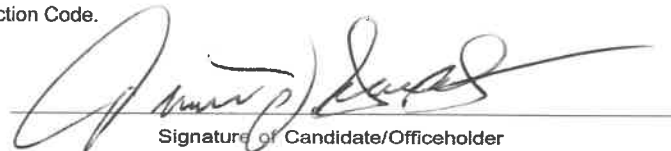
OUTSTANDING
LOAN TOTALS

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

\$ 0.00

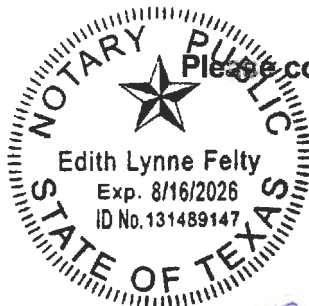
18 SIGNATURE

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 Edith Lynne Felty this the 02nd day of Feb,
20 26, 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 <i>James Smith</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,450. ⁰⁰
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2,267. ²⁰
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

James Smith

3 Filer ID (Ethics Commission Filers)

4 Date

1-6-26

5 Full name of contributor

☐ out-of-state PAC ID#:

John Macclain Suits

7 Amount of contribution (\$)

\$300.00

6 Contributor address;

City;

State;

Zip Code

2607 StoneWall Greenville Tx 75401

8 Contributor's principal occupation

Bondsman

9 Contributor's job title

owner

10 Contributor's employer/law firm

self Employed

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

1-6-26

Full name of contributor

☐ out-of-state PAC ID#:

Jerry Ransom

Amount of contribution (\$)

\$500.00

Contributor address;

City;

State;

Zip Code

P.O. Box 8703 Greenville, Tx 75404

Contributor's principal occupation

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

1-21-26

Full name of contributor

☐ out-of-state PAC ID#:

Larry Milton

Amount of contribution (\$)

\$350.00

Contributor address;

City;

State;

Zip Code

616 Beaver Place, Greenville, Tx 75402

Contributor's principal occupation

retired

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.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME <i>James Smith</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>1-23-26</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Drew Barrett</i>	7 Amount of contribution (\$) <i>\$300.00</i>
6 Contributor address; City; State; Zip Code <i>6500 Jack Finney, Greenville, Tx 75402</i>		
8 Contributor's principal occupation <i>Retired</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)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Contributor address; City; State; Zip Code	Amount of contribution (\$)
Contributor's principal occupation		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	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Contributor address; City; State; Zip Code	Amount of contribution (\$)
Contributor's principal occupation		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.		

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/Undraising 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: <div style="text-align: center;">1</div>		2 FILER NAME <div style="text-align: center;">James Smith</div>		3 Filer ID (Ethics Commission Filers)	
4 Date <div style="text-align: center;">1-6-26</div>		5 Payee name <div style="text-align: center;">Alliance Bank</div>			
6 Amount (\$) <div style="text-align: center;">5.00</div>		7 Payee address; City; State; Zip Code <div style="text-align: center;">6609 Waddy St. Greenville, TX 75402</div>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <div style="text-align: center;">Fees</div>		(b) Description <div style="text-align: center;">Paper Statement fee</div>		
	(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					
Date <div style="text-align: center;">1-9-26</div>		Payee name <div style="text-align: center;">Express Signs</div>			
Amount (\$) <div style="text-align: center;">1,236.65</div>		Payee address; City; State; Zip Code <div style="text-align: center;">8000 Traders Cir. Greenville, TX 75402</div>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <div style="text-align: center;">Advertising Expense</div>		Description <div style="text-align: center;">Campaign Signs</div>		
	<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					
Date <div style="text-align: center;">1-21-26</div>		Payee name <div style="text-align: center;">Express Signs</div>			
Amount (\$) <div style="text-align: center;">1,025.55</div>		Payee address; City; State; Zip Code <div style="text-align: center;">8000 Traders Cir. Greenville TX 75402</div>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <div style="text-align: center;">Advertising Expense</div>		Description <div style="text-align: center;">Campaign Signs</div>		
	<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					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					