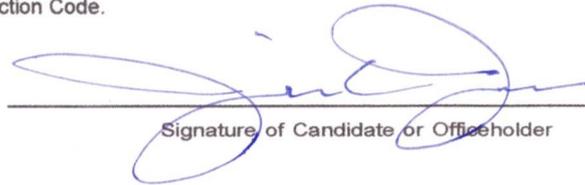


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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)	\$ 340.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 340.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 424.14
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,177.84
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

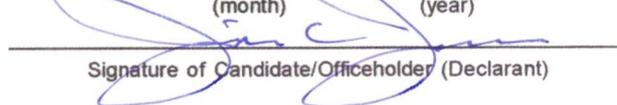
Sworn to and subscribed before me by _____ this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Jim C. Jones, and my date of birth is 7-24-57
 My address is 1350 R5 County Road 237D, Alba, TX, 75410, USA.
(street) (city) (state) (zip code) (country)
 Executed in Rains County, State of Texas, on the 16th day of Feb, 2026.
(month) (year)



 Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 340.00
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		\$ 400.00
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 3177.84
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ 4559.62
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

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
2 FILER NAME Jim C. Jones		3 Filer ID (Ethics Commission Filers)
4 Date 1-10-26	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bekah Medders	7 Amount of contribution (\$) \$40.00
6 Contributor address; City; State; Zip Code 481 RS County Road Point TX 75472		
8 Principal occupation / Job title (See Instructions) Director of Public Relations		9 Employer (See Instructions) Ratter P Construction
Date 1-14-26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nichole Hervey	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 225 Barn St. Emory TX 75440		
Principal occupation / Job title (See Instructions) Admin Assistant		Employer (See Instructions) Golden Water Supply Co.
Date 1-14-26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tri Point Surveying	Amount of contribution (\$) \$200.00
Contributor address; City; State; Zip Code Suite 103 903 E. Lannon Drive Emory TX 75440		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
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.

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: <i>1</i>	2 FILER NAME <i>Jim C. Jones</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>1-21-26</i>	5 Payee name <i>Bekah Medders</i>	
6 Amount (\$) <i>400</i>	7 Payee address; City; State; Zip Code <i>481 RSCounty Road 4520 Point TX 75472</i> <input type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising & Consulting</i>	(b) Description <i>Website, Facebook Page, Ads</i>
	(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 <i>Jim C. Jones</i>	Office sought <i>Rains City Commissioner Pet 2</i>
		Office held <i>None</i>
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<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	
Amount (\$)	Payee address; City; State; Zip Code <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<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

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(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 |
| | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME <i>Jim C. Jones</i>	3 FILER ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ <i>426.14</i>
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5 CREDIT CARD ISSUER	Name of financial institution <i>Capital One</i>
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6 PAYMENT	(a) Amount Charged \$ <i>533.22</i>	(b) Date Expenditure Charged <i>12-12-25</i>	(c) Date(s) Credit Card Issuer Paid <i>1-10-26</i>
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7 PAYEE	(a) Payee name <i>Good Guys Signs</i>	(b) Payee address; City, State, Zip Code <i>5002 N Howard Ave Tampa FL 33603</i>
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8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>	(b) Description <i>yard signs & Banners</i>
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Jim Jones</i>	Office Sought <i>City Commissioner Pet 2</i>	Office Held <i>None</i>
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PAYMENT	(a) Amount Charged \$ <i>252.00</i>	(b) Date Expenditure Charged <i>1-6-26</i>	(c) Date(s) Credit Card Issuer Paid <i>2-10-26</i>
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PAYEE	(a) Payee name <i>Rains Co Leader</i>	(b) Payee address; City, State, Zip Code <i>126 Planter Emony TX 75440</i>
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PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) <i>Advertisement</i>	(b) Description <i>Newspaper Ad</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Jim Jones</i>	Office Sought <i>Rains City Comm Pet 2</i>	Office Held <i>None</i>
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PAYMENT	(a) Amount Charged \$ <i>346.92</i>	(b) Date Expenditure Charged <i>1-10-26</i>	(c) Date(s) Credit Card Issuer Paid <i>2-10-26</i>
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PAYEE	(a) Payee name <i>Vista Print</i>	(b) Payee address; City, State, Zip Code <i>275 Wyman Waltham MA 02451</i>
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PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	(b) Description <i>Mailers</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Jim Jones</i>	Office Sought <i>Rains City Comm Pet 2</i>	Office Held <i>None</i>
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(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) |

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME <i>Jim Jones</i>	3 FILER ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ <i>426.14</i>
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5 CREDIT CARD ISSUER	Name of financial institution <i>Capital One</i>
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6 PAYMENT	(a) Amount Charged \$ <i>1010.92</i>	(b) Date Expenditure Charged <i>1-22-26</i>	(c) Date(s) Credit Card Issuer Paid <i>2-10-26</i>
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7 PAYEE	(a) Payee name <i>Vista Print</i>	(b) Payee address; City, State, Zip Code <i>26 Wyman Waltham MA 02451</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(b) Description <i>Printing Expense mailers</i>
(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Jim Jones</i>	Office Sought <i>Rains City Comm Pet 2</i>	Office Held <i>None</i>
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PAYMENT	(a) Amount Charged \$ <i>493.07</i>	(b) Date Expenditure Charged <i>2-10-26</i>	(c) Date(s) Credit Card Issuer Paid <i>3-10-26</i>
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PAYEE	(a) Payee name <i>Peerly</i>	(b) Payee address; City, State, Zip Code <i>#287 2232 Oak Range Cheyenne WY 82009</i>
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(b) Description <i>Advertisements text ads</i>
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Jim Jones</i>	Office Sought <i>Rains City Comm Pet 2</i>	Office Held <i>None</i>
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PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
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PAYEE	(a) Payee name	(b) Payee address; City, State, Zip Code
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(b) Description
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office Sought	Office Held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G:	2 FILER NAME <i>Jim C. Jones</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>1-10-26</i>	5 Payee name <i>Capital One</i>	
6 Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended <i>\$2578.53</i>	7 Payee address; City; State; Zip Code <i>P.O. Box 60519 City of Industry CA 91716</i> <input type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising & Printing</i>	(b) Description <i>Signs, mailers, texting</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Jim Jones Rains CoComm Pet 2</i>	Office sought <i>None</i>
Date <i>2-10-26</i>	Payee name <i>Capital One</i>	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended <i>\$1981.09</i>	Payee address; City; State; Zip Code <i>P.O. Box 60519 City of Industry CA 91716</i> <input type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising & Printing</i>	Description <i>Signs, mailers, texting</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Jim Jones Rains City Comm Pet 2</i>	Office held <i>None</i>
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED