

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

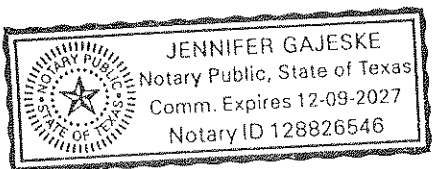
16 C/OH NAME <i>Dr. James "Jim" Chisolm</i>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 40.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,750.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 10,282.81
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 626.75
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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]
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Jim Chisolm this the 19 day of May, 2026, to certify which, witness my hand and seal of office.

[Signature] Signature of officer administering oath
 Jennifer Gajeske Printed name of officer administering oath
 Notary 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 - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>Dr. James Jim "Chisolm"</i>	20 Filer ID (Ethics Commission Filers)
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21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,750.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 6,528.17
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 3,754.64
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	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: 4
2 FILER NAME Dr. James "Jim" Chisolm		3 Filer ID (Ethics Commission Filers)
4 Date 04/25/2026	5 Full name of contributor out-of-state PAC (ID#: _____) Michelle Jordan 6 Contributor address; City; State; Zip Code 2317 Canterbury Ct., Deer Park, TX 77536	7 Amount of contribution (\$) 1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/29/2026	Full name of contributor out-of-state PAC (ID#: _____) George N. Sengel Contributor address; City; State; Zip Code P.O. Box 301, Brenham, TX 77833	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/29/2026	Full name of contributor out-of-state PAC (ID#: _____) Sally Blackie Contributor address; City; State; Zip Code P.O. Box 2196, Brenham, TX 77833	Amount of contribution (\$) 300.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) BETSWEST
Date 04/29/2026	Full name of contributor out-of-state PAC (ID#: _____) Betty & Derrell Fogarty Contributor address; City; State; Zip Code 3351 Jasmine, Brenham, TX 77833	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Retired

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

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <i>4</i>
2 FILER NAME Dr. James "Jim" Chisolm		3 Filer ID (Ethics Commission Filers)
4 Date 04/30/2026	5 Full name of contributor out-of-state PAC (ID#: _____) Mark & Mary Troth 6 Contributor address; City; State; Zip Code 11779 FM 2447 E, Chappell Hill, TX 77426	7 Amount of contribution (\$) 1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions) Retired - Banking
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <i>4</i>
2 FILER NAME Dr. James "Jim" Chisolm		3 Filer ID (Ethics Commission Filers)
4 Date 3/2/26	5 Full name of contributor out-of-state PAC (ID#: _____) Jad Stepp 6 Contributor address; City; State; Zip Code 3960 Bluebonnet Blvd, Brenham, TX 77833	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Stepp Law Firm
Date 3/04/26	Full name of contributor out-of-state PAC (ID#: _____) Carol Benter Contributor address; City; State; Zip Code 8469 Timber Cove Ln, Chappell Hill, TX 77426	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Retired
Date 3/10/26	Full name of contributor out-of-state PAC (ID#: _____) <i>Ridley Pearce</i> Contributor address; City; State; Zip Code 8431 Timber Cove Ln., Chappell Hill, TX 77426	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Retired
Date 3/19	Full name of contributor out-of-state PAC (ID#: _____) Amber & Jerry Homan Contributor address; City; State; Zip Code PO Box 1214, Brenham, TX 77833	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) MUD

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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: <u>2</u>	2 FILER NAME Dr. James "Jim" Chisolm	3 Filer ID (Ethics Commission Filers)
4 Date 03/23/2026	5 Payee name Texana Public Affairs	
6 Amount (\$) 1,000.00	7 Payee address; City; State; Zip Code 2720 Bluebonnet Blvd., Brenham, TX 77833 <small>Check if individual's residence address.</small>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting	(b) Description campaign manager
	(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 04/23/2026	Payee name Texana Public Affairs	
Amount (\$) 2,233.25	Payee address; City; State; Zip Code 2720 Bluebonnet Blvd., Brenham, TX 77833 <small>Check if individual's residence address.</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting/Advertising	Description Manager fee & expenses for artwork, buttons, etc.
	<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 05/06/2026	Payee name Texana Public Affairs	
Amount (\$) 1,380.58	Payee address; City; State; Zip Code 2720 Bluebonnet Blvd, Brenham, TX 77833 <small>Check if individual's residence address.</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting/Advertising	Description Manager fee & printing/Mailout
	<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

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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: <u>2</u>	2 FILER NAME Dr. James "Jim" Chisolm	3 Filer ID (Ethics Commission Filers)
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4 Date 04/29/2026	5 Payee name Grapevine on Main
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6 Amount (\$) 896.70	7 Payee address; City; State; Zip Code 5120 Main St., Chappell Hill, TX 77426 <small>Check if individual's residence address.</small>
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food	(b) Description Campaign Event
	(c) <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	

8 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 05/15/2026	Payee name Jim Chisolm
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Amount (\$) 1,017.64	Payee address; City; State; Zip Code P.O. Box 577, Chappell Hill, TX 77426 <small>Check if individual's residence address.</small>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Reimbursement	Description Candidate Reimbursement for Mailpiece
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code <small>Check if individual's residence address.</small>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	

Complete <u>ONLY</u> 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

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

Dr. James "Jim" Chisolm

3 Filer ID (Ethics Commission Filers)

4 Date

4/8/26

5 Full name of contributor

out-of-state PAC (ID#: _____)

Bill & Lois Rankin

6 Contributor address;

City;

State;

Zip Code

2600 Mustang Road, Chappell Hill, TX 77426

7 Amount of contribution (\$)

200.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Retired Blue Bell

Date

4/24/26

Full name of contributor

out-of-state PAC (ID#: _____)

Lana & Charlie McDaniel

Contributor address;

City;

State;

Zip Code

P.O. Box 3, Chappell Hill, TX 77426

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Amigo Trucking

Date

4/20/26

Full name of contributor

out-of-state PAC (ID#: _____)

Carol Benter

Contributor address;

City;

State;

Zip Code

8469 Timber Cove Ln., Chappell Hill, TX 77426

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/30/26

Full name of contributor

out-of-state PAC (ID#: _____)

Bob Davis

Contributor address;

City;

State;

Zip Code

6070 Gibbs Creek Ln, Chappell Hill, TX 77426

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Retired Financial Management

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 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: <u>1</u>	2 FILER NAME Dr. James "Jim" Chisolm		3 Filer ID (Ethics Commission Filers)
4 Date 04/15/2026	5 Payee name KWHI		
6 Amount (\$) 2,737.00 <small>Reimbursement from political contributions intended</small>	7 Payee address; City; State; Zip Code 225 E. Main St., Brenham, TX 77833 <small>Check if individual's residence address.</small>		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising		(b) Description Radio Ads
	(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought Office held
Date 05/12/2026	Payee name Admail		
Amount (\$) 1,017.64 <small>Reimbursement from political contributions intended</small>	Payee address; City; State; Zip Code 427 Dellwood St., Bryan, TX 77801 <small>Check if individual's residence address.</small>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description Direct Mail Piece GOTV
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought Office held
Date	Payee name		
Amount (\$) <small>Reimbursement from political contributions intended</small>	Payee address; City; State; Zip Code <small>Check if individual's residence address.</small>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description
	Check if travel outside of Texas. Complete Schedule T.		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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