

CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORTFORM 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: <i>8</i>			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Dr.	FIRST James	MI	OFFICE USE ONLY			
	NICKNAME "Jim"	LAST Chisolm	SUFFIX	Date Received <i>received 1/15/2026</i>			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 577 Chappell Hill, TX 77426						
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (713)	PHONE NUMBER 447-3800	EXTENSION	Date Hand-delivered or Date Postmarked <i>1/15/2026</i>			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Robert	MI	Receipt #			
	NICKNAME	LAST Rigney	SUFFIX	Amount \$			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; 9044 Browning Street, Chappell Hill, TX 77426			STATE ZIP CODE			
8 CAMPAIGN TREASURER PHONE	AREA CODE (713)	PHONE NUMBER 824-6870	EXTENSION				
9 REPORT TYPE	<input checked="" 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 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 10	Day / 8 /	Year 25	Month 12	Day / 31 /	Year 25	
11 ELECTION	ELECTION DATE Month 3 / Day 3 / Year 26		ELECTION TYPE <input 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) None			13 OFFICE SOUGHT (if known) Washington County Commissioner, Precinct 2			
14 NOTICE FROM POLITICAL COMMITTEE(S) 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.						
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME					
		COMMITTEE ADDRESS					
		COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRESS					

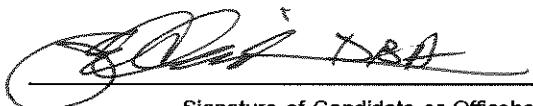
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

16 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)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,300.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 8,856.32
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3,300.00
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS		

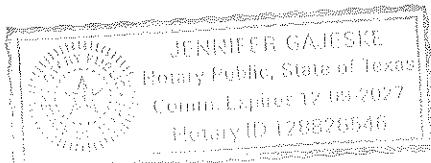
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

✓

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by James Chisolm this the 15 day of January, 20 16, to certify which, witness my hand and seal of office.

Jennifer Gajeske
Signature of officer administering oath

James Chisolm
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	20 Filer ID (Ethics Commission Filers)
Chisolm	
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,300.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4. SCHEDULE E: LOANS	\$ 0.00
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 8,856.32
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

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: <i>2</i>
2 FILER NAME Dr. James "Jim" Chisolm			3 Filer ID (Ethics Commission Filers)
4 Date 10/18/2025	5 Full name of contributor John Wick	out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 1,000.00
	6 Contributor address; 2885 FM 1155 S, Chappell Hill, TX 77426	City; State; Zip Code	
8 Principal occupation / Job title (See Instructions) Business Owner		9 Employer (See Instructions) Paragon Machine Technology	
Date 11/07/2025	Full name of contributor Derrell & Betty Fogarty	out-of-state PAC (ID#_____)	Amount of contribution (\$) 100.00
	Contributor address; 3351 Jasmine St., Brenham, TX 77833	City; State; Zip Code	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Educator	
Date 11/08/2025	Full name of contributor Bob & Cathleen Davis	out-of-state PAC (ID#_____)	Amount of contribution (\$) 1,000.00
	Contributor address; 6070 Gibbs Creek Rd, Chappell Hill, TX 77426	City; State; Zip Code	
Principal occupation / Job title (See Instructions) Financial Consultant		Employer (See Instructions) Self	
Date 11/21/2025	Full name of contributor Betty Becker	out-of-state PAC (ID#_____)	Amount of contribution (\$) 100.00
	Contributor address; 6516 Chadwick Hogan Road, Chappell Hill, TX 77426	City; State; Zip Code	
Principal occupation / Job title (See Instructions) Retired		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.			

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: <i>Z</i>
2 FILER NAME Dr. James "Jim" Chisolm			3 Filer ID (Ethics Commission Filers)
4 Date 11/12/2025	5 Full name of contributor Rick Kehlenbach	out-of-state PAC (ID#:)	7 Amount of contribution (\$) 100.00
	6 Contributor address; 2609 Bluebonnet Blvd., Brenham, TX 77833	City; State; Zip Code	
8 Principal occupation / Job title (See Instructions) Self		9 Employer (See Instructions) Country Communities	
Date 11/20/2025	Full name of contributor Terry Ward	out-of-state PAC (ID#:)	Amount of contribution (\$) 1,000.00
	Contributor address; 14938 Inerry, Houston, TX 77095	City; State; Zip Code	
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Country Communities	
Date 	Full name of contributor 	out-of-state PAC (ID#:)	Amount of contribution (\$)
	Contributor address; 	City; State; Zip Code	
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Country Communities	
Date 	Full name of contributor 	out-of-state PAC (ID#:)	Amount of contribution (\$)
	Contributor address; 	City; State; Zip Code	
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Country Communities	
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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 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 G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name		
11/12/2025	Texana Public Affairs		
6 Amount (\$)	7 Payee address;	City; State; Zip Code	
1,000.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	2720 Bluebonnet Blvd., Brenham, TX 77833		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) consulting	(b) Description campaign work	
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
9 Candidate / Officeholder name		Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date	Payee name		
10/10/2025	Brand It Graphix		
Amount (\$)	Payee address;	City;	State; Zip Code
2,011.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	2507 Becker Dr., Brenham, TX 77833		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Campaign Signs/Button	
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Candidate / Officeholder name		Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date	Payee name		
10/31/2025	Alli Stark		
Amount (\$)	Payee address;	City;	State; Zip Code
811.87 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	708 E. Tom Green, Brenham, TX 77833		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Website design/maintenance	
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Candidate / Officeholder name		Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			

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 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 G:	2 FILER NAME <i>Chisolm</i>		3 Filer ID (Ethics Commission Filers)
4 Date 12/11/2025	5 Payee name KWHI Radio		
6 Amount (\$) 888.00	7 Payee address; 223 E. Main, Brenham, TX 77833 City; State; Zip Code		
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Reimbursement from political contributions intended		(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Christmas Radio Ads
		(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
9 Candidate / Officeholder name Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Office sought	Office held
Date 12/08/2025	Payee name Texana Public Affairs		
Amount (\$) 1,108.79	Payee address; 2720 Bluebonnet Blvd, Brenham, TX 77833 City; State; Zip Code		
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Category (See Categories listed at the top of this schedule) Consulting	Description Campaign work
		Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Candidate / Officeholder name Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Office sought	Office held
Date 12/30/2025	Payee name KWHI Radio		
Amount (\$) 195.00	Payee address; 223 E. Main Street, Brenham, TX 77833 City; State; Zip Code		
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Category (See Categories listed at the top of this schedule) Advertising	Description Political Column
		Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Candidate / Officeholder name Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Office sought	Office held
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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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name		
11/21/2025	Brand It Graphix		
6 Amount (\$) 2,010.47	7 Payee address; 2507 Becker Dr., Brenham, TX 77833	City; State; Zip Code	
Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) advertising	(b) Description campaign signs/buttons	
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
9 Candidate / Officeholder name		Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date 12/03/2025	Payee name Washington County Republican Party		
Amount (\$) 750.00	Payee address; PO Box 479, Brenham, TX 77833	City; State; Zip Code	
Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Filing Fee	Description Fee for ballot placement	
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense
Candidate / Officeholder name		Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date 12/05/2025	Payee name Brand It Graphix		
Amount (\$) 81.19	Payee address; 2507 Becker Dr., Brenham, TX 77833	City; State; Zip Code	
Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Thank You Cards	
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense
Candidate / Officeholder name		Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
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