

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM 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:			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <i>Jim</i>	FIRST <i>Loveall</i>	MI <i>L</i>	OFFICE USE ONLY			
	NICKNAME	LAST	SUFFIX	Date Received <i>Houston County Elections</i> <i>JAN 12 2026</i> <i>RECEIVED</i>			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>406 CR 1580 Grapevine Tx 75844</i>			Date Hand-delivered or Date Postmarked			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE <i>(936)</i>	PHONE NUMBER <i>544 0770</i>	EXTENSION	Receipt # Amount \$			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <i>Marlene</i>	FIRST <i>Loveall</i>	MI <i>N</i>	Date Processed			
	NICKNAME	LAST	SUFFIX	Date Imaged			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; <i>Same</i>			STATE; ZIP CODE			
8 CAMPAIGN TREASURER PHONE	AREA CODE <i>(936)</i>	PHONE NUMBER <i>545 3313</i>	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 <i>11</i>	Day <i>13</i>	Year <i>2025</i>	Month <i>11</i>	Day <i>15</i>	Year <i>2026</i>	
11 ELECTION	Month <i>3</i>	Day <i>13</i>	Year <i>2026</i>	ELECTION DATE			ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Runoff <input type="checkbox"/> Special <input type="checkbox"/> Other Description
12 OFFICE	OFFICE HELD (if any) <i>Houston County Judge</i>			13 OFFICE SOUGHT (if known) <i>Same</i>			
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	COMMITTEE ADDRESS					
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRESS					

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

Jim Lovell

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

2. **TOTAL POLITICAL CONTRIBUTIONS**
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 0

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 0

4. **TOTAL POLITICAL EXPENDITURES**

\$ 0

CONTRIBUTION
BALANCE

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

\$ 0

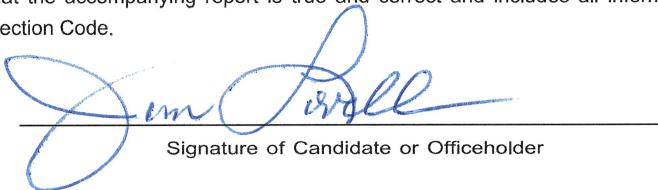
OUTSTANDING
LOAN TOTALS

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

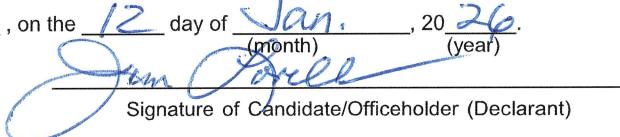
Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Jim Lovell, and my date of birth is 11-21-54.
My address is 400 CR 1580, Grapeland, TX, 75844, USA.
(street) (city) (state) (zip code) (country)

Executed in Houston County, State of Texas, on the 12 day of Jan., 20 26.
(month) (year)



Signature of Candidate/Officeholder (Declarant)

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM 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:			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <i>Mr</i>	FIRST <i>Jim</i>	MI <i>L</i>			
	NICKNAME	LAST <i>Lovell</i>	SUFFIX			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE					
	<i>406 CR 1580 Grapeland TX 75844</i>					
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE <i>(936)</i>	PHONE NUMBER <i>544-0770</i>	EXTENSION			
	Date Hand-delivered or Date Postmarked					
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <i>Mr</i>	FIRST <i>Marleen</i>	MI			
	NICKNAME	LAST <i>Lovell</i>	SUFFIX			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE					
	<i>406 CR 1580 Grapeland TX 75844</i>					
8 CAMPAIGN TREASURER PHONE	AREA CODE <i>(936)</i>	PHONE NUMBER <i>545-3813</i>	EXTENSION			
	Date Processed					
9 REPORT TYPE	<input 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			
10 PERIOD COVERED	Month <i>9</i>	Day <i>17</i>	Year <i>2025</i>	Month <i>11</i>	Day <i>12</i>	Year <i>2025</i>
	THROUGH					
11 ELECTION	ELECTION DATE Month Day Year <i>3 / 3 / 2025</i>		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Runoff <input type="checkbox"/> Special <input type="checkbox"/> Other Description			
12 OFFICE	OFFICE HELD (if any) <i>H.C. Judge</i>			13 OFFICE SOUGHT (if known) <i>Same</i>		
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> 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				

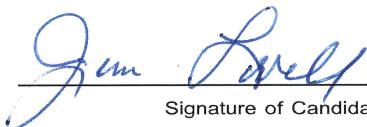
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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME	<i>Jim Lovell</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)	\$ <i>0</i>	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>0</i>	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <i>0</i>	
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>0</i>	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>0</i>	
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>0</i>	
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

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 Lovell*, and my date of birth is *11-21-1954*.
 My address is *406 CR 1580*, *Grapeland*, *TX*, *75844*, *USA*.
 (street) (city) (state) (zip code) (country)
 Executed in *Houston* County, State of *Texas*, on the *12* day of *Nov*, 20 *25*.
 (month) (year)

Signature of Candidate/Officeholder (Declarant)

**APPOINTMENT OF A CAMPAIGN TREASURER
BY A CANDIDATE**

**FORM CTA
PG 1**

See CTA Instruction Guide for detailed instructions.						1 Total pages filed:
2 CANDIDATE NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY		
		<i>Jim</i>	<i>h</i>			
	NICKNAME	LAST	SUFFIX	Filer ID #		
3 CANDIDATE MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #;			CITY;	STATE;	ZIP CODE
	<i>406 CR 1580 Grapevine TX</i>			<i>75844</i>		
4 CANDIDATE PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Postmarked		
	<i>(936)</i>	<i>544 0770</i>				
5 OFFICE HELD (if any)	<i>County Judge</i>					
6 OFFICE SOUGHT (if known)	<i>County Judge</i>					
7 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	NICKNAME	LAST	SUFFIX
	<i>Marleen Lovell</i>					
8 CAMPAIGN TREASURER STREET ADDRESS <small>(residence or business)</small>	STREET ADDRESS;			APT / SUITE #;	CITY;	STATE; ZIP CODE
	<i>Same as above</i>					
9 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
	<i>(936)</i>	<i>545-3313</i>				
10 CANDIDATE SIGNATURE	I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.					
	I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.					
	I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.					
	<i>Jim Lovell</i>					
Signature of Candidate						<i>9-17-25</i>
						Date Signed
GO TO PAGE 2						