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: 6

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: | FIRST: Jimmy | MI: Perry

NICKNAME: | LAST: Henderson | SUFFIX:

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE: 306 Front St Kennard TX 75847

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE: (936) | PHONE NUMBER: 546-4845 | EXTENSION:

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: | FIRST: Lisa | MI: M.

NICKNAME: | LAST: Henderson | SUFFIX:

7 CAMPAIGN TREASURER ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE: 306 Front St Kennard TX 75847

8 CAMPAIGN TREASURER PHONE

AREA CODE: (936) | PHONE NUMBER: 204-2818 | EXTENSION:

OFFICE USE ONLY

Date Received

Houston County Elections

JUL 06 2026

~~Date Hand-delivered or Date Postmarked~~

Receipt # | Amount $

Date Processed

~~Date Imaged~~

9 REPORT TYPE

- ☐ January 15
- ☐ 30th day before election
- ☐ Runoff
- ☐ 15th day after campaign treasurer appointment (Officeholder Only)
- ☑ July 15
- ☐ 8th day before election
- ☐ Exceeded Modified Reporting Limit
- ☐ Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year: 2 / 25 / 26 THROUGH Month Day Year: 7 / 6 / 26

11 ELECTION

ELECTION DATE: Month / Day / Year: / /

ELECTION TYPE:
- ☒ Primary
- ☐ Runoff
- ☐ Other Description
- ☐ General
- ☐ Special

12 OFFICE

OFFICE HELD (if any): Houston County Commissioner PCT 4

13 OFFICE SOUGHT (if known): Houston County Commissioner PCT 4

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
- ☐ GENERAL
- ☐ 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

15 C/OH NAME Jimmy Henderson		**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)	$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$
	4. **TOTAL POLITICAL EXPENDITURES**	$ 140.11
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 Jimmy Henderson, and my date of birth is 05/04/1980.

My address is 306 Front St (street), Kennard (city), TX (state), 75847 (zip code), Houston (country).

Executed in Houston County, State of Texas, on the 06 day of July (month), 20 26 (year).

Jimmy Henderson
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.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 0.00
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	$ [redacted]
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	$
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	$ 140.11

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

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 K:

2 FILER NAME: Jimmy Henderson

3 Filer ID (Ethics Commission Filers):

4 Date	5 Name of person from whom amount is received; 6 Address of person from whom amount is received; City; State; Zip Code	8 Amount ($)	7 Purpose for which amount is received	Check if political contribution returned to filer
2-26-26	Jimmy Henderson 306 Front St Kennard TX 75847	$20.00	Personal Funds used / advertise Exspense	
2-26-26	Jimmy Henderson 306 Front St Kennard TX 75847	$20.00	Personal Funds used / advertise Exspense	
3-9-26	Jimmy Henderson 306 Front St. Kennard TX 75847	$20.00	Personal Funds used / advertise Exspense	
3-11-26	Jimmy Henderson 306 Front St. Kennard TX 75847	$75.00	Personal Funds used / advertise Exspense	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

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 K:
2 FILER NAME Jimmy Henderson	3 Filer ID (Ethics Commission Filers)

4 Date	5 Name of person from whom amount is received / 6 Address of person from whom amount is received; City; State; Zip Code	8 Amount ($)
7-6-26	Jimmy Henderson 306 Front ST Kennard TX 75847 7 Purpose for which amount is received: Personal Funds used / advertise Expense / to close out campaign contributions ☐ Check if political contribution returned to filer	$5.11
Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code Purpose for which amount is received ☐ Check if political contribution returned to filer	Amount ($)
Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code Purpose for which amount is received ☐ Check if political contribution returned to filer	Amount ($)
Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code Purpose for which amount is received ☐ Check if political contribution returned to filer	Amount ($)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: | FIRST: Jimmy | MI: Perry

NICKNAME: | LAST: Henderson | SUFFIX:

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE: 306 Front St Kennard TX 75847

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE: (936) | PHONE NUMBER: 546 - 4845 | EXTENSION:

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: | FIRST: Lisa | MI: M.

NICKNAME: | LAST: Henderson | SUFFIX:

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE: 306 Front St. Kennard TX 75847

8 CAMPAIGN TREASURER PHONE

AREA CODE: (936) | PHONE NUMBER: 204 - 2818 | EXTENSION:

OFFICE USE ONLY

Date Received: Houston County Elections FEB 26 2026

Date Hand-delivered or Date Postmarked

Receipt # | Amount $

Date Processed

Date Imaged

9 REPORT TYPE

- ☐ January 15
- ☐ 30th day before election
- ☐ Runoff
- ☐ 15th day after campaign treasurer appointment (Officeholder Only)
- ☐ July 15
- ☑ 8th day before election
- ☐ Exceeded Modified Reporting Limit
- ☐ Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year: 1 / 15 / 26 THROUGH Month Day Year: 2 / 25 / 26

11 ELECTION

ELECTION DATE — Month Day Year: 3 / 3 / 2026

ELECTION TYPE

- ☑ Primary
- ☐ Runoff
- ☐ Other Description
- ☐ General
- ☐ Special

12 OFFICE

OFFICE HELD (if any): Houston County Commissioner PCT 4

13 OFFICE SOUGHT (if known): Houston County Commissioner PCT 4

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.

☐ Additional Pages

COMMITTEE TYPE

- ☐ GENERAL
- ☐ 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

15 C/OH NAME Jimmy Henderson		**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)	$ ~~1300.00~~
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 1300.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 1684.43
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 140.11
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 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 Jimmy Henderson, and my date of birth is 05/04/1980.

My address is 306 Front St (street), Kennard (city), TX (state), 75847 (zip code), Houston (country).

Executed in Houston County, State of Texas, on the 25 day of Feb (month), 20 26 (year).

Jimmy Henderson
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
Jimmy Henderson	

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	☐ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 1300.00
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	$ 1229.43
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	$ 455.00
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:

2 FILER NAME: Jimmy Henderson

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
1-17-26	Jimmy Henderson / 306 Front St. Kennard TX 75847	$400.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
Commissioner	Houston County

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
1-18-26	Jimmy Henderson / 306 Front St. Kennard TX 75847	$500.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Commissioner	Houston County

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
2-4-26	Jimmy Henderson / 306 Front St. Kennard TX 75847	$50.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
commissioner	Houston county

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
2-4-26	Jimmy Henderson / 306 Front St. Kennard TX 75847	$100.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
commissioner	Houston County

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:
2 FILER NAME Jimmy Henderson	3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
2-13-26	Willie & Eunice Kitchen Crockett Tx 75835	$250.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
Commissioner/Owner of Muscles & Curves	Houston County

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)

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
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 F1:

2 FILER NAME: Jimmy Henderson

3 Filer ID (Ethics Commission Filers):

Expenditure 1

4 Date: 1-20-26

5 Payee name: Build A Sign

6 Amount ($): $341.26

7 Payee address; City; State; Zip Code: 11525A Stone Hollow Dr Suite 120 Austin TX 78758

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): advertising Expense

(b) Description: Signs

(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

Expenditure 2

Date:

Payee name: Build A Sign

Amount ($): $566.14

Payee address; City; State; Zip Code: 11525A Stone Hollow Dr Suite 120 Austin TX 78758

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): advertising Expense

Description: signs

☐ 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

Expenditure 3

Date:

Payee name: Build A Sign

Amount ($): $202.03

Payee address; City; State; Zip Code: 11525A Stone Hollow Dr Suite 120 Austin TX 78758

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): advertising Expense

Description: signs

☐ 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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
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 F1:	2 FILER NAME: Jimmy Henderson			3 Filer ID (Ethics Commission Filers)
4 Date: 2-24-26	5 Payee name: Messenger			
6 Amount ($): $120.00	7 Payee address; 119 N. main St	City; Grapeland	State; Tx	Zip Code 75844
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): advertising Expens	(b) Description: adds in Paper		
	(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	Payee name			
Amount ($)	Payee address;	City;	State;	Zip Code
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	

Date	Payee name			
Amount ($)	Payee address;	City;	State;	Zip Code
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	

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
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: Jimmy Henderson	3 Filer ID (Ethics Commission Filers)
4 Date: 2-2-26	5 Payee name: Messenger	
6 Amount ($): $455.00 ☑ Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code: 119 N. Main Grapeland TX 75844	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): advertising Expense	(b) Description: adds in Paper / signs
	(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	Payee name	
Amount ($) ☐ Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
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

Date	Payee name	
Amount ($) ☐ Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2024, a candidate or officeholder who has accepted more than $32,810 in political contributions or made more than $32,810 in political expenditures in any calendar year must file all subsequent reports electronically.

OFFICE USE ONLY	
Date Received	
Date Hand-delivered or Date Postmarked	
Receipt #	Amount $
Date Processed	
Date Imaged	

Filer name	Filer ID #
Jimmy Henderson	

1. I swear or affirm that I have not accepted more than $32,810 in political contributions or made more than $32,810 in political expenditures in a calendar year.
2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds $32,810 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
5. I am filing this affidavit with the Finance report due on 8th before Election. I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

(1) Affidavit

_____
Signature of Filer

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 Jimmy Henderson, and my date of birth is _____.

My address is 306 Front St. (street), Kennard (city), TX (state), 75847 (zip code), Houston (country).

Executed in Houston County, State of TX, on the 25 day of Feb. (month), 26 (year).

Jimmy Henderson
Signature of Filer (Declarant)

FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER

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:

OFFICE USE ONLY

Date Received
Houston County Elections
JAN 20 2026
RECEIVED

Date Hand-delivered or Date Postmarked

Receipt # | Amount $

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: | FIRST: Jimmy | MI: Perry
NICKNAME | LAST: Henderson | SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
306 Front St. Kennard TX 75847

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE | PHONE NUMBER | EXTENSION
(936) 546-4845

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: | FIRST: Lisa | MI: M.
NICKNAME | LAST: Henderson | SUFFIX

7 CAMPAIGN TREASURER ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
306 Front St. Kennard TX 75847

8 CAMPAIGN TREASURER PHONE

AREA CODE | PHONE NUMBER | EXTENSION
(936) 204-2818

9 REPORT TYPE

☑ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (Officeholder Only)

☐ July 15 ☐ 8th day before election ☐ Exceeded Modified Reporting Limit ☐ Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month / Day / Year — THROUGH — Month / Day / Year
/ / — THROUGH — 1 / 15 / 2026

11 ELECTION

ELECTION DATE: Month / Day / Year
03 / 03 / 2026

ELECTION TYPE
☑ Primary ☐ Runoff ☐ Other Description
☐ General ☐ Special

12 OFFICE

OFFICE HELD (if any): Houston County Commissioner PCT 4

13 OFFICE SOUGHT (if known): Houston County Commissioner PCT 4

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.

☐ Additional Pages

COMMITTEE TYPE
☐ GENERAL
☐ 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

15 C/OH NAME Jimmy Henderson		**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)	$ 970.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 900.46
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 69.54
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 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 Jimmy Henderson, and my date of birth is 05/04/1980.

My address is 306 Front St, Kenmard, TX, 75847, Hooston.
(street) (city) (state) (zip code) (country)

Executed in Houston County, State of Texas, on the 20 day of Jan (month), 2026 (year).

Jimmy Henderson
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
Jimmy Henderson	

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	☐	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 970.00
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	$ 900.46
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	$
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: 2

2 FILER NAME: Jimmy Henderson

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
12/23/25	Jimmy Henderson / 306 Front Street Kennard TX 75847	$200.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
Commissioner	Houston County

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
12/26/25	Jimmy Henderson / 306 Front Street Kennard TX 75847	$360.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Commissioner	Houston County

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
12/29/25	Jimmy Henderson / 306 Front Street Kennard TX 75847	$120.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Commissioner	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
12/31/25	Jimmy Henderson / 306 Front Street Kennard TX 75847	$90.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Commissioner	

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:
2 FILER NAME Jimmy Henderson	3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:________) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
	Jimmy Henderson 306 Front Street Kennard Tx 75847	$200.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
Commissioner	Houston County

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)

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
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 F1:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)
2	Jimmy Henderson			

4 Date	5 Payee name			
12/24/25	Build A Sign			
6 Amount ($)	**7 Payee address;**	**City;**	**State;**	**Zip Code**
$198.82	11525A Stonehollow Dr. Suite 120	Austin	TX	78758

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)	(b) Description
Advertising Expense	Signs

(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	Payee name			
12/25/25	Build A Sign			
Amount ($)	**Payee address;**	**City;**	**State;**	**Zip Code**
$326.00	11525A Stonehollow Dr. Suite 120	Austin	TX	78758

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)	Description
Advertising Expense	Signs

☐ 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			
1/7/26	Build A Sign			
Amount ($)	**Payee address;**	**City;**	**State;**	**Zip Code**
$144.94	11525A Stonehollow Dr. Suite 120	Austin	TX	78758

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)	Description
Advertising Expense	signs

☐ 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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
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 F1:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)
2	Jimmy Henderson			
4 Date	**5 Payee name**			
12/31/25	KIVY Radio			
6 Amount ($)	**7 Payee address;**	**City;**	**State;**	**Zip Code**
$225.00	102 South Fifth Street	Crockett	TX	75835
8 PURPOSE OF EXPENDITURE	**(a) Category** (See Categories listed at the top of this schedule)	**(b) Description**		
	Advertising Expense	political Calendar		
	(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	Payee name			
1/8/26	Walmart			
Amount ($)	**Payee address;**	**City;**	**State;**	**Zip Code**
$9.71	1225 East Loop 304,	Crockett	TX	75835
PURPOSE OF EXPENDITURE	**Category** (See Categories listed at the top of this schedule)	**Description**		
	advertising Expense	Fix Signs		
	☐ 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 ($)	**Payee address;**	**City;**	**State;**	**Zip Code**
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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2024, a candidate or officeholder who has accepted more than $32,810 in political contributions or made more than $32,810 in political expenditures in any calendar year must file all subsequent reports electronically.

OFFICE USE ONLY	
Date Received	
Date Hand-delivered or Date Postmarked	
Receipt #	Amount $
Date Processed	
Date Imaged	

Filer name	Filer ID #
Jimmy Henderson	

1. I swear or affirm that I have not accepted more than $32,810 in political contributions or made more than $32,810 in political expenditures in a calendar year.
2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds $32,810 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
5. I am filing this affidavit with the Finance report due on 1/15/2026. I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

(1) Affidavit

_____
Signature of Filer

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 Jimmy Henderson, and my date of birth is 05/04/1980.

My address is 306 Front Street (street), Kennard (city), TX (state), 75847 (zip code), Houston (country).

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

Jimmy Henderson
Signature of Filer (Declarant)

FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER

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:

OFFICE USE ONLY

Date Received
Houston County Elections
NOV 12 2025
RECEIVED

Date Hand-delivered or Date Postmarked

Receipt # | Amount $

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR | FIRST: Jimmy | MI: Perry | NICKNAME | LAST: Henderson | SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE: 306 Front Street Kennard Tx 75847

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE: (936) PHONE NUMBER: 546-4845 EXTENSION:

6 CAMPAIGN TREASURER NAME

MS / MRS / MR | FIRST: Lisa | MI: M | NICKNAME | LAST: Henderson | SUFFIX

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE: 306 Front Street Kennard Tx 75847

8 CAMPAIGN TREASURER PHONE

AREA CODE: (936) PHONE NUMBER: 204 - 2818 EXTENSION:

9 REPORT TYPE

☐ January 15 ☐ 30th day before election ☐ Runoff ☑ 15th day after campaign treasurer appointment (Officeholder Only)

☐ July 15 ☐ 8th day before election ☐ Exceeded Modified Reporting Limit ☐ Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year: 10 / 28 / 25 THROUGH Month Day Year: 11 / 12 / 2025

11 ELECTION

ELECTION DATE — Month Day Year: 3 / 3 / 2025

ELECTION TYPE: ☑ Primary ☐ Runoff ☐ Other Description ☐ General ☐ Special

12 OFFICE

OFFICE HELD (if any): Houston County Commissioner PCT 4

13 OFFICE SOUGHT (if known): Houston County Commissioner PCT 4

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.

☐ Additional Pages

COMMITTEE TYPE: ☐ GENERAL ☐ 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

15 C/OH NAME Jimmy P. Henderson			**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)	$ 0.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$ 0.00
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 0.00
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 0.00
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.

Jimmy Henderson
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 Jimmy Henderson, and my date of birth is 5/4/1980.

My address is 306 Front Street, Kennard, TX, 75847, Houston.
(street) (city) (state) (zip code) (country)

Executed in Houston County, State of TX, on the 12 day of Nov (month), 20 25 (year).

Jimmy Henderson
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
Jimmy P. Henderson	

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	☐	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$
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.	☐	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	$
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	$

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: Jimmy | MI: P.
NICKNAME: | LAST: Henderson | SUFFIX:

3 CANDIDATE MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
300 Front Street Kennard TX 75847

4 CANDIDATE PHONE

AREA CODE PHONE NUMBER EXTENSION
(936) 546-4845

5 OFFICE HELD (if any)

Houston County Commissoner PCT 4

6 OFFICE SOUGHT (if known)

Houston County Commissoner PCT 4

7 CAMPAIGN TREASURER NAME

MS/MRS/MR FIRST MI NICKNAME LAST SUFFIX
Lisa M Henderson

8 CAMPAIGN TREASURER STREET ADDRESS (residence or business)

STREET ADDRESS; APT / SUITE #; CITY; STATE; ZIP CODE
300 Front Street Kennard TX 75847

9 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(936) 204 - 2818

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.

Jimmy Henderson
Signature of Candidate

10/28/25
Date Signed

OFFICE USE ONLY

Filer ID #

Date Received
Houston County Elections
OCT 28 2025
RECEIVED

Date Hand-delivered or Postmarked

Receipt # | Amount $

Date Processed

Date Imaged

GO TO PAGE 2

CODE OF FAIR CAMPAIGN PRACTICES

FORM CFCP COVER SHEET

Pursuant to chapter 258 of the Election Code, every candidate and political committee is encouraged to subscribe to the Code of Fair Campaign Practices. The Code may be filed with the proper filing authority upon submission of a campaign treasurer appointment form. Candidates or political committees that already have a current campaign treasurer appointment on file as of September 1, 1997, may subscribe to the code at any time.

Subscription to the Code of Fair Campaign Practices is voluntary.

OFFICE USE ONLY

Date Received
Houston County Elections
OCT 28 2025
RECEIVED

Date Hand-delivered or Postmarked

Date Processed

Date Imaged

1 ACCOUNT NUMBER (Ethics Commission Filers)

2 TYPE OF FILER

CANDIDATE ☑ — *If filing as a candidate, complete boxes 3 - 6, then read and sign page 2.*

POLITICAL COMMITTEE ☐ — *If filing for a political committee, complete boxes 7 and 8, then read and sign page 2.*

3 NAME OF CANDIDATE (PLEASE TYPE OR PRINT)

TITLE (Dr., Mr., Ms., etc.)	FIRST	MI
	Jimmy	Perry
NICKNAME	**LAST**	**SUFFIX (SR., JR., III, etc.)**
	Henderson	

4 TELEPHONE NUMBER OF CANDIDATE (PLEASE TYPE OR PRINT)

AREA CODE	PHONE NUMBER	EXTENSION
(936)	546 - 4845	

5 ADDRESS OF CANDIDATE (PLEASE TYPE OR PRINT)

STREET / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE
306 Front Street		Kennard	TX	75847

6 OFFICE SOUGHT BY CANDIDATE (PLEASE TYPE OR PRINT)

Houston County Commissioner PCT 4

7 NAME OF COMMITTEE (PLEASE TYPE OR PRINT)

8 NAME OF CAMPAIGN TREASURER (PLEASE TYPE OR PRINT)

TITLE (Dr., Mr., Ms., etc.)	FIRST	MI
	lisa	M.
NICKNAME	**LAST**	**SUFFIX (SR., JR., III, etc.)**
	Henderson	

GO TO PAGE 2

CODE OF FAIR CAMPAIGN PRACTICES

There are basic principles of decency, honesty, and fair play that every candidate and political committee in this state has a moral obligation to observe and uphold, in order that, after vigorously contested but fairly conducted campaigns, our citizens may exercise their constitutional rights to a free and untrammeled choice and the will of the people may be fully and clearly expressed on the issues.

THEREFORE:

(1) I will conduct the campaign openly and publicly and limit attacks on my opponent to legitimate challenges to my opponent's record and stated positions on issues.

(2) I will not use or permit the use of character defamation, whispering campaigns, libel, slander, or scurrilous attacks on any candidate or the candidate's personal or family life.

(3) I will not use or permit any appeal to negative prejudice based on race, sex, religion, or national origin.

(4) I will not use campaign material of any sort that misrepresents, distorts, or otherwise falsifies the facts, nor will I use malicious or unfounded accusations that aim at creating or exploiting doubts, without justification, as to the personal integrity or patriotism of my opponent.

(5) I will not undertake or condone any dishonest or unethical practice that tends to corrupt or undermine our system of free elections or that hampers or prevents the full and free expression of the will of the voters, including any activity aimed at intimidating voters or discouraging them from voting.

(6) I will defend and uphold the right of every qualified voter to full and equal participation in the electoral process, and will not engage in any activity aimed at intimidating voters or discouraging them from voting.

(7) I will immediately and publicly repudiate methods and tactics that may come from others that I have pledged not to use or condone. I shall take firm action against any subordinate who violates any provision of this code or the laws governing elections.

I, the undersigned, candidate for election to public office in the State of Texas or campaign treasurer of a political committee, hereby voluntarily endorse, subscribe to, and solemnly pledge myself to conduct the campaign in accordance with the above principles and practices.

Jimmy Nicholson
Signature

10/28/25
Date