

# 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: 7

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR FIRST MI  
Mr. James L  
NICKNAME LAST SUFFIX  
Jimmy Belt

OFFICE USE ONLY

Date Received  
at 1:52 FILED P  
o'clock

JAN 15 2026

LEE H. CHAMBERS  
COUNTY CLERK, LIBERTY COUNTY, TEXAS  
BY: [Signature] DEPUTY

Date Hand-delivered or Date Postmarked

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

☐ Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR FIRST MI  
Mrs. Joan L  
NICKNAME LAST SUFFIX  
Belt

Receipt # Amount \$

Date Processed

Date Imaged

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

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 ☐ Final Report (Attach C/OH - FR)  
Reporting Limit

10 PERIOD  
COVERED

Month Day Year Month Day Year  
07 / 01 / 2025 THROUGH 12 / 31 / 2025

11 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year ☒ Primary ☐ Runoff ☐ Other  
Description  
03 / 03 / 2026 ☐ General ☐ Special

12 OFFICE

OFFICE HELD (if any)  
Justice of the Peace, Pct. 2

13 OFFICE SOUGHT (if known)

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.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

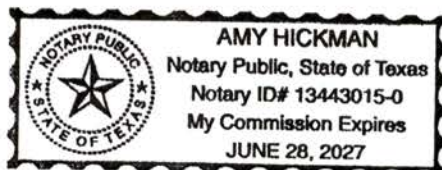
|                                       |   |  |
|---------------------------------------|---|--|
| 15 C/OH NAME<br>James L. (Jimmy) Belt |   | 16 Filer ID (Ethics Commission Filers) |
| 17 CONTRIBUTION TOTALS                | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$                                     |
|                                       | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ 500.00                              |
| EXPENDITURE TOTALS                    | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE   | \$                                     |
|                                       | 4. TOTAL POLITICAL EXPENDITURES   | \$ 312.84                              |
| CONTRIBUTION BALANCE                  | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ 368.52                              |
| 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 James L (Jimmy) Belt this the 15th day of January.

20 26 to certify which, witness my hand and seal of office.

*[Signature]*  
Signature of officer administering oath

Amy Hickman  
Printed name of officer administering oath

County Administrator  
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<br><br>James L (Jimmy) Belt |   | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE |   | SUBTOTAL<br>AMOUNT                     |
| 1.  | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                           | \$ 500.00                              |
| 2.  | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS             | \$ 390.94                              |
| 3.  | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$                                     |
| 4.  | <input type="checkbox"/> SCHEDULE E: LOANS  | \$                                     |
| 5.  | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS   | \$ 312.84                              |
| 6.  | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$                                     |
| 7.  | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS             | \$                                     |
| 8.  | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$                                     |
| 9.  | <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS             | \$ 675.00                              |
| 10.                                       | <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        | \$                                     |
| 11.                                       | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           | \$                                     |
| 12.                                       | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$                                     |



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

|   |  |  |
|---|--|--|
| The Instruction Guide explains how to complete this form.   |  | <b>1</b> Total pages Schedule A1: <b>1</b>           |
| <b>2</b> FILER NAME<br><br>James L (Jimmy) Belt   |  | <b>3</b> Filer ID (Ethics Commission Filers)         |
| <b>4</b> Date   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><br>Ivan Arceneaux<br>.....<br><b>6</b> Contributor address; City; State; Zip Code<br><div style="background-color: black; width: 100px; height: 1.2em; display: inline-block;"></div> Liberty TX <div style="background-color: black; width: 50px; height: 1.2em; display: inline-block;"></div> | <b>7</b> Amount of contribution (\$)<br><br>\$500.00 |
| <b>8</b> Principal occupation / Job title (See Instructions)<br><br>Construction/Owner  |  | <b>9</b> Employer (See Instructions)                 |
| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>.....<br>Contributor address; City; State; Zip Code  | Amount of contribution (\$)                          |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                          |
| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>.....<br>Contributor address; City; State; Zip Code  | Amount of contribution (\$)                          |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                          |
| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>.....<br>Contributor address; City; State; Zip Code  | Amount of contribution (\$)                          |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                          |
|   |  |  |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements. |  |  |

**SCHEDULE A2**

**The Instruction Guide explains how to complete this form.**

**2 FILER NAME**

**3 Filer ID (Ethics Commission Filers)**

\$ 390.94

**9 In-kind contribution description**

Balance on  
Printing Expense

**15** Law firm of contributor's spouse (if any) (FOR JUDICIAL)

☐ Check if travel outside of Texas. Complete Schedule T.

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

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.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:                                   | <b>2</b> FILER NAME<br>James L (Jimmy) Belt  | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Date<br>11/07/25   | <b>5</b> Payee name<br>Print Junkies Ink   |  |
| <b>6</b> Amount (\$)<br>312.84                                      | <b>7</b> Payee address;<br>4425 Calder Ave.  | City; State; Zip Code<br>Beaumont TX 77706   |
| <b>8</b><br>PURPOSE<br>OF<br>EXPENDITURE                            | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Printing Expense  | <b>(b)</b> Description<br>T-Shirts           |
|   | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name  | Office sought Office held                    |
| Date  | Payee name   |  |
| Amount (\$)   | Payee address; City; State; Zip Code   |  |
| PURPOSE<br>OF<br>EXPENDITURE  | Category (See Categories listed at the top of this schedule)   | Description                                  |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense            |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Officeholder name  | Office sought Office held                    |
| Date  | Payee name   |  |
| Amount (\$)   | Payee address; City; State; Zip Code   |  |
| PURPOSE<br>OF<br>EXPENDITURE  | Category (See Categories listed at the top of this schedule)   | Description                                  |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense            |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Officeholder name  | Office sought Office held                    |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**



# 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:<br><b>1</b>   | 2 FILER NAME<br><b>James L (Jimmy) Belt</b>   | 3 Filer ID (Ethics Commission Filers)                  |
| 4 Date<br><b>09/17/2025</b>   | 5 Payee name<br><b>Kirksey's</b>  |  |
| 6 Amount (\$)<br><b>300.00</b><br><input type="checkbox"/> Reimbursement from political contributions intended          | 7 Payee address; City; State; Zip Code<br><b>3865 W Lucas Dr Beaumont TX 77706</b>  |  |
| 8 PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br><b>Printing Expense</b>   | (b) Description<br><b>Push Cards, Flyers, Stickers</b> |
|   | (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<br>Candidate / Officeholder name Office sought Office held |   |  |

|   |   |                                  |  |
|---|---|----------------------------------|--|
| Date<br><b>11/11/25</b>   | Payee name<br><b>Liberty County Republican Party</b>  |                                  |  |
| Amount (\$)<br><b>375.00</b><br><input type="checkbox"/> Reimbursement from political contributions intended          | Payee address; City; State; Zip Code<br><b>1808 Sam Houston St., #309 Liberty TX 77575</b>  |                                  |  |
| PURPOSE OF EXPENDITURE  | Category (See Categories listed at the top of this schedule)<br><b>Fees</b>   | Description<br><b>Filing Fee</b> |  |
|   | <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<br>Candidate / Officeholder name Office sought Office held |   |                                  |  |

|   |   |             |  |
|---|---|-------------|--|
| Date  | Payee name  |             |  |
| Amount (\$)<br><input type="checkbox"/> 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 |  |
|   | <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<br>Candidate / Officeholder name Office sought Office held |   |             |  |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED