

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 <i>James</i> NICKNAME LAST <i>Cooley</i> MI SUFFIX	OFFICE USE ONLY FILED FOR RECORD 2026 FEB 23 AM 9:01 SUSAN STRICKLAND COUNTY CLERK, VAN ZANDT DEPUTY Date Received Date Hand Delivered Date Postmarked Receipt # Amount \$ Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE; CITY; STATE; ZIP CODE <i>181 VZCR 2202 Canton TX 75103</i>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (<i>[REDACTED]</i>) PHONE NUMBER <i>[REDACTED]</i> EXTENSION		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST <i>Hennoth</i> NICKNAME LAST <i>Pruitt</i> MI SUFFIX <i>W</i>		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>622 Sides Circle Canton TX 75103</i> (Residence or Business)		
8 CAMPAIGN TREASURER PHONE	AREA CODE <i>[REDACTED]</i> PHONE NUMBER <i>[REDACTED]</i> EXTENSION		
9 REPORT TYPE	<input 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 checked="" 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 Day Year THROUGH Month Day Year <i>2 / 11 / 26</i> <i>2 / 23 / 2026</i>		
11 ELECTION	ELECTION DATE: Month Day Year <i>3 / 3 / 26</i> ELECTION TYPE: <input checked="" 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)	13 OFFICE SOUGHT (if known) <i>Van Zandt County Commissioner Pre 2</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 <input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME <i>Local Conservatives for Liberty PAC</i> COMMITTEE ADDRESS <i>PO Box 109521 Dallas, TX 75219</i> COMMITTEE CAMPAIGN TREASURER NAME <i>Jill Dutton</i> COMMITTEE CAMPAIGN TREASURER ADDRESS <i>411 VZCR 4503 Ben Wheeler, TX 75754</i>	

GO TO PAGE 2

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 <i>James Cooley</i>		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>James Cooley</i>	7 Amount of contribution (\$) <i>\$2837.06</i>
6 Contributor address; City; State; Zip Code [Redacted]		
8 Principal occupation / Job title (See Instructions) <i>Greens Superintendent</i>		9 Employer (See Instructions) <i>Van Zandt Country Club</i>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Scott Twomey</i>	Amount of contribution (\$) <i>\$1500.00</i>
Contributor address; City; State; Zip Code [Redacted]		
Principal occupation / Job title (See Instructions) <i>Business Owner</i>		Employer (See Instructions) <i>Self</i>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Russell Rootener</i>	Amount of contribution (\$) <i>\$500.00</i>
Contributor address; City; State; Zip Code [Redacted]		
Principal occupation / Job title (See Instructions) <i>retired</i>		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
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 | 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 F1:	2 FILER NAME <i>James Cooley</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>2/17/20</i>	5 Payee name <i>Texas Graphics Plus</i>
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6 Amount (\$) <i>2837.06</i>	7 Payee address: <i>29593 St. Hwy 64</i>	City: <i>Canton</i>	State: <i>Tx</i>	Zip Code <i>75103</i>
<input type="checkbox"/> Check if individual's residence address.				

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>	(b) Description <i>Signs, hats, shirts</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
Amount (\$)	Payee address; City; State; Zip Code
<input type="checkbox"/> Check if individual's residence address.	

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	

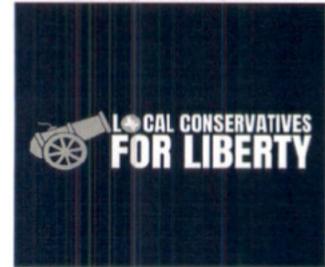
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
Amount (\$)	Payee address; City; State; Zip Code
<input type="checkbox"/> Check if individual's residence address.	

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	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



TO: James Cooley Campaign
FROM: Local Conservatives for Liberty PAC
DATE: February 21, 2026

RE: Notice of direct (independent) contributions made by Local Conservatives for Liberty PAC during the period ending February 21, 2026.

DIRECT (Independent) CONTRIBUTION

Per Sec. 254.161, Election Code, and TEC Rule 20.421, this is notice that Local Conservatives for Liberty PAC has made "direct campaign expenditures" (i.e., independent expenditures) to benefit your campaign specifically related to the General Election during the period ending February 21, 2026.

On your TEC report you can report the fact that you received notice of our independent expenditures.

Under the "Notice From PACs" section on the Campaign Finance Report, you should enter the following information:

Committee Type: General
Committee Name: Local Conservatives for Liberty PAC
Address: P [REDACTED]
City: [REDACTED]
State: [REDACTED]
Zip: [REDACTED]

Treasurer Name & Address:

Last Name: Dutton
First Name: Jill
Address: [REDACTED]
City: [REDACTED]
State: [REDACTED]
Zip: [REDACTED]

If you need more information, please contact us at localconservativesforliberty@gmail.com or 214-843-7165.

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME <i>James Cooley</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>4837.06</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <i>2837.06</i>
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>2837.06</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>3465.55</i>
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.

[Handwritten Signature]

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by *James Cooley* this the *23* day of *February*

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

[Signature] *Tanya Tidmore* *Notary Public*
Signature of officer administering oath Printed name of officer administering oath 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)