

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.			1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <i>10</i>				
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS <input checked="" type="checkbox"/> MR	FIRST <i>BRANDON</i>	MI <input checked="" type="checkbox"/> T	OFFICE USE ONLY FILED FOR RECORD UPSHUR COUNTY, TEXAS JAN 15 2026 LOM MARIE ELECTIONS ADMINISTRATION BY <i>BB</i> CITY				
	NICKNAME	LAST <i>WINN</i>	SUFFIX					
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>105 SIMPSON GILMER TX 75644</i>							
5 CANDIDATE/ OFFICEHOLDER PHONE		AREA CODE <i>(903)</i>	PHONE NUMBER <i>843-3061</i>	EXTENSION				
6 CAMPAIGN TREASURER NAME	MS / MRS <input checked="" type="checkbox"/> MR	FIRST <i>BRAD</i>	MI <input checked="" type="checkbox"/> E	Receipt # Amount \$ Date Hand-delivered or Date Postmarked Date Processed Date Imaged				
	NICKNAME	LAST <i>WILBURN</i>	SUFFIX					
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>101 E. MARSHALL ST. GILMER TX 75644</i>							
8 CAMPAIGN TREASURER PHONE	AREA CODE <i>(903)</i>	PHONE NUMBER <i>843-2331</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>7</i>	Day <i>16</i>	Year <i>2025</i>	Month <i>JAN</i>	Day <i>15</i>	Year <i>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>COUNTY JUDGE</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				

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 2

15 JC/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)	\$ 1,200 ⁰⁰
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,867.15
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,989.85
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2002 ⁰⁰

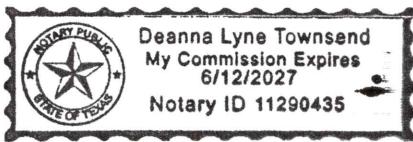
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Brandon Winn this the 15th day of JANUARY, 20 21, 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 _____, 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 - JC/OH**FORM JC/OH
COVER SHEET PG 3**

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
BRANDON LIVINN	
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,200.00
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$ 2,002.25
5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3,867.15
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 type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
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 (JUDICIAL)

SCHEDULE A(J)1

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 A(J)1:
2 FILER NAME <i>BRANDON WINN</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>11/04/2025</i>	5 Full name of contributor <i>MARSHA DAVIS</i>	6 Contributor address; City; State; Zip Code <i></i>
7 Amount of contribution (\$) <i>\$150.00</i>		
8 Contributor's principal occupation <i>LEGAL ASSISTANT</i>		9 Contributor's job title
10 Contributor's employer/law firm <i>GRECH COUNTY</i>		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date <i>12-13-2025</i>	Full name of contributor <i>CATHERINE BATEMAN</i>	□ out-of-state PAC ID#: Contributor address; City; State; Zip Code <i></i> Amount of contribution (\$) <i>\$100.00</i>
Contributor's principal occupation <i>ATTY</i>		Contributor's job title
Contributor's employer/law firm <i>SELF</i>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date <i>1/8/2026</i>	Full name of contributor <i>JO BRANDT THORSON</i>	□ out-of-state PAC ID#: Contributor address; City; State; Zip Code <i></i> Amount of contribution (\$) <i>\$500.00</i>
Contributor's principal occupation <i>ATTY</i>		Contributor's job title
Contributor's employer/law firm <i>SELF</i>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
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 (JUDICIAL)

SCHEDULE A(J)1

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 A(J)1:
2 FILER NAME <i>BRANDON K/INN</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>10.8.2026</i>	5 Full name of contributor <i>KENDRA S. SMITH</i>	6 Contributor address; City; State; Zip Code <i>.....</i>
7 Amount of contribution (\$) <i>\$200.00</i>		
8 Contributor's principal occupation <i>HIR PROFESSIONAL</i>		9 Contributor's job title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date <i>10.8.2026</i>	Full name of contributor <i>Paul Henderson</i>	□ out-of-state PAC ID#: Contributor address; City; State; Zip Code <i>.....</i>
Amount of contribution (\$) <i>\$250.00</i>		
Contributor's principal occupation <i>INS. AGENT</i>		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date	Full name of contributor □ out-of-state PAC ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)
Contributor's principal occupation		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

LOANS (JUDICIAL)**SCHEDULE E(J)**

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 E(J):
2 FILER NAME <i>BRANDON WINN</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <i>11-4-2021</i>	7 Name of lender <i>BRANDON WINN</i>	9 Loan Amount (\$) <i>\$1,500</i>
6 Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code	10 Interest rate 11 Maturity date
12 Lender's Principal Occupation		13 Lender's Job Title
14 Lender's Employer/Law Firm		15 Law Firm of lender's spouse (if any)
16 If lender is a child, law firm of parent(s) (if any)		
17 Description of Collateral <input type="checkbox"/> none		18 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
19 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	20 Name of guarantor	
	21 Guarantor address; City; State; Zip Code	
23 Guarantor's Principal Occupation		24 Guarantor's Job Title
25 Guarantor's Employer/Law Firm		26 Law Firm of guarantor's spouse (if any)
27 If guarantor is a child, law firm of parent(s) (if any)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS (JUDICIAL)**SCHEDULE E(J)**

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

<p>The Instruction Guide explains how to complete this form.</p>		1 Total pages Schedule E(J):
2 FILER NAME RANDON WINN		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS 		\$
5 Date of loan 12-13-2025	7 Name of lender RANDON WINN	8 out-of-state PAC (ID#:
6 Is lender a financial institution? <input type="checkbox"/> Y <input type="checkbox"/> N	9 Loan Amount (\$) 502.00	10 Interest rate
		11 Maturity date
12 Lender's Principal Occupation		13 Lender's Job Title
14 Lender's Employer/Law Firm		15 Law Firm of lender's spouse (if any)
16 If lender is a child, law firm of parent(s) (if any)		
17 Description of Collateral <input type="checkbox"/> none		18 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
19 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	20 Name of guarantor	
	21 Guarantor address; City; State; Zip Code	
23 Guarantor's Principal Occupation		24 Guarantor's Job Title
25 Guarantor's Employer/Law Firm		26 Law Firm of guarantor's spouse (if any)
27 If guarantor is a child, law firm of parent(s) (if any)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender 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	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address; <input checked="" type="checkbox"/> Check if individual's residence address.	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXP	(b) Description	
	(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
Date	Payee name		
11.8.2025	REPUBLICAN PARTY of UPHUR Co.		
Amount (\$)	Payee address;	City;	State; Zip Code
750 ⁰⁰	<input type="checkbox"/> Check if individual's residence address.		
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES	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		
11.12.2025	FIRST NATIONAL BANK		
Amount (\$)	Payee address;	City;	State; Zip Code
\$10 ⁻	<input type="checkbox"/> Check if individual's residence address.		
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) BANKING	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 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	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address; <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>BANKFNH</i>	(b) Description	
	(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
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
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
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, 2026, a candidate or officeholder who has accepted more than \$34,890 in political contributions or made more than \$34,890 in political expenditures in any calendar year must file all subsequent reports electronically.

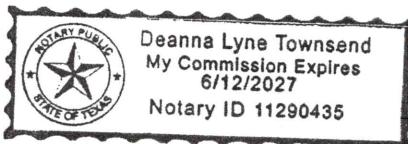
OFFICE USE ONLY FILED FOR RECORD Date Received JURISDICTION JAN 15 2026	
LOMMALE ELECTION BY <u>SD</u> Date Hand Delivered or Date Postmarked	
Receipt #	Amount \$
Date Processed	
Date Imaged	

Filer name	Filer ID #
------------	------------

1. I swear or affirm that I have not accepted more than \$34,890 in political contributions or made more than \$34,890 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 \$34,890 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 _____ report due on 10/31.
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 BRANDON WINN this the 15th day of JANUARY,

20 2026, to certify which, witness my hand and seal of office.

Deanna Townsend
Signature of officer administering oath

Deanna Townsend
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 _____, _____, _____, _____, _____, _____, _____, _____, _____.

Executed in _____ County, State of _____, on the _____ day of _____, 20 _____.
(month) (year)

Signature of Filer (Declarant)

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