

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:						
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST <i>Brandon</i>	MI <i>T</i>	OFFICE USE ONLY						
	NICKNAME	LAST <i>Winn</i>	SUFFIX	Date Received FILED FOR RECORD UPSHUR COUNTY, TEXAS						
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE; ZIP CODE						
<i>105 SIMPSON</i>										
<input type="checkbox"/> Change of Address										
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION							
<i>(903) 843-3061</i>										
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST <i>Brad</i>	MI <i>E.2</i>	Receipt #						
	NICKNAME	LAST <i>WILBURN</i>	SUFFIX	Amount \$						
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;			CITY; STATE; ZIP CODE						
<i>101 E. MARSHALL ST. HILMAR TX 75644</i>										
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION							
<i>(903) 843-2331</i>										
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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>JAN / 16 / 2026</i>	Day	Year	Month <i>FEB / 2 / 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.									
<table border="1"> <tr> <td rowspan="3">COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC</td> <td>COMMITTEE NAME</td> </tr> <tr> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td colspan="2">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>					COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	COMMITTEE ADDRESS	COMMITTEE CAMPAIGN TREASURER NAME	COMMITTEE CAMPAIGN TREASURER ADDRESS	
COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME									
	COMMITTEE ADDRESS									
	COMMITTEE CAMPAIGN TREASURER NAME									
COMMITTEE CAMPAIGN TREASURER ADDRESS										
<input type="checkbox"/> Additional Pages										

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)	\$ <i>1,250.00</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>1,550.00</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>0</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>3539.85</i>
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>2,002.00</i>

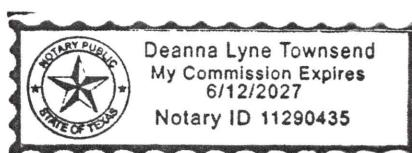
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Deanna Lyne Townsend

Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by BRANDON F. WINN this the 30th day of JANUARY,

20 2016, to certify which, witness my hand and seal of office.

Deanna Lyne Townsend Deanna Lyne Townsend

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)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	
21. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 1,550.00	
22. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$	
23. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS \$	
24. <input type="checkbox"/> SCHEDULE E: LOANS \$ 2,002.00	
25. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$	
26. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$	
27. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS \$	
28. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$	
29. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS \$	
30. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$	
31. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$	
32. <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>1027.2024</i>	5 Full name of contributor <i>NICO BORREGO</i>	6 Contributor address; City; State; Zip Code <i>6000</i>																
7 Amount of contribution (\$) <i>\$50.00</i>																		
8 Contributor's principal occupation <i>OIL FIELD</i>		9 Contributor's job title																
10 Contributor's employer/law firm <i>RED BULL</i>		11 Law firm of contributor's spouse (if any)																
12 If contributor is a child, law firm of parent(s) (if any)																		
<table border="1"> <tr> <td>Date <i>1027.2024</i></td> <td>Full name of contributor <i>SUNG HIM</i></td> <td>□ out-of-state PAC ID#: Contributor address; City; State; Zip Code <i>6000</i></td> <td>Amount of contribution (\$) <i>\$1,000.00</i></td> </tr> <tr> <td colspan="2">Contributor's principal occupation <i>ATTY</i></td> <td colspan="2">Contributor's job title</td> </tr> <tr> <td colspan="2">Contributor's employer/law firm <i>SELF</i></td> <td colspan="2">Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="4">If contributor is a child, law firm of parent(s) (if any)</td> </tr> </table>			Date <i>1027.2024</i>	Full name of contributor <i>SUNG HIM</i>	□ out-of-state PAC ID#: Contributor address; City; State; Zip Code <i>6000</i>	Amount of contribution (\$) <i>\$1,000.00</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)			
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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)																		
<table border="1"> <tr> <td>Date <i>1027.2024</i></td> <td>Full name of contributor <i>BRETT HARVEY</i></td> <td>□ out-of-state PAC ID#: Contributor address; City; State; Zip Code <i>6000</i></td> <td>Amount of contribution (\$) <i>\$500.00</i></td> </tr> <tr> <td colspan="2">Contributor's principal occupation <i>ATTY</i></td> <td colspan="2">Contributor's job title</td> </tr> <tr> <td colspan="2">Contributor's employer/law firm <i>SELF</i></td> <td colspan="2">Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="4">If contributor is a child, law firm of parent(s) (if any)</td> </tr> </table>			Date <i>1027.2024</i>	Full name of contributor <i>BRETT HARVEY</i>	□ out-of-state PAC ID#: Contributor address; City; State; Zip Code <i>6000</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)			
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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.																		

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

BRANDON WINN

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan

12-13-2025

7 Name of lender

BRANDON WINN

out-of-state PAC (ID#:

9 Loan Amount (\$)

502.00

6 Is lender a financial institution?

Y 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**

none

18

Check if personal funds were deposited into political account (See Instructions)

19 GUARANTOR INFORMATION**20 Name of guarantor****22 Amount Guaranteed (\$)**

not applicable

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.

The Instruction Guide explains how to complete this form.

2 FILER NAME

BRANDON WINN

1 Total pages Schedule E(J):

4 TOTAL OF UNITEMIZED LOANS

3 Filer ID (Ethics Commission Filers)

\$

5 Date of loan

11-4-2021

7 Name of lender

out-of-state PAC (ID#:

BRANDON WINN

9 Loan Amount (\$)

\$1,500

6 Is lender a financial institution?

Y 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**

none

18

Check if personal funds were deposited into political account (See Instructions)

19 GUARANTOR INFORMATION**20 Name of guarantor****22 Amount Guaranteed (\$)**

not applicable

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.



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 _____
UPSHUR COUNTY, TEXAS

JAN 30 2026

LORY HAPIE
ELECTIONS ADMINISTRATOR
Date Hand-delivered or Date Postmarked
BY *[Signature]*

Receipt # _____ Amount \$ _____

Date Processed _____

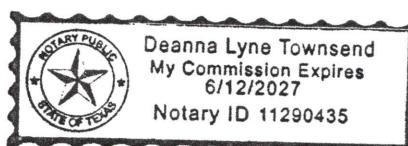
Date Imaged _____

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 _____.
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 T. WINN this the 30th day of January, 20 26, to certify which, witness my hand and seal of office.

Deanna Lyne Townsend
Signature of officer administering oath

Deanna Lyne Townsend
Printed name of officer administering oath

NOTARY
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 Filer (Declarant)

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