#### FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00080342 12 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Dabney D. NAME Date Received **ELECTRONICALLY FILED** 07/09/2024 NICKNAME LAST **SUFFIX** Bassel CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** MAILING Amount Receipt # **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Dabney D. NAME NICKNAME LAST **SUFFIX** Bassel **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE: **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (817) 821-5641 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) Х reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 01/01/2024 06/30/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year Primary Runoff Other 11/05/2024 χ General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE Court Of Appeals, Justice Place 5 District 2 Court Of Appeals, Justice Place 5 District 2

Forms provided by Texas Ethics Commission

GO TO PAGE 2
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Version V4.1.0.d378aba0

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM JC/OH COVER SHEET PG 2

2 of 12

13 C / OH NAME	Bassel, Dabney D. (T	he Honorable)	<b>14</b> Filer ID 00080342	(Ethics Comm	nission Filers)						
15 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	COMMITTEE NAME									
1	X GENERAL	Texas Alliance for Life PAC	Texas Alliance for Life PAC								
		COMMITTEE ADDRESS									
	SPECIFIC	8000 Centre Park Dr.									
	_	Suite 380									
		Austin, TX 78754									
		COMMITTEE CAMPAIGN TREASURER NAME	Ē								
		Shaw, James									
		COMMITTEE CAMPAIGN TREASURER ADDR	RESS								
		4505 Corazon Cv									
		Round Rock, TX 78681									
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS(OTHER THES OF LOANS, OR CONTRIBUTIONS MADE E		\$	0.00						
	2. TOTAL POLIT	ICAL CONTRIBUTIONS	\$	0.00							
   <u>-</u>	`	PLEDGES, LOANS, OR GUARANTEES OF LOA	ANS)								
EXPENDITURE TOTALS		IZED POLITICAL EXPENDITURES		\$	0.00						
L	4. TOTAL POLIT	ICAL EXPENDITURES		\$	7,472.66						
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THI ERIOD	E LAST DAY OF THE	\$	10,855.45						
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS A RTING PERIOD	AS OF THE LAST DAY	\$	0.00						
<b>17</b> AFFIDAVIT		l swear, or affirm, under pen true and correct and include under Title 15, Election Code	es all information required								
		The Ho	norable Dabney D. Bas	ssel							
		Signature	e of Candidate or Officeho	older							
AFFIX NC	OTARY STAMP / SEAL ABO	OVE									
Sworn to and subs	scribed before me, by the s	aid	this the		day						
		ertify which, witness my hand and seal of office.	, and are		_ ~~,						
Signature of off	icer administering oath	Printed name of officer administering oath	Title of offic	er administerin	ng oath						
Signature of one	cer auministening batti	Finited hame of officer administering oath	Title of office	er aummisterin	y oan						

## SUBTOTALS - JC/OH

## FORM JC/OH COVER SHEET PG 3

COVERSIL									
l -	ER NAN	(Ethics Commission Filers)							
l	HEDULI ME OF :	SUBTOTAL AMOUNT							
1.		SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$					
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$					
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$					
4.		SCHEDULE E(J): LOANS (JUDICIAL)		\$					
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	<b>\$</b> 3,685.00					
6.	X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		<b>\$</b> 1,254.00					
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$					
8.	X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	<b>\$</b> 1,259.33						
9.	X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		<b>\$</b> 1,274.33					
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$					
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$					
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS IT TO FILER	RETURNED	\$					

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Comm

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
Ļ		· · · · · · · · · · · · · · · · · · ·
1	Total pages Schedule F1:	
	Sch: 1/2 Rpt: 4/12	Bassel, Dabney D. (The Honorable) 00080342
4	Date	5 Payee name
	01/03/2024	Bassel, Dabney
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3,500.00	5804 FOREST BEND PL
		FORT WORTH, TX 76112-1065
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		reimbursement for loans and various expend. made
		from personal funds for which reimburse. was noted.
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Oi	
	Date	Payee name
	02/20/2024	Birdwell, Ann Marie (Ms.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.00	10105 Locksley Drive
		Benbrook, TX 76126
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Preparation of add for sd 9 convention program
		i repailation of add for our of commontation programs
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
H	Date	Payee name
	02/14/2024	Cooke County Republican Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	701 E. California St., #304
	Φ100.00	701 E. California St., #304
		Coince ville TV 70040
		Gainesville, TX 76240
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Toyas, Complete Schedule T
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		sponsorship and signage at 2024 BYOG event held
		by party
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Consuling Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Cor	nmittee	Gift/Awards/Memorial Legal Services  The Instruction G	s Expense		oense ages/Contrac		Travel Out of D OTHER (enter		
1	Total pages Schedule F1:	2	FILER NAME	<u> </u>				3	Filer ID	(Ethics Commission Filers	)
	Sch: 2/2 Rpt: 5/12		Bassel, Dal	oney D. (The H	onorable)				00080342		
4	Date	5	Payee name								
	02/20/2024		Tarrant Cou	ınty Republicar	Party						
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip Cod	le				
	\$50.00		7524 Mosie	er View Ct. Ste.	230						
			Fort Worth,	TX 76118							
8	PURPOSE	(a)	Category (S	ee Categories listed at	the top of this sche	edule)	(b) Desci	ription			
	OF EXPENDITURE		Advertising							mplete Schedule T.	
	LXI ENDITORE								X, officeholder livir		
							tee to	or placeme	ent of thank y	ou ad in sd 9 program	l
9	Complete ONLY if direct expenditure to benefit C/OH	Н	Candidate/Offi	ceholder name	C	Office soug	ht		Office h	eld	

#### UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F2: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/1 Rpt: 6/12 Bassel, Dabney D. (The Honorable) 00080342 \$ TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 5 Date Payee name 06/01/2024 Denton Cty Rep Linc Cabinet Amount (\$) Payee address; City; State; Zip Code \$1,254.00 PO Box 50748 Denton, TX 76206 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense remining annual commitment to Denton County Lincoln Cabinet Office sought 11 Complete ONLY if direct Candidate/Officeholder name Office held expenditure to benefit C/OH

#### **EXPENDITURES MADE BY CREDIT CARD**

#### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

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 F4:	2 FILER NAME		3 Filer ID (Ethics Commission							
Sch: 1/3 Rpt: 7/12	Bassel, Dabney D.	(The Honorable)	00080342							
4 CREDIT CARD ISSUER		ncial institution nase	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$						
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid						
	\$209.00	02/01/2024								
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code						
	Denton Cty Rep Lir	nc Cabinet	PO Box 50748							
			Denton, TX 76206							
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description							
X Political	Contributions/Donatio	ns Made By	Contribution to Denton C	ounty Republican Cabinet						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	c, officeholder living expense						
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held						
expenditure to benefit C/OH										
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid						
	\$5.33	01/21/2024								
PAYEE	(a) Payee name	•	(b) Payee address;	City, State, Zip Code						
	Constant Contact		1601 Trapelo Dr., Suite 329							
			Waltham, MA 02451							
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Advertising Expense	of this schedule)	(b) Description Fee for maintenance of email list							
X Political	That or doing Expense									
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense							
Complete ONLY if direct	Candidate/Officeholder	name Office	ce sought Office held							
expenditure to benefit C/OH										
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer Paid							
	\$209.00	01/01/2024								
PAYEE	(a) Payee name	L	(b) Payee address;	City, State, Zip Code						
			PO Box 50748							
	Denton Cty Rep Lir	nc Cabinet								
			Denton, TX 76206							
PURPOSE OF	(a) Category		(b) Description							
EXPENDITURE	(See Categories listed at the top Contributions/Donatio	,	Contribution to Denton C	ounty Republican Cabinet						
X Political	Candidate/Officeholde									
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	x, officeholder living expense						
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held						
	,-									

#### **EXPENDITURES MADE BY CREDIT CARD**

#### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

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 F4:	2 FILER NAME	3 Filer ID (Ethics Commission				sion Filers)					
Sch: 2/3 Rpt: 8/12	Bassel, Dabney D.	(The Honorable)	00080342								
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED ITURES ED TO A CREDIT	\$						
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (	Credit Card Issue	r Paid						
	\$209.00	03/01/2024									
7 PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code				
	Denton Cty Rep Lin	nc Cabinet	PO Box 50	-							
	(2) 0242 227		Denton, TX								
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descripti	on on to Denton Co	ounty Bonublic	an Cabin	ot				
X Political	Contributions/Donatio Candidate/Officeholde	ns Made By	Continuation	on to Denton Co	ину керивно	an Cabine	cı				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense					
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held						
expenditure to benefit C/OH											
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer Paid								
PAYEE (a) Payee name			(b) Payee a	ddress;	City,	State,	Zip Code				
	Denton Cty Rep Lin	nc Cabinet	PO Box 50	)748							
			Denton, TX 76206								
PURPOSE OF	(a) Category	(II)	(b) Description								
EXPENDITURE	(See Categories listed at the top Contributions/Donatio		Contribution to Denton County Republican Cabinet								
X Political	Candidate/Officeholde										
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense					
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held						
expenditure to benefit C/OH											
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (	Credit Card Issue	r Paid						
	\$209.00	05/01/2024									
PAYEE	(a) Payee name	•	(b) Payee a	ddress;	City,	State,	Zip Code				
	Donton Cty Don Lin	a Cabinat	PO Box 50	)748							
	Denton Cty Rep Lin	ic Cabinet									
			Denton, TX 76206								
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Contribution to Denton County Republican Cabinet								
l <u> </u>	Contributions/Donatio		Contributio	on to Denton Co	ounty Republica	an Cabine	et				
X Political	Candidate/Officeholde	er/Political Committee									
Non-Political	(1)	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense					
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held						
expenditure to benefit C/OH											

## **EXPENDITURES MADE BY CREDIT CARD**

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Fees Food/Beve / - Gift/Awards Il Committee Legal Servi	rage Expense F s/Memorials Expense F	omice Overnead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Travel in District Travel Out of District OTHER (enter a category not listed above)
	The Insti	uction Guide explains ho	w to complete this form.	
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Sch: 3/3 Rpt: 9/12	Bassel, Dabney D.	(The Honorable)		00080342
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZ EXPENDITURES CHARGED TO A CRE CARD	\$
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid
	\$209.00	06/01/2024		
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code
	Denton Cty Rep Lin	c Cabinet	PO Box 50748	
			Denton, TX 76206	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	
X Political	Contributions/Donatio		n County Republican Cabinet	
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	. Check if Austin	n, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Off	ice sought	Office held

### POLITICAL EXPENDITURES FROM PERSONAL FUNDS

## SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Food/Beverage Expense Gift/Awards/Memorials E Legal Services The Instruction Gu	Expense		xpense Vages/Contract Labor		Travel in District Travel Out of District OTHER (enter a category not liste	ed above)
1	Total pages Schedule G:	2	FILER NAME	Ξ				3	Filer ID (Ethics Commi	ssion Filers)
	Sch: 1/3 Rpt: 10/12		Bassel, Dal	oney D. (The Hor	norable)				00080342	
4	Date	5	Payee name							
	02/05/2024		Chase Card	d Services						
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip Co	ode			
	\$209.00		PO Box 62	94						
	Reimbursement from political contributions intended		Carol Strea	m, IL 60197						
8	PURPOSE OF	(a)	Category (S	ee Categories listed at the	e top of this sche	edule)	(b) Description	=	eck if travel outside of Texas. Cor	
	EXPENDITURE		Credit Card	l Payment			L		eck if Austin, TX, officeholder living	
							payment for dues	s to	Denton Lincoln Cabine	Σ
Ļ	Complete ONII V if allows		adidata/Offi	holder			Office associated		O#: 11-1	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate/Office	noider name			Office sought		Office held	
	Date		Payee name							
	03/04/2024		Chase Card	d Services						
	Amount (\$)		Payee addre	ss; City;	State;	Zip Co	ode			
\$209.00 PO Box 6294										
	Reimbursement from political contributions intended		Carol Strea	m, IL 60197						
	PURPOSE		Category (S	ee Categories listed at the	e top of this sche	edule)	Description	=	eck if travel outside of Texas. Cor	
	OF EXPENDITURE		Credit Card	l Payment			[ E	_	eck if Austin, TX, officeholder living	
							payment for dues	s to	Denton Lincoln Cabine	et
	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Office	holder name			Office sought		Office held	
		_								
	Date		Payee name	d Cominer-						
	04/01/2024		Chase Card							
	Amount (\$)		Payee addre		State;	Zip Co	ode			
	\$209.00		PO Box 62	94						
	Reimbursement from political contributions intended		Carol Strea	m, IL 60197						
	PURPOSE			ee Categories listed at the	e top of this sche	edule)	Description	_	eck if travel outside of Texas. Cor	
	OF EXPENDITURE		Credit Card	l Payment	-			Check if Austin, TX, officeholder living expense		
							payment for dues	s to 	Denton Lincoln Cabine	et 
	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Office	holder name			Office sought		Office held	

### POLITICAL EXPENDITURES FROM PERSONAL FUNDS

## SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Food/Beverage Expens Gift/Awards/Memorials Legal Services The Instruction Gu	Expense		xpense Nages/Contract Labor		Travel in District Travel Out of District OTHER (enter a category not liste	ed above)
1	Total pages Schedule G:	2	FILER NAMI	Ξ				3	Filer ID (Ethics Commis	ssion Filers)
	Sch: 2/3 Rpt: 11/12		Bassel, Da	oney D. (The Ho	norable)				00080342	
4	Date	5	Payee name							
	05/01/2024		Chase Care	d Services						
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip Co	ode			
	\$209.00		PO Box 62	94						
	Reimbursement from political contributions intended		Carol Strea	.m, IL 60197						
8	PURPOSE OF	(a)	Category (S	ee Categories listed at th	e top of this sche	edule)	(b) Description	=	neck if travel outside of Texas. Cor	
	EXPENDITURE		Credit Card	l Payment			L		neck if Austin, TX, officeholder living	
							payment for dues	s to	Denton Lincoln Cabine	t
Ļ	Operation ONE VIII II	Ĺ	1:-1	h -   -			0#:		O''' 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Cai	ndidate/Office	noider name			Office sought		Office held	
	Date		Payee name							
	05/31/2024		Chase Car	d Services						
	Amount (\$)		Payee addre	lress; City; State; Zip Code						
\$209.00 PO Box 6294										
	X Reimbursement from political contributions intended		Carol Strea	.m, IL 60197						
	PURPOSE		Category (S	ee Categories listed at th	e top of this sche	edule)	Description	=	neck if travel outside of Texas. Cor	•
	OF EXPENDITURE		Credit Card	l Payment				_	neck if Austin, TX, officeholder living	
							payment for dues	s to	Denton Lincoln Cabine	t
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Cai	ndidate/Office	holder name			Office sought		Office held	
H	Date		Payee name							
	06/26/2024		Chase Car	d Services						
	Amount (\$)	$\vdash$	Payee addre		State:	Zip Co	ode			
	\$209.00		PO Box 62	•	J. 1.1.0,	_,,				
	Reimbursement from		- /-							
	X political contributions intended		Carol Strea	m, IL 60197				_		
	PURPOSE OF			ee Categories listed at th	e top of this sche	edule)	Description	=	eck if travel outside of Texas. Cor eck if Austin, TX, officeholder living	
EXPENDITURE Credit Card Paymer		Payment			I navment for dues	_	Denton Lincoln Cabine			
							payment for dues		Denien Emoun Cabine	
	Complete ONLY if direct expenditure to benefit C/OH	<u>I</u> Cai	ndidate/Office	holder name			Office sought		Office held	

#### POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Filer ID Total pages Schedule G: FILER NAME (Ethics Commission Filers) Sch: 3/3 Rpt: 12/12 Bassel, Dabney D. (The Honorable) 00080342 Date Payee name **Chase Card Services** 02/05/2024 Amount (\$) Payee address; City; State; Zip Code PO Box 6294 \$5.33 Reimbursement from political contributions Х intended Carol Stream, IL 60197 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if Austin, TX, officeholder living expense Credit Card Payment **EXPENDITURE** pmt to Constant Contact for fee for maintenance of email list Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/03/2024 Wise Republican Women Amount (\$) Payee address; City; State; Zip Code \$15.00 po box 1819 Reimbursement from political contributions Boyd, TX 76023 intended **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense refund **EXPENDITURE** refund of already paid membership dues Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH