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 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Dabney D. NAME Date Received **ELECTRONICALLY FILED** 07/06/2025 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 Day Month Day Year Year **COVERED THROUGH** 01/01/2025 06/30/2025 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE Court Of Appeals, Justice Place 5 District 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 9

13 C / OH NAME	Bassel, Dabney D. (T	he Honorable)	14 Filer ID 00080342	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	ommittees to support the cholder's knowledge or stice of such expenditures.		
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE ADDITESS		
		COMMITTEE CAMPAIGN TREASURER	RNAME	
		COMMITTEE CAMPAIGN TREASURER	ADDRESS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS(OTH ES OF LOANS, OR CONTRIBUTIONS M.		\$ 0.00
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES (OF LOANS)	\$ 15.00
EXPENDITURE TOTALS	`	ZED POLITICAL EXPENDITURES	51 2 57 4 10)	\$ 0.00
	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 2,649.00
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS C	OF THE LAST DAY OF THE	\$ 10,505.45
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LO TING PERIOD	DANS AS OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT				
			ler penalty of perjury, that the ac ncludes all information required t on Code.	
		Th	ne Honorable Dabney D. Bas	sel
		Siç	gnature of Candidate or Officeho	der
AFFIX NO	ΓARY STAMP / SEAL AB	DVE		
		aid		day
of	, 20, to co	ertify which, witness my hand and seal of (office.	
Signature of offic	er administering oath	Printed name of officer administerin	g oath Title of office	r administering oath

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

3 of 9							
18 FILER N	(Ethics Commission Filers)						
Bassel,	_						
20 SCHEDU NAME O	SUBTOTAL AMOUNT						
1.	1. SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)						
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 15.00				
3.	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$				
4.	SCHEDULE E(J): LOANS (JUDICIAL)		\$				
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$ 350.00				
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$				
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTI	ONS	\$				
8. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 1,254.00				
9. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$ 1,045.00				
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$				
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTI	ONS	\$				
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$				

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 4/9 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Bassel, Dabney D. (The Honorable) 00080342 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS 6 Full name of contributor In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 04/08/2025 Lesch, Pauline (Ms.) \$15.00 I Gift of associate 7 Contributor address; City; State; Zip Code membership in Cooke Co. Republican Women Valley View, TX 76272 Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) (See instructions) 11 Employer (FOR NON-JUDICIAL) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

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	Food/Beverage Expense Polling Expense Travel in District by - Gift/Awards/Memorials Expense Printing Expense Travel Out of District al Committee 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:	•
_	Sch: 1/1 Rpt: 5/9	Bassel, Dabney D. (The Honorable)
4	Date	5 Payee name
	01/21/2025	Cooke County Republican Party
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$350.00	701 E. California St., #304
		Gainesville, TX 76240
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	sponsorship of party event Check if Austin, TX, officeholder living expense sponsorship and advertising at byog annual event
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	Office sought Office field

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 Inst	ruction Guide explains how	to complete th	nis form.	(3.,	,
1	Total pages Schedule F4:	chedule F4: 2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
	Sch: 1/2 Rpt: 6/9	Bassel, Dabney D.	00080342					
4	CREDIT CARD ISSUER	Name of financial institution chase bank		EXPEND	OF UNITEMIZED DITURES ED TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
		\$209.00	01/01/2025					
7	7 PAYEE (a) Payee name (b) Payee address; PO Box 50748			City,	State,	Zip Code		
				Denton, T				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descript			. 1. 1	
l		Contributions/Donatio		payment for dues to Denton Lincoln Cabinet				
l	X Political	Candidate/Officeholde	er/Political Committee					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living	expense	
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
е	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
		\$209.00	02/01/2025					
PAYEE		(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
Denton Cty Rep Linc Cabine			nc Cabinet	PO Box 50	0748			
				Denton, T	X 76206			
	PURPOSE OF	(a) Category	(b) Description					
	X Political	(See Categories listed at the top Contributions/Donatio Candidate/Officeholde	ns Made By	payment f	or dues to Dent	on Lincoln Ca	abinet	
	Non-Political	H	of Texas. Complete Schedule T.	Г	Check if Austin, TX,	officeholder living	expense	
┝	Complete ONLY if direct	Candidate/Officeholder		e sought Office held				
e	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
		\$209.00	04/01/2025					
Г	PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
l			PO Box 50	0748				
l		Denton Cty Rep Lir	ic Cabinet					
l				Denton, T	X 76206			
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By			(b) Description					
			payment for dues to Denton Lincoln Cabinet					
	X Political	X Political Contributions/Donations Made By Candidate/Officeholder/Political Committee						
L	Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				expense		
е	Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held							
4								

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 Inst	ruction Guide explains how	to complete t	his form.				
1 Total pages Schedule F4: 2 FILER NAME			3 Filer ID (Ethics Commission File				sion Filers)	
Sch: 2/2 Rpt: 7/9	Bassel, Dabney D.	00080342						
4 CREDIT CARD ISSUER	Name of financial institution See previous			\$				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	er Paid			
	\$209.00	05/01/2025						
7 PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code	
	Denton Cty Rep Lir	nc Cabinet	PO Box 50748					
	(a) Catamani		Denton, T					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip	tion for dues to Den	ton Lincoln Ca	hinet		
X Political	Contributions/Donation Candidate/Officeholde	ons Made By er/Political Committee	payment	ioi dues to Den	ton Emcom Ca	biriet		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	· [Check if Austin, TX	K, officeholder living ex	officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	er Paid			
	\$209.00	06/01/2025						
PAYEE	(a) Payee name (b) Payee			address;	City,	State,	Zip Code	
	Denton Cty Rep Linc Cabinet PO Box 50748							
			Denton, T	X 76206				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Contributions/Donatio		(b) Description payment for dues to Denton Lincoln Cabinet					
X Political		er/Political Committee						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense					
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer Paid					
	\$209.00	03/01/2025						
PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code	
	Donton Cty Don Lin	a Cabinat	PO Box 5	0748				
	Denton Cty Rep Lir	ic Cabinet						
			Denton, T					
PURPOSE OF EXPENDITURE	PURPOSE OF (a) Category (See Categories listed at the top of this schedule)			(b) Description				
l <u> </u>	Contributions/Donations Made By							
I 🗏	X Political Candidate/Officeholder/Political Committee							
Non-Political Complete ONLY if direct	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	e sought	Check if Austin, TX	C, officeholder living ex Office held	kpense		
Complete ONLY if direct expenditure to benefit C/OH	Complete Green and Complete Gree							
oxperialitate to beliefit 0/011	l							

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

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		/ - al Committee	Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor			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:	2 FILER NAM	Ē			3	Filer ID	(Ethics Commission Filers)
	Sch: 1/2 Rpt: 8/9	Bassel, Da	bney D. (The Honorable)				000803	342
4	Date	5 Payee name	·			<u> </u>		
•	02/03/2025	Chase Car						
6	Amount (\$)	7 Payee addre	ess; City; State;	Zip Co	ode			
	\$209.00	PO Box 62	94					
	Reimbursement from							
	x political contributions intended	Carol Strea	ım, IL 60197					
8	PURPOSE	(a) Category (s	see Categories listed at the top of this sch	edule)	(b) Description	Ch	eck if travel	I outside of Texas. Complete Schedule T.
	OF	Credit Card		,		Ch	eck if Austi	n, TX, officeholder living expense
	EXPENDITURE	oroun our	. r dymone		payment for dues	- s to	Denton	Lincoln Cabinet
9	Complete ONLY if direct expenditure to benefit	<u> </u> Candidate/Office	holder name		Office sought			Office held
	C/OH							
	Date	Payee name						
	03/03/2025	Chase Car	d Services					
	Amount (\$)	Payee address; City; State; Zip Code						
\$209.00 PO Box 6294								
	,	1 0 20% 02						
	Reimbursement from political contributions intended	Carol Strop	um II 60107					
		_	ım, IL 60197		T =			
	PURPOSE OF	1	iee Categories listed at the top of this sch	edule)	Description			l outside of Texas. Complete Schedule T.
	EXPENDITURE	Credit Card	l Payment		L	_		n, TX, officeholder living expense
					payment for dues	s to	Denton	Lincoln Cabinet
	Complete ONLY if direct expenditure to benefit	Candidate/Office	holder name		Office sought			Office held
	C/OH							
		ī						
	Date	Payee name						
	04/02/2025	Chase Car	d Services					
	Amount (\$)	Payee addre	ess; City; State;	Zip Co	ode			
	\$209.00	PO Box 62	94					
	Reimbursement from							
	X political contributions intended	Carol Strea	ım, IL 60197					
	PURPOSE	Category (S	see Categories listed at the top of this sch	edule)	Description	Ch	eck if travel	l outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Credit Card	l Payment			Ch	eck if Austi	n, TX, officeholder living expense
	LXI LINDITORL				payment for dues	s to	Denton	Lincoln Cabinet
		Candidate/Office	holder name		Office sought			Office held
	expenditure to benefit				-			
	C/OH							

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: 2/2 Rpt: 9/9 Bassel, Dabney D. (The Honorable) 00080342 Date Payee name 05/01/2025 **Chase Card Services** Amount (\$) Payee address; City; State; Zip Code PO Box 6294 \$209.00 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** payment for dues to Denton Lincoln Cabinet Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/30/2025 Chase Card Services Amount (\$) Payee address; City; State; Zip Code \$209.00 PO Box 6294 Reimbursement from political contributions Χ Carol Stream, IL 60197 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 Credit Card Payment **EXPENDITURE** payment for dues to Denton Lincoln Cabinet Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH