

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM **JC/OH**  
COVER SHEET PG 1

<b>The JC/OH Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers) 00085136	<b>2</b> Total pages filed:  7		
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable	FIRST Stephanie S.	MI	<b>OFFICE USE ONLY</b>  Date Received <b>ELECTRONICALLY FILED</b> 07/15/2025	
	NICKNAME	LAST Bascon	SUFFIX		
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY;		ZIP CODE	Date Hand-delivered or Date Postmarked	
	<b>REDACTED PER 254.0313, GOV'T CODE</b>			Receipt #	
				Amount	
				Date Processed	
			Date Imaged		
<b>5</b> CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Fabius D.	MI		
	NICKNAME	LAST Bascon	SUFFIX Jr.		
<b>6</b> CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;	CITY;	
			STATE;	ZIP CODE	
<b>REDACTED PER 254.0313, GOV'T CODE</b>					
<b>7</b> CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
	(830) 822-7587				
<b>8</b> REPORT TYPE	<input type="checkbox"/> January 15				
	<input checked="" type="checkbox"/> July 15				
				<input type="checkbox"/> 30th day before election	
				<input type="checkbox"/> 8th day before election	
				<input type="checkbox"/> Runoff	
				<input type="checkbox"/> Exceeded modified reporting limit	
				<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)	
				<input type="checkbox"/> Final Report (Attach C/OH-FR)	
<b>9</b> PERIOD COVERED	Month	Day	Year		
	01/01/2025	THROUGH	06/30/2025		
<b>10</b> ELECTION	ELECTION DATE		ELECTION TYPE		
	Month	Day	Year	<input checked="" type="checkbox"/> Primary	
			<input type="checkbox"/> General	<input type="checkbox"/> Special	<input type="checkbox"/> Other
			03/10/2026		
<b>11</b> OFFICE	OFFICE HELD (if any)		<b>12</b> OFFICE SOUGHT (if known)		
	District Judge District 466 Comal		District Judge District 466th		

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# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH  
COVER SHEET PG 2

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**13** C / OH NAME Bascon, Stephanie S. (The Honorable) **14** Filer ID (Ethics Commission Filers)  
00085136

**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  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

<b>16</b> CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	2,901.99
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$	442.62
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	17,087.86
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

**17** AFFIDAVIT

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.

The Honorable Stephanie S. Bascon  
\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, 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

# SUBTOTALS - JC/OH

<b>18 FILER NAME</b> Bascon, Stephanie S. (The Honorable)		<b>19 Filer ID</b> 00085136	(Ethics Commission Filers)
<b>20 SCHEDULE SUBTOTALS</b>			<b>SUBTOTAL AMOUNT</b>
NAME OF SCHEDULE			
1.	<input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$	2,901.99
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	<input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$	
4.	<input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)	\$	
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	442.62
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	55.78

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 1/2 Rpt: 4/7
<b>2</b> FILER NAME Bascon, Stephanie S. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00085136
<b>4</b> Date 05/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bascon, Raoul (Mr.)	<b>7</b> Amount of Contribution (\$)  \$51.99
	<b>6</b> Contributor address; City; State; Zip Code  New Braunfels, TX 78131	
<b>8</b> Contributor's Principal Occupation Business/Insurance		<b>9</b> Contributor's Job Title Analyst
<b>10</b> Contributor's employer/law firm Munich RE		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 06/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bernstein, Kelly (Ms.)	Amount of Contribution (\$)  \$250.00
	Contributor address; City; State; Zip Code  San Antonio, TX 78209	
Contributor's Principal Occupation Therapist		Contributor's Job Title Therapist
Contributor's employer/law firm Alamo Heights Forensic and Individual Therapy		Law firm of contributor's spouse (if any) LeGrand & Bernstein
If contributor is a child, law firm of parent(s) (if any)		
Date 05/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bettersworth, Sherry (Ms.)	Amount of Contribution (\$)  \$1,000.00
	Contributor address; City; State; Zip Code  New Braunfels, TX 78130	
Contributor's Principal Occupation Theater Production		Contributor's Job Title Director
Contributor's employer/law firm New Braunfels Performing Arts		Law firm of contributor's spouse (if any) Bettersworth Law Firm
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A(J)1: Sch: 2/2 Rpt: 5/7
2 FILER NAME Bascon, Stephanie S. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00085136
4 Date 05/22/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cace, Nathan (Mr.)	7 Amount of Contribution (\$)  \$100.00
	6 Contributor address; City; State; Zip Code  San Antonio, TX 78216	
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney
10 Contributor's employer/law firm Cace Law		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 05/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Courtney (Ms.)	Amount of Contribution (\$)  \$500.00
	Contributor address; City; State; Zip Code  New Braunfels, TX 78130	
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Law Office of Courtney Miller PLLC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 06/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morley, Justin B (Mr.)	Amount of Contribution (\$)  \$1,000.00
	Contributor address; City; State; Zip Code  New Braunfels, TX 78130	
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Langley & Banack		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# 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  
Credit Card Payment

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.

<b>1</b> Total pages Schedule F1: Sch: 1/1 Rpt: 6/7	<b>2</b> FILER NAME Bascon, Stephanie S. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00085136
<b>4</b> Date 06/04/2025	<b>5</b> Payee name PayPal and Venmo	
<b>6</b> Amount (\$) \$57.42	<b>7</b> Payee address; City; State; Zip Code 2211 N. 1st St.  San Jose , CA 95131	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Service charge for online donations
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/12/2025	Payee name Squarespace Inc	
Amount (\$) \$224.20	Payee address; City; State; Zip Code 8 Clarkson St  New York, NY 10014	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Social media	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense website
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/23/2025	Payee name Whois.com	
Amount (\$) \$161.00	Payee address; City; State; Zip Code 100 S Mill  Tempe, AZ 85281	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Social media	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Domain name
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule K: Sch: 1/1 Rpt: 7/7
<b>2</b> FILER NAME Bascon, Stephanie S. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00085136
<b>4</b> Date 06/30/2025	<b>5</b> Name of person from whom amount is received Frost Bank	<b>8</b> Amount (\$) \$55.78
	<b>6</b> Address of person from whom amount is received; City; State; Zip Code  San Antonio, TX 78296	
	<b>7</b> Purpose for which amount is received Interest	<input type="checkbox"/> Check if political contribution returned to filer