

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 <input checked="" type="checkbox"/> FIRST Charles MI NICKNAME LAST Basil SUFFIX Nash		OFFICE USE ONLY Date Received FILED FOR RECORD DA OF 15 YR 2022 M RECEIVED ESPINOSA, COUNTY CLERK COUNTY, TEXAS	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address ADDRESS / PO BOX: P.O. Box 235 APT / SUITE #: muleshoe CITY: Tx STATE: 79347 480 State Hwy 214		Date Hand-delivered or Postmarked Receipt # 15th FR 14 MIN 1 PM Date Processed A Date Imaged	
5 CANDIDATE/ OFFICEHOLDER PHONE AREA CODE (806) PHONE NUMBER 946 8017			
6 CAMPAIGN TREASURER NAME MS / MRS <input checked="" type="checkbox"/> FIRST Charles MI NICKNAME LAST Basil SUFFIX Nash			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business) 480 State Hwy 214 CITY: muleshoe STATE: Texas ZIP CODE 79347			
8 CAMPAIGN TREASURER PHONE AREA CODE (806) PHONE NUMBER 946 8017			
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"/> 6th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)	
10 PERIOD COVERED		Month / Day / Year / / / THROUGH / / /	
11 ELECTION		ELECTION DATE Month / Day / Year 3 / 3 / 2026	
		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) County Judge		13 OFFICE SOUGHT (if known) County Judge	
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages		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.	
COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC		COMMITTEE NAME <hr/> COMMITTEE ADDRESS <hr/> COMMITTEE CAMPAIGN TREASURER NAME <hr/> 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) \$ 716.27
EXPENDITURE TOTALS		3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$ 710.57
		4. TOTAL POLITICAL EXPENDITURES \$ 710.57
CONTRIBUTION BALANCE		5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 5.70
OUTSTANDING LOAN TOTALS		6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$

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 _____ 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

OR

(2) Unsworn Declaration

My name is Brandon, and my date of birth is 06-07-1957
 My address is 480 State Hwy 214, Muleshoe, Texas, 79347, Bailey
 (street) (city) (state) (zip code) (country)

Executed in Bailey County, State of Texas, on the 15 day of January, 2026.
Brandon

Signature of Candidate/Officeholder (Declarant)

FILED FOR RECORD
 15TH DAY OF Jan YR 2026
 AT 3 HR 15 MIN A M.
 IRENE ESPINOZA, COUNTY CLERK
 BAILEY COUNTY, TEXAS
SCHEDULE A(J)1

**MONETARY POLITICAL CONTRIBUTIONS
 (JUDICIAL)**

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>Charles Basil Nash</i>		3 Filer ID (Ethics Commission Filers)																				
4 Date <i>11-26-25</i>	5 Full name of contributor <i>Abuelo Bail Bond</i> 6 Contributor address; <i>201 Ash Plainview Tx</i>	7 Amount of contribution (\$) <i>500.00</i>																				
8 Contributor's principal occupation <i>Bondsman</i>		9 Contributor's job title <i>Owner</i>																				
10 Contributor's employer/law firm <i>Abuelo Bail Bond</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</td> <td>Full name of contributor</td> <td><input type="checkbox"/> out-of-state PAC ID#:</td> <td>Amount of contribution (\$)</td> </tr> <tr> <td></td> <td>Contributor address;</td> <td>City;</td> <td>State; Zip Code</td> </tr> <tr> <td colspan="2">Contributor's principal occupation</td> <td colspan="2">Contributor's job title</td> </tr> <tr> <td colspan="2">Contributor's employer/law firm</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	Full name of contributor	<input type="checkbox"/> out-of-state PAC ID#:	Amount of contribution (\$)		Contributor address;	City;	State; Zip Code	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)			
Date	Full name of contributor	<input type="checkbox"/> out-of-state PAC ID#:	Amount of contribution (\$)																			
	Contributor address;	City;	State; Zip Code																			
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)																						
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Date	Full name of contributor	<input type="checkbox"/> out-of-state PAC ID#:	Amount of contribution (\$)																			
	Contributor address;	City;	State; Zip Code																			
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.																						

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	
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	
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	
SUBTOTAL AMOUNT	

FILED FOR RECORD
15th DAY OF Jan YR 2021

AT 3 HR 10 MIN 00 M.
IRENE ESPINOZA, COUNTY CLERK
BAILEY COUNTY

SCHEDULE F1

**POLITICAL EXPENDITURES MADE FROM
POLITICAL CONTRIBUTIONS**

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

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.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
4 Date 12-21-2025	5 Payee name Office Depot	6 Amount (\$) 12.98	
7 Payee address:	City; State; Zip Code Lubbock Texas		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Business Cards	
	(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 1-10-2026	Payee name HBC	Payee address; City, State, Zip Code 1516 W American Blvd. Muleshoe Tx 79347	
Amount (\$) 140.58	Description Material For Posting Signs		
(c) <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 01-8-2026	Payee name Signs on The Go	Payee address; City, State, Zip Code 304 CR7200 Lubbock Tx 79404	
Amount (\$) 78.23	Description Signs		
(c) <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

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
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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 F1:	2 FILER NAME <i>Charles Basil Nash</i>	3 Filer ID (Ethics Commission Filers)		
4 Date <i>12-29-2025</i>	5 Payee name <i>Signs On The Cheap</i>	6 Amount (\$) <i>491.76</i>	7 Payee address; <i>11525A Stonehollow Dr Ste 120 Austin Texas 78758</i>	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <i>Signs and Stands</i>		
	(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			
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			
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
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