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: Chad
M1: W

NICKNAME
LAST: Dean
SUFFIX

OFFICE USE ONLY

FILED FOR RECORD
RUSK COUNTY, TEXAS

Date Received

JAN 27 2026

ELECTIONS ADMINISTRATOR

BY ____ DEPUTY
Date Hand-delivered or Date Postmarked

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☑ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

Henderson, Tx 75654

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE (903) PHONE NUMBER 658-2717
EXTENSION

Receipt #	Amount $
Date Processed	
Date Imaged	

6 CAMPAIGN TREASURER NAME

MS / MRS / MR
FIRST: Lee
M1:

NICKNAME
LAST: Gearheart
SUFFIX

7 CAMPAIGN TREASURER ADDRESS
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

Henderson Tx 75654

8 CAMPAIGN TREASURER PHONE

AREA CODE (903) PHONE NUMBER 657-7794
EXTENSION

9 REPORT TYPE

☐ January 15
☒ 30th day before election
☐ Runoff
☐ 15th day after campaign treasurer appointment (Officeholder Only)

☐ July 15
☐ 8th day before election
☐ Exceeded Modified Reporting Limit
☐ Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month 12 / Day 31 / Year 25 THROUGH Month 01 / Day 31 / Year 2026

11 ELECTION

ELECTION DATE
Month 3 / Day 3 / Year 26

ELECTION TYPE
☑ Primary
☐ Runoff
☐ Other Description
☐ General
☐ Special

12 OFFICE

OFFICE HELD (if any): CCL

13 OFFICE SOUGHT (if known): CCL

14 NOTICE FROM POLITICAL COMMITTEE(S)

☐ 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	COMMITTEE NAME
☐ GENERAL	COMMITTEE ADDRESS
☐ SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	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	Chad W. Dean	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)	$ – 0 –
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 500
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$ – 0 –
	4.	TOTAL POLITICAL EXPENDITURES	$ 6,549.32
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 0
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 12,000

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 _Chad Dean_ , and my date of birth is _4-16-1955_ .

My address is _____ , _Henderson_ , _Tx_ , _75654_ , _USA_ .
                  (street)   (city)   (state)   (zip code)   (country)

Executed in _Rusk_ County, State of _Texas_ , on the _27_ day of _January_ , 20_26_ .
                                                                        (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		SUBTOTAL AMOUNT
1.	☑ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 500
2.	☐ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$
3.	☐ SCHEDULE B: PLEDGED CONTRIBUTIONS	$
4.	☑ SCHEDULE E: LOANS	$ 2,000
5.	☑ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS +LOANS + G	$ 6,549.32
6.	☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$
7.	☐ SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$
8.	☐ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$
9.	☑ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS (see above)	$
10.	☐ SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$
11.	☐ SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$
12.	☐ 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: *1*
2 FILER NAME *Chad W Dean*	3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC ID#:_____	7 Amount of contribution ($)
01/05/2026	*Billy & Virgina Irwin* 6 Contributor address; City; State; Zip Code *Henderson, TX 75653*	*$500.00*

8 Contributor's principal occupation *Retired*	9 Contributor's job title
10 Contributor's employer/law firm	11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date	Full name of contributor ☐ 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 ☐ 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.

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 Chad W Dean	**3** Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS	$ 2,000.

5 Date of loan 12/29/25	**7** Name of lender ☐ out-of-state PAC (ID#:_____) Self (filer)	**9** Loan Amount ($) $2,000
6 Is lender a financial Institution? ☐ Y ☒ N	**8** Lender address; City; State; Zip Code filers address	**10** Interest rate 0 **11** Maturity date on demand

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 ☐ not applicable	**20** Name of guarantor	**22** Amount Guaranteed ($)
	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.

POLITICAL EXPENDITURES MADE
FROM POLITICAL CONTRIBUTIONS & *LOANS (G)*

SCHEDULE F1

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	5 Payee name
12/30/25	USPS

6 Amount ($)	7 Payee address;	City;	State;	Zip Code
110⁰⁰	South Main ☐ Check if individual's residence address.	Henderson, Texas		

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): Ad Expense

(b) Description: PO Box fee

(c) ☐ Check if travel outside of Texas. Complete Schedule T.   ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	Chad Dean	CCL	CCL

Date	Payee name
12/10/25	Tractor Supply

Amount ($)	Payee address;	City;	State;	Zip Code
$194⁵²	Hwy 79 ☐ Check if individual's residence address.	Henderson	TX	

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): Ad Printing Expense

Description: SIGN SUPPLIES

☐ 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 sought	Office held
	Chad Dean	CCL	CCL

Date	Payee name
1-9-26	SIGN Express

Amount ($)	Payee address;	City;	State;	Zip Code
$6,244.80	908 Hwy 64 ☐ Check if individual's residence address.	Henderson	TX	

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): Printing Expense

Description: signs, cards, + printing

☐ 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 sought	Office held
	Chad Dean	CCL	CCL

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED