

2026 FEB 02 11:34:22

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/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) <u>Mr</u> FIRST <u>Bradley</u> MI <u>S</u>	OFFICE USE ONLY	
	NICKNAME LAST SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>PO Box 1052</u> <u>Brenham</u> <u>Tx</u> <u>77834</u>	Date Received <u>2/2/2026</u> <u>JG</u>	
<input type="checkbox"/> Change of Address			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(832)</u> <u>715 2455</u>	Date Hand-delivered or Date Postmarked <u>2/2/2026</u>	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <u>Mr</u> <u>Robert</u> <u>S</u>	Receipt # Amount \$	
	NICKNAME LAST SUFFIX <u>Starke</u> <u>Jr</u>	Date Processed <u>2/2/2026</u>	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>708 E Tom Green</u> <u>Brenham</u> <u>Tx</u> <u>77833</u>	Date Imaged <u>2/2/2026</u>	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(979)</u> <u>203-5636</u>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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"/> 8th 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 Month Day Year <u>01 / 01 / 2026</u> THROUGH <u>01 / 22 / 2026</u>		
11 ELECTION	ELECTION DATE Month Day Year <u>03 / 03 / 26</u>	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)	13 OFFICE SOUGHT (if known) <u>County Judge</u>	
14 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.		
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

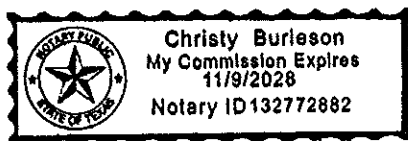
15 C/OH NAME <u>Brad Tegeler</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>4,175⁰⁰</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>4,641¹⁵</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>48,599⁹⁹</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>45,000⁰⁰</u>

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.

Brad Tegeler
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Brad Tegeler this the 2 day of February
2026, to certify which, witness my hand and seal of office.
Christy Burleson Christy Burleson Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.
My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)
Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME****20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,375 ²
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1,800 ⁵
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 45,000
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 4,641 ¹⁵
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 4,459 ^{8P}
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 A1: 4
2 FILER NAME Brod Tegeter		3 Filer ID (Ethics Commission Filers)
4 Date 1-16-26	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Kenneth McCullough 6 Contributor address; City; State; Zip Code 345 Stone Hill Dr Brenham TX 77831 Apt 2	7 Amount of contribution (\$) \$250~
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 1-14-26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ashley D Gumbert Contributor address; City; State; Zip Code 504 W Lubbock Brenham TX 77831	Amount of contribution (\$) \$100~
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) St. Paul's Christian Day School
Date 1-09-26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Josef McLeen Contributor address; City; State; Zip Code 211 E Park Ave Savannah GA 31401	Amount of contribution (\$) \$250~
Principal occupation / Job title (See Instructions) Neonatologist		Employer (See Instructions) 3i
Date 1-6-26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jan Klingsporn Contributor address; City; State; Zip Code 2413 Ryan St Brenham TX 77831	Amount of contribution (\$) \$100~
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 A1: 4
2 FILER NAME Bred Tegeler		3 Filer ID (Ethics Commission Filers)
4 Date 1-06-26	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Virginia Geskenp 6 Contributor address; City; State; Zip Code 2200 Creekwood Ln Brenham TX 77833	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 1-06-26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lise Linden Contributor address; City; State; Zip Code 4001 Hopmann Brenham TX 77831	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 1-02-26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Catherine Kenjura Contributor address; City; State; Zip Code 6675 Old Gay Hill Rd Brenham TX 77831	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) The Kenjura Law Firm PLLC
Date 1-1-26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dwayne Ferguson Contributor address; City; State; Zip Code 6692 Riverston Bryan TX 77808	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 A1: 4	
2 FILER NAME Bred Tegele				3 Filer ID (Ethics Commission Filers)	
4 Date 1-7-26		5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kenneth Mueller		7 Amount of contribution (\$) 100-	
		6 Contributor address; City; State; Zip Code 126 FM 2679 Brenham TX 77833			
8 Principal occupation / Job title (See Instructions) Retired			9 Employer (See Instructions) Retired		
Date 1-14-26		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Mikuske		Amount of contribution (\$) \$250-	
		Contributor address; City; State; Zip Code 1401 Victoria St Brenham TX 77833			
Principal occupation / Job title (See Instructions) Retired			Employer (See Instructions) Retired		
Date 1-14-26		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jerry Alexander		Amount of contribution (\$) \$100.00	
		Contributor address; City; State; Zip Code Brenham TX 77833			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 1-14-26		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Randy Wells		Amount of contribution (\$) \$25.00	
		Contributor address; City; State; Zip Code Brenham TX 77833			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>					

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 A1: 4
2 FILER NAME Brod Tegeler		3 Filer ID (Ethics Commission Filers)
4 Date 1-16-26	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beth Stark	7 Amount of contribution (\$) \$200⁰⁰
6 Contributor address; City; State; Zip Code PO Box 370 Cheppell Hill TX 77426		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 1-16-26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kerol Fletcher	Amount of contribution (\$) \$500⁰⁰
Contributor address; City; State; Zip Code 4211 Los Verdes Pasadena TX 77504		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: 1	
2 FILER NAME Bred Tegeler		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$.	
5 Date 1-1-26	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ambre Construction & Property Mgmt, LLC 7 Contributor address; City; State; Zip Code PO Box 1510 Brenham TX 77834	8 Amount of Contribution \$ \$1,800.00	9 In-kind contribution description Rental space for office <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
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)			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
			<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS**SCHEDULE E**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: 1	
2 FILER NAME Bred Tegeler				3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED LOANS				\$45,000	
5 Date of loan 10-31-25		7 Name of lender Bred Tegeler <input type="checkbox"/> out-of-state PAC (ID#: _____)		9 Loan Amount (\$) \$45,000	
6 Is lender a financial institution? Y <input checked="" type="radio"/> N		8 Lender address; City; State; Zip Code 135 W Alamo Brenher TX 77833		10 Interest rate 0%	
				11 Maturity date 12-31-30	
12 Principal occupation / Job title (See Instructions) Attorney			13 Employer (See Instructions) Tegeler Chevrolet		
14 Description of Collateral <input checked="" type="checkbox"/> none			15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)		
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable		17 Name of guarantor 18 Guarantor address; City; State; Zip Code		19 Amount Guaranteed (\$)	
20 Principal Occupation (See Instructions)			21 Employer (See Instructions)		
Date of loan		Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)		Loan Amount (\$)	
Is lender a financial institution? Y N		Lender address; City; State; Zip Code		Interest rate	
				Maturity date	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Description of Collateral <input type="checkbox"/> none			<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)		
GUARANTOR INFORMATION <input type="checkbox"/> not applicable		Name of guarantor Guarantor address; City; State; Zip Code		Amount Guaranteed (\$)	
Principal Occupation (See Instructions)			Employer (See Instructions)		

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

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: <div style="text-align: center;">1</div>		2 FILER NAME <div style="text-align: center;">Bred Tegeler</div>		3 Filer ID (Ethics Commission Filers)	
4 Date <div style="text-align: center;">1-14-26</div>		5 Payee name <div style="text-align: center;">Ava Eckhardt</div>			
6 Amount (\$) <div style="text-align: center;">81.00</div>		7 Payee address; <div style="text-align: center;">310 N Colorado St</div>		<div style="text-align: center;">City; Burton</div>	<div style="text-align: center;">State; TX</div>
				<div style="text-align: center;">Zip Code 77835</div>	
		<input checked="" type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <div style="text-align: center;">Food/Beverage Expense</div>		(b) Description <div style="text-align: center;">Food for office open house</div>		
	<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					
Date <div style="text-align: center;">1-21-26</div>		Payee name <div style="text-align: center;">Blizzard Senior Activity Center</div>			
Amount (\$) <div style="text-align: center;">100.00</div>		Payee address; <div style="text-align: center;">1301 E Tom Green</div>		<div style="text-align: center;">City; Burton</div>	<div style="text-align: center;">State; TX</div>
				<div style="text-align: center;">Zip Code 77833</div>	
		<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <div style="text-align: center;">Gift Expense</div>		Description <div style="text-align: center;">Prizes for Bingo game</div>		
	<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					
Date		Payee name			
Amount (\$)		Payee address;		<div style="text-align: center;">City;</div>	<div style="text-align: center;">State;</div>
				<div style="text-align: center;">Zip Code</div>	
		<input type="checkbox"/> Check if individual's residence address.			
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					
Date		Payee name			
Amount (\$)		Payee address;		<div style="text-align: center;">City;</div>	<div style="text-align: center;">State;</div>
				<div style="text-align: center;">Zip Code</div>	
		<input type="checkbox"/> Check if individual's residence address.			
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					
Date		Payee name			
Amount (\$)		Payee address;		<div style="text-align: center;">City;</div>	<div style="text-align: center;">State;</div>
				<div style="text-align: center;">Zip Code</div>	
		<input type="checkbox"/> Check if individual's residence address.			
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					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: 9	2 FILER NAME Brad Tegeler	3 FILER ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$4,459.89
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5 CREDIT CARD ISSUER	Name of financial institution BOA Atmos
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6 PAYMENT	(a) Amount Charged \$129.88	(b) Date Expenditure Charged 01/02/26	(c) Date(s) Credit Card Issuer Paid 01/02/26
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7 PAYEE	(a) Payee name Amazon marketplace	(b) Payee address; 410 Terry Ave North City, Seattle State, WA Zip Code, 98109 <input type="checkbox"/> Check if individual's residence address.
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8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Solar lights for sign
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Brad Tegeler	Office Sought County Judge	Office Held
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PAYMENT	(a) Amount Charged \$24.24	(b) Date Expenditure Charged 01/02/26	(c) Date(s) Credit Card Issuer Paid 01/02/26
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PAYEE	(a) Payee name KTM grocery	(b) Payee address; 3600 Hwy 36 South City, Brenham State, TX Zip Code, 77833 <input type="checkbox"/> Check if individual's residence address.
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PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel in district	(b) Description Putting out 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Brad Tegeler	Office Sought County Judge	Office Held
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PAYMENT	(a) Amount Charged \$18.27	(b) Date Expenditure Charged 01/03/26	(c) Date(s) Credit Card Issuer Paid 01/03/26
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PAYEE	(a) Payee name Amazon marketplace	(b) Payee address; 410 Terry Ave North City, Seattle State, WA Zip Code, 98109 <input type="checkbox"/> Check if individual's residence address.
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PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment	(b) Description Vehicle headlight cleaner
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office Sought	Office Held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: 9	2 FILER NAME Brad Tegeler	3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$4,459.89
5 CREDIT CARD ISSUER	Name of financial institution BOA Atmos	
6 PAYMENT	(a) Amount Charged \$1,500.00	(b) Date Expenditure Charged 01/04/26
(c) Date(s) Credit Card Issuer Paid 01/04/26		
7 PAYEE	(a) Payee name WC Chamber of Commerce	(b) Payee address; City, State, Zip Code 314 S. Austin Brenham TX 77833
<input type="checkbox"/> Check if individual's residence address.		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
<input checked="" type="checkbox"/> Political		Donations made by candidate Table at Chamber Bangor
<input type="checkbox"/> Non-Political	(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 Brad Tegeler	Office Sought County Judge
Office Held		
PAYMENT	(a) Amount Charged \$193.90	(b) Date Expenditure Charged 01/04/26
(c) Date(s) Credit Card Issuer Paid 01/04/26		
PAYEE	(a) Payee name Office Depot	(b) Payee address; City, State, Zip Code 715 Texas Ave College Station TX 77900
<input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
<input checked="" type="checkbox"/> Political		Other Office Supplies
<input type="checkbox"/> Non-Political	(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 Brad Tegeler	Office Sought County Judge
Office Held		
PAYMENT	(a) Amount Charged \$122.32	(b) Date Expenditure Charged 01/05/26
(c) Date(s) Credit Card Issuer Paid 01/05/26		
PAYEE	(a) Payee name Mailchimp	(b) Payee address; City, State, Zip Code 405 N Angier Ave Atlanta GA 30308
<input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
<input checked="" type="checkbox"/> Political		Advertising Expense Email for event in Chappell 4.11
<input type="checkbox"/> Non-Political	(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 Brad Tegeler	Office Sought County Judge
Office Held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: 9	2 FILER NAME: Brad Tegeler	3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$4,459.89
5 CREDIT CARD ISSUER	Name of financial institution: BOA Atmos	
6 PAYMENT	(a) Amount Charged: \$160.21	(b) Date Expenditure Charged: 01/06/26
7 PAYEE	(a) Payee name: Brandit Graphics	(b) Payee address: 2507 Becker Dr Brenham TX 77833
8 PURPOSE OF EXPENDITURE	(b) Description: Magnetic Vehicle Sign	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name: Brad Tegeler	
PAYMENT	(a) Amount Charged: \$25.57	(b) Date Expenditure Charged: 01/07/26
PAYEE	(a) Payee name: Dollar Tree	(b) Payee address: 2823 Hwy 36 Brenham TX 77833
PURPOSE OF EXPENDITURE	(b) Description: Bingo game prizes @ Senior Center	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name: Brad Tegeler	
PAYMENT	(a) Amount Charged: \$174.00	(b) Date Expenditure Charged: 01/09/26
PAYEE	(a) Payee name: Cattlemans Supply INC.	(b) Payee address: 1850 TX-105 Brenham TX 77833
PURPOSE OF EXPENDITURE	(b) Description: T-Posts for sign	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name: Brad Tegeler	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: 9	2 FILER NAME Brad Tegeler	3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 4459.89
5 CREDIT CARD ISSUER	Name of financial institution BOA Atmos	
6 PAYMENT	(a) Amount Charged \$ 17.18	(b) Date Expenditure Charged 01/10/26
(c) Date(s) Credit Card Issuer Paid 01/10/26		
7 PAYEE	(a) Payee name Shipley Do-Nuts	(b) Payee address; City, State, Zip Code 200 Martin Luther King Blvd Brenham TX 77833 <input type="checkbox"/> Check if individual's residence address.
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	
<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(b) Description Donuts for block walking	
(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Brad Tegeler	
Office Sought County Judge		Office Held
PAYMENT	(a) Amount Charged \$ 52.24	(b) Date Expenditure Charged 01/12/26
(c) Date(s) Credit Card Issuer Paid 01/12/26		
PAYEE	(a) Payee name Amazon Marketplace	(b) Payee address; City, State, Zip Code 410 Terry Ave N Seattle WA 98109 <input type="checkbox"/> Check if individual's residence address.
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	
<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(b) Description Plates & table cloths for open house	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Brad Tegeler	
Office Sought County Judge		Office Held
PAYMENT	(a) Amount Charged \$ 38.97	(b) Date Expenditure Charged 01/12/26
(c) Date(s) Credit Card Issuer Paid 01/12/26		
PAYEE	(a) Payee name Brand it Graphics	(b) Payee address; City, State, Zip Code 2507 Becker Dr Brenham TX 77833 <input type="checkbox"/> Check if individual's residence address.
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	
<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(b) Description Cards-signs-sticker	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Brad Tegeler	
Office Sought County Judge		Office Held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: 9	2 FILER NAME Brad Tegeler	3 FILER ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 4,459.89
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5 CREDIT CARD ISSUER	Name of financial institution BOA Amos
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6 PAYMENT	(a) Amount Charged \$ 950.00	(b) Date Expenditure Charged 01/12/26	(c) Date(s) Credit Card Issuer Paid 01/12/26
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7 PAYEE	(a) Payee name Dibrell and Associates	(b) Payee address; 4203 Gladshadow Ct. <input type="checkbox"/> Check if individual's residence address.	City, Katy	State, TX	Zip Code 77494
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Mailers
<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Brad Tegeler	Office Sought County Judge	Office Held
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PAYMENT	(a) Amount Charged \$ 600.00	(b) Date Expenditure Charged 01/12/26	(c) Date(s) Credit Card Issuer Paid 01/12/26
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PAYEE	(a) Payee name Verizon Wireless	(b) Payee address; 1095 Austin Ave <input type="checkbox"/> Check if individual's residence address.	City, New York City	State, NY	Zip Code 10001
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead	(b) Description Wifi for office
<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Brad Tegeler	Office Sought County Judge	Office Held
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PAYMENT	(a) Amount Charged \$ 7.96	(b) Date Expenditure Charged 01/13/26	(c) Date(s) Credit Card Issuer Paid 01/13/26
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PAYEE	(a) Payee name HEB #414	(b) Payee address; 2508 S Day St <input type="checkbox"/> Check if individual's residence address.	City, Brenham	State, TX	Zip Code 77833
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead	(b) Description Notebook + dry erase marker
<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Brad Tegeler	Office Sought County Judge	Office Held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4:	9	2 FILER NAME Brad Tegeler	3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$4,459.89	
5 CREDIT CARD ISSUER		Name of financial institution BOA Atmos	
6 PAYMENT		(a) Amount Charged \$14.06	(b) Date Expenditure Charged 01/13/26
		(c) Date(s) Credit Card Issuer Paid 01/13/26	
7 PAYEE		(a) Payee name Walgreens #16944	(b) Payee address; City, State, Zip Code 2411 S Day St. Brenham TX 77833 <input type="checkbox"/> Check if individual's residence address.
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Office overhead	
<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(b) Description Office Supplies - Pins, Pens	
		(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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Brad Tegeler	
		Office Sought County Judge	
		Office Held	
PAYMENT		(a) Amount Charged \$111.46	(b) Date Expenditure Charged 01/13/26
		(c) Date(s) Credit Card Issuer Paid 01/13/26	
PAYEE		(a) Payee name Walmart Supercenter #321	(b) Payee address; City, State, Zip Code 203 US Loop, Hwy 290 E Brenham TX 77833 <input type="checkbox"/> Check if individual's residence address.
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Office Overhead	
<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(b) Description Paper & Printer Ink	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Brad Tegeler	
		Office Sought County Judge	
		Office Held	
PAYMENT		(a) Amount Charged \$116.95	(b) Date Expenditure Charged 01/19/26
		(c) Date(s) Credit Card Issuer Paid 01/19/26	
PAYEE		(a) Payee name Father N Grace	(b) Payee address; City, State, Zip Code 2701 Cypress Cir Brenham TX 77837 <input type="checkbox"/> Check if individual's residence address.
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Donations made by candidate	
<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(b) Description Ticket to event	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Brad Tegeler	
		Office Sought County Judge	
		Office Held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: 9	2 FILER NAME Brad Tegeler	3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$4,459.89
5 CREDIT CARD ISSUER	Name of financial institution BOA Atmos	
6 PAYMENT	(a) Amount Charged \$ 351.90	(b) Date Expenditure Charged 01/19/26
(c) Date(s) Credit Card Issuer Paid 01/19/26		
7 PAYEE	(a) Payee name Laramie messaging	(b) Payee address; City, State, Zip Code 3731 pecan ct. marvel TX 77578
<input type="checkbox"/> Check if individual's residence address.		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising expense	(b) Description Text messaging
<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Brad Tegeler	Office Sought County Judge
Office Held		
PAYMENT	(a) Amount Charged \$ 138.16	(b) Date Expenditure Charged 01/19/26
(c) Date(s) Credit Card Issuer Paid 01/19/26		
PAYEE	(a) Payee name Walmart Supercenter #321	(b) Payee address; City, State, Zip Code 203 US Loop, Hwy 240E Brenham TX 77833
<input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office overhead	(b) Description Printer ink, paper office supplies
<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Brad Tegeler	Office Sought County Judge
Office Held		
PAYMENT	(a) Amount Charged \$ 100.00	(b) Date Expenditure Charged 01/21/26
(c) Date(s) Credit Card Issuer Paid 01/21/26		
PAYEE	(a) Payee name Washington County Wild	(b) Payee address; City, State, Zip Code 1305 E Blue Bell Brenham TX 77833
<input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Donations made by Candidate	(b) Description Tickets to event
<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Brad Tegeler	Office Sought County Judge
Office Held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: 9	2 FILER NAME Brad Teger	3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 4,459.89
5 CREDIT CARD ISSUER	Name of financial institution BOA Atmos	
6 PAYMENT	(a) Amount Charged \$ 56.30	(b) Date Expenditure Charged 01/21/26
(c) Date(s) Credit Card Issuer Paid 01/21/26		
7 PAYEE	(a) Payee name Manuel's Mexican Restaurant	(b) Payee address; City, State, Zip Code 409 W Main St Brenham TX 77833
<input type="checkbox"/> Check if individual's residence address.		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage	(b) Description Meeting with County residents
<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Brad Teger	Office Sought County Judge
Office Held		
PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged
(c) Date(s) Credit Card Issuer Paid		
PAYEE	(a) Payee name	(b) Payee address; City, State, Zip Code
<input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office Sought
Office Held		
PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged
(c) Date(s) Credit Card Issuer Paid		
PAYEE	(a) Payee name	(b) Payee address; City, State, Zip Code
<input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office Sought
Office Held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

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.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: 9 2 FILER NAME: Brad Tegele 3 FILER ID (Ethics Commission Filers):

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD

\$ 4,459.89

5 CREDIT CARD ISSUER

Name of financial institution

Chase - World of Hyatt

6 PAYMENT

(a) Amount Charged

\$ 96.32

(b) Date Expenditure Charged

1-18-26

(c) Date(s) Credit Card Issuer Paid

1-18-26

7 PAYEE

(a) Payee name

VistaPrint

(b) Payee address;

95 Hayden

City,

Lexington

State,

MA

Zip Code

02421

☐ Check if individual's residence address.

8 PURPOSE OF EXPENDITURE

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

Printing Expense

(b) Description

Business Cards

☒ Political

☐ Non-Political

(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

Brad Tegele

Office Sought

County Judge

Office Held

PAYMENT

(a) Amount Charged

\$

(b) Date Expenditure Charged

(c) Date(s) Credit Card Issuer Paid

PAYEE

(a) Payee name

(b) Payee address;

City,

State,

Zip Code

☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE

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

(b) Description

☐ Political

☐ 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 Sought

Office Held

PAYMENT

(a) Amount Charged

\$

(b) Date Expenditure Charged

(c) Date(s) Credit Card Issuer Paid

PAYEE

(a) Payee name

(b) Payee address;

City,

State,

Zip Code

☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE

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

(b) Description

☐ Political

☐ 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 Sought

Office Held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2026, a candidate or officeholder who has accepted more than \$34,890 in political contributions or made more than \$34,890 in political expenditures in any calendar year must file all subsequent reports electronically.

Filer name <u>Bradley Tegeler</u>	Filer ID #
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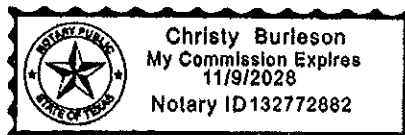
OFFICE USE ONLY	
Date Received <u>2/2/2026</u> <u>JG</u>	
Date Hand-delivered or Date Postmarked <u>2/2/2026</u>	
Receipt #	Amount \$
Date Processed <u>2/2/2026</u>	
Date Imaged <u>2/2/2026</u>	

1. I swear or affirm that I have not accepted more than \$34,890 in political contributions or made more than \$34,890 in political expenditures in a calendar year.
2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$34,890 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
5. I am filing this affidavit with the Finance Report report due on 2/2/2026. I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL



Signature of Filer

Sworn to and subscribed before me by Brad Tegeler this the 2 day of February, 2026, to certify which, witness my hand and seal of office.

Christy Burleson Christy Burleson Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____ (street) _____ (city) _____ (state) _____ (zip code) _____ (country).

Executed in _____ County, State of _____, on the _____ day of _____, 20____ (month) (year).

Signature of Filer (Declarant)

**FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT
ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER**