

# 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:
<b>3 CANDIDATE / OFFICEHOLDER NAME</b> MS / MRS / MR <b>FIRST</b> <b>Mr.</b> <b>Brett</b> <b>MI</b> <b>T</b> NICKNAME <b>LAST</b> <b>Holloway</b> <b>SUFFIX</b>			<b>OFFICE USE ONLY</b> Date Received <b>HOLLY THOMAS, COUNTY CLERK</b> <b>JASPER COUNTY, TEXAS</b> <b>FILED JAN 12 2026</b> <b>Mrs. Holloway</b> <small>BEING DELIVERED OR DATE POSTMARKED</small>	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <small><input type="checkbox"/> Change of Address</small> ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>[REDACTED]</b> <b>Brookeland, Tx 75931</b>				
<b>5 CANDIDATE/ OFFICEHOLDER PHONE</b> AREA CODE <b>PHONE NUMBER</b> <b>(409) 382-2089</b>			EXTENSION <b>By</b> <small>BEING DELIVERED OR DATE POSTMARKED</small>	
<b>6 CAMPAIGN TREASURER NAME</b> MS / MRS / MR <b>FIRST</b> <b>Mrs.</b> <b>Terri</b> <b>MI</b> <b>L</b> NICKNAME <b>LAST</b> <b>Holloway</b> <b>SUFFIX</b>			Receipt # <b>Amount \$</b> Date Processed Date Imaged	
<b>7 CAMPAIGN TREASURER ADDRESS</b> <small>(Residence or Business)</small> STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE #; CITY; STATE; ZIP CODE <b>[REDACTED]</b> <b>Brookeland Tx 75931</b>				
<b>8 CAMPAIGN TREASURER PHONE</b> AREA CODE <b>PHONE NUMBER</b> <b>(409) 382-3692</b>			EXTENSION	
<b>9 REPORT TYPE</b> <input checked="" type="checkbox"/> <b>January 15</b> <input type="checkbox"/> <b>30th day before election</b> <input type="checkbox"/> <b>Runoff</b> <input type="checkbox"/> <b>15th day after campaign treasurer appointment (Officeholder Only)</b> <input type="checkbox"/> <b>July 15</b> <input type="checkbox"/> <b>8th day before election</b> <input type="checkbox"/> <b>Exceeded Modified Reporting Limit</b> <input checked="" type="checkbox"/> <b>Final Report (Attach C/OH - FR)</b>				
<b>10 PERIOD COVERED</b> Month <b>Day</b> <b>Year</b> <b>07 / 01 / 2025</b> <b>THROUGH</b> <b>12 / 31 / 2025</b>				
<b>11 ELECTION</b> ELECTION DATE Month <b>Day</b> <b>Year</b> <b>03 / 03 / 2026</b>			ELECTION TYPE <input checked="" type="checkbox"/> <b>Primary</b> <input type="checkbox"/> <b>Runoff</b> <input type="checkbox"/> <b>Other Description</b> <input type="checkbox"/> <b>General</b> <input type="checkbox"/> <b>Special</b>	
<b>12 OFFICE</b> OFFICE HELD (if any) <b>Justice of the Peace Pct 5</b>			<b>13 OFFICE SOUGHT (if known)</b> <b>Justice of the Peace Pct 5</b>	
<b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b> <small>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.</small>			COMMITTEE TYPE <b>COMMITTEE NAME</b> <input type="checkbox"/> <b>GENERAL</b> <input type="checkbox"/> <b>SPECIFIC</b> COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS	
<b>GO TO PAGE 2</b>				

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 2

15 JC/OH NAME <i>Mr. Brett T. Holloway</i>		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. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$ 0
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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

*Brett Holloway*  
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 Brett T. Holloway, and my date of birth is 07/04/2024.  
My address is \_\_\_\_\_ (street)

Executed in Jasper County, State of Texas, on the 12 day of Jan, 20 26 (month) (year)

*Brett Holloway*  
Signature of Candidate/Officeholder (Declarant)

**SUBTOTALS - JC/OH****FORM JC/OH  
COVER SHEET PG 3**

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
Mr. Brett T. Holloway	
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 0
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

.. Complete only if "Report Type" on page 1 is marked "Final Report" ..

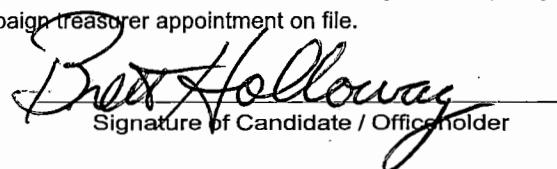
1 C/OH NAME

Mr. Brett T. Holloway

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

  
Signature of Candidate / Officeholder

## 4 FILER WHO IS NOT AN OFFICEHOLDER

.. Complete A & B below only if you are not an officeholder. ..

### A. CAMPAIGN FUNDS

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

### B. ASSETS

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

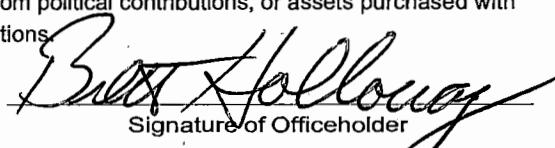
I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

  
Signature of Candidate

## 5 OFFICEHOLDER

.. Complete this section only if you are an officeholder ..

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

  
Signature of Officeholder

# 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 Brett	MI T	OFFICE USE ONLY			
	NICKNAME	LAST Holloway	SUFFIX	Date Received HOLLY THOMAS, COUNTY CLERK JASPER COUNTY, TEXAS			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE		
	Brookeland TX 75931						
FILED JAN 16 2026 By <i>Melissa L. Sneed</i> DEPUTY							
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	( 409 ) 698-9335						
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Terri	MI L	Receipt #			
	NICKNAME	LAST Holloway	SUFFIX	Amount \$			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;		CITY;	STATE;	ZIP CODE		
	Brookeland TX 75931						
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	( 409 ) 698-8300						
9 REPORT TYPE	<input 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 checked="" type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month 7 / 1	Day / 25	Year / /	THROUGH	Month 12 / 31	Day / 25	Year / /
11 ELECTION	Month 11 / 08	Day / 2022	Year / /	ELECTION DATE	ELECTION TYPE		
				<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description	
				<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any) Justice of the Peace, Pct 5			13 OFFICE SOUGHT (if known)			

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# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM JC/OH COVER SHEET PG 2

14 JC/OH NAME

15 Filer ID (Ethics Commission Filers)

16 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.

COMMITTEE TYPE COMMITTEE NAME

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0

2. **TOTAL POLITICAL CONTRIBUTIONS**  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 0

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS,  
UNLESS ITEMIZED

\$ 0

CONTRIBUTION  
BALANCE

4. **TOTAL POLITICAL EXPENDITURES**

\$ 0

OUTSTANDING  
LOAN TOTALS

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY  
OF REPORTING PERIOD

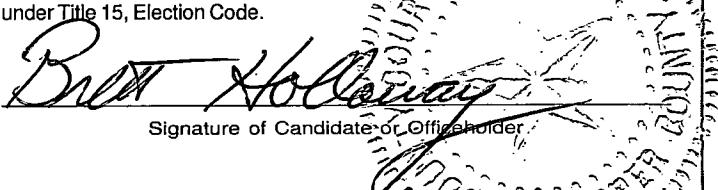
\$ 0

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$ 0

18 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.

  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Brett T. Holloway, this the 1st day of January, 20 2026, to certify which, witness my hand and seal of office.

  
Signature of officer administering oath

Melissa Smith  
Printed name of officer administering oath

Clerk Deputy  
Title of officer administering oath