

FORM C/OH
COVER SHEET PG 1

Revised 1/1/2026

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME <u>Brett Bray</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)	\$ 1,555.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ —
	4. TOTAL POLITICAL EXPENDITURES	\$ 8,930.08
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
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.

Brett Bray
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Brett Bray this the 15 day of January 2026, to certify which, witness my hand and seal of office.

Connie L Harrison Connie L Harrison Notary Public - State of Texas
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 Brett Bray		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,555. ⁰⁰
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ —
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ —
4.	SCHEDULE E: LOANS	\$ —
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ —
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ —
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ —
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 6,679.03
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 2,251.05
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**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: 3
2 FILER NAME Brett Bray		3 Filer ID (Ethics Commission Filers)
4 Date 11/01/25	5 Full name of contributor out-of-state PAC (ID#: Adelle and Melvin Moreland 6 Contributor address; City; State; Zip Code PO Box 620, Johnson City, Tx, 78636	7 Amount of contribution (\$) 25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/07/25	Full name of contributor out-of-state PAC (ID#: Ron Upton Contributor address; City; State; Zip Code 126 Las Nueves, Blanco, Tx, 78606	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/06/25	Full name of contributor out-of-state PAC (ID#: Linda Bray Contributor address; City; State; Zip Code PO Box 354, Johnson City, Tx, 78636	Amount of contribution (\$) 20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/06/25	Full name of contributor out-of-state PAC (ID#: Jim Bunte Contributor address; City; State; Zip Code 1201 River Road, Blanco, Tx, 78606	Amount of contribution (\$) 10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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:
2 FILER NAME Brett Bray		3 Filer ID (Ethics Commission Filers)
4 Date 12/23/25	5 Full name of contributor out-of-state PAC (ID#: John Kimbrough 6 Contributor address; City; State; Zip Code 104 Alf Hunter Blanco TX 78606	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) Orange County District Attorney - Ret.		9 Employer (See Instructions)
Date 12/19/25	Full name of contributor out-of-state PAC (ID#: Robert Turner Contributor address; City; State; Zip Code 605 Cedar Lane Pflugerville TX 78660	Amount of contribution (\$) 75.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/11/25	Full name of contributor out-of-state PAC (ID#: Joseph Megna Contributor address; City; State; Zip Code PO Box 131591 Houston TX 77219	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/05/25	Full name of contributor out-of-state PAC (ID#: Debra Lietz Contributor address; City; State; Zip Code PO Box 444 601 STONEGATE DR JOHNSON CITY TX 78636	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

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:
2 FILER NAME Brett Bray		3 Filer ID (Ethics Commission Filers)
4 Date 12/03/25	5 Full name of contributor Gary Currier <small>out-of-state PAC (ID#):</small>	7 Amount of contribution (\$) 500.00
6 Contributor address; City; State; Zip Code 147 Lone Star Ln Blanco TX 78606		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/16/25	Full name of contributor Tommy Weir <small>out-of-state PAC (ID#):</small>	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 815 Mesquite St. Blanco, Tx, 78606		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/14/25	Full name of contributor Andrew Sorrell <small>out-of-state PAC (ID#):</small>	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code PO Box 300, Blanco, Tx., 78606		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/07/25	Full name of contributor Matthew Herden <small>out-of-state PAC (ID#):</small>	Amount of contribution (\$) 300.00
Contributor address; City; State; Zip Code 33 Elm St., Blanco, Tx., 78606		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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: 2	2 FILER NAME Brett Bray	3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 CREDIT CARD ISSUER	Name of financial institution AMX	
6 PAYMENT	(a) Amount Charged \$ 3210.91	(b) Date Expenditure Charged 12/2/2025
(c) Date(s) Credit Card Issuer Paid 1/13/2026		
7 PAYEE	(a) Payee name Johnson City Sign Shop	
(b) Payee address; City, State, Zip Code PO Box 955 Johnson City TX 78636		
<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 Political Signs & decals
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 Brett Bray	
Office Sought County Judge		Office Held County Judge
PAYMENT	(a) Amount Charged \$ 2976.88	(b) Date Expenditure Charged 12/28/2025
(c) Date(s) Credit Card Issuer Paid 1/13/2026		
PAYEE	(a) Payee name Johnson City Sign shop	
(b) Payee address; City, State, Zip Code PO Box 955 Johnson City TX 78636		
<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	(b) Description Political Signs
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 Brett Bray	
Office Sought County Judge		Office Held County Judge
PAYMENT	(a) Amount Charged \$ 242.46	(b) Date Expenditure Charged 11/20/2025
(c) Date(s) Credit Card Issuer Paid 12/13/2025		
PAYEE	(a) Payee name Vista Print	
(b) Payee address; City, State, Zip Code Online Provider/order		
<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	(b) Description Bi-Fold Brochures
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 Brett Bray	
Office Sought County Judge		Office Held County Judge

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 CommitteeEvent Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal ServicesLoan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract LaborSolicitation/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:	2 FILER NAME Brett Bray	3 FILER ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD

\$

5 CREDIT CARD ISSUER	Name of financial institution AMX
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6 PAYMENT	(a) Amount Charged \$ 75.75	(b) Date Expenditure Charged 9/26/2025	(c) Date(s) Credit Card Issuer Paid 10/13/2025
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7 PAYEE	(a) Payee name Vista Print	(b) Payee address; City, State, Zip Code Online order company <input type="checkbox"/> Check if individual's residence address.
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8 PURPOSE OF EXPENDITURE Political Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Business Cards
(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 Brett Bray	Office Sought County Judge	Office Held County Judge
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PAYMENT	(a) Amount Charged \$ 22.70	(b) Date Expenditure Charged 9-22-2025	(c) Date(s) Credit Card Issuer Paid 10-13-2025
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PAYEE	(a) Payee name Amazon	(b) Payee address; City, State, Zip Code Online company/order <input type="checkbox"/> Check if individual's residence address.
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PURPOSE OF EXPENDITURE Political Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Buttons
(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 Brett Bray	Office Sought County Judge	Office Held County Judge
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PAYMENT	(a) Amount Charged \$ 150.33	(b) Date Expenditure Charged 9-25-25	(c) Date(s) Credit Card Issuer Paid 10-13-25
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PAYEE	(a) Payee name Amazon	(b) Payee address; City, State, Zip Code Online Order/company <input type="checkbox"/> Check if individual's residence address.
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PURPOSE OF EXPENDITURE Political Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Caps, shirts
(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 Brett Bray	Office Sought County Judge	Office Held County Judge
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(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	Printing 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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 2	2 FILER NAME Brett Bray		3 Filer ID (Ethics Commission Filers)
4 Date 11/25/2025	5 Payee name Rosemary Adame- Blanco County Elections		
6 Amount (\$) 20.00 <small>Reimbursement from political contributions intended</small>	7 Payee address: City: State: Zip Code 101 E. Cypress Johnson City, TX 78636 <small>Check if individual's residence address.</small>		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising & Fees		(b) Description Voter Address List
	(c) <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>		
9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held Brett Bray County Judge County Judge			
Date 12/27/2025	Payee name Jim Bunte, LLC		
Amount (\$) 1,549.82 <small>Reimbursement from political contributions intended</small>	Payee address: City: State: Zip Code 1201 River Rd Blanco, Texas 78606 <small>Check if individual's residence address.</small>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Banners
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>		
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held Brett Bray County Judge County Judge			
Date 9/29/2025	Payee name Jim Bunte, LLC		
Amount (\$) 181.23 <small>Reimbursement from political contributions intended</small>	Payee address: City: State: Zip Code 1201 River Rd Blanco Texas 78606 <small>Check if individual's residence address.</small>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting		Description Web page licenses
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>		
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held Brett Bray County Judge County Judge			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME <u>Brett Bray</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>9/29/2025</u>	5 Payee name <u>Jim Bunte, LLC</u>	
6 Amount (\$) <u>500.00</u> <small>Reimbursement from political contributions intended</small>	7 Payee address: <u>1201 River Road</u> City: State: Zip Code: <u>Blanco Texas 78606</u> <small>Check if individual's residence address.</small>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Advertising</u>	(b) Description <u>Web page development</u>
	(c) <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held <u>Brett Bray</u> <u>County Judge</u> <u>County Judge</u>	
Date	Payee name	
Amount (\$) <small>Reimbursement from political contributions intended</small>	Payee address; City: State: Zip Code <small>Check if individual's residence address.</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held	
Date	Payee name	
Amount (\$) <small>Reimbursement from political contributions intended</small>	Payee address; City: State: Zip Code <small>Check if individual's residence address.</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
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



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>Brett Bray</u>	Filer ID #
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OFFICE USE ONLY	
Date Received	
Date Hand-Delivered or Date Postmarked	
Receipt #	Amount \$
Date Processed	
Date Imaged	

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 _____ report due on _____.
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

Brett Bray
Signature of Filer

Sworn in and subscribed before me by Brett Bray this the 15 day of January.

2026, to certify which, witness my hand and seal of office.

Connie L Harrison
Signature of officer administering oath

Connie L Harrison
Printed name of officer administering oath

Notary Public State of Texas
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**