

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: <i>11</i>	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR	FIRST Brett	MI G	OFFICE USE ONLY Date Received <i>Jan 15, 2024 @ 10:55A by email William</i>		
	NICKNAME	LAST Bray	SUFFIX			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX API / SUITE # CITY STATE ZIP CODE PO Box 354, Johnson City Texas, 78636					
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (512)	PHONE NUMBER 5125859028	EXTENSION			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MRS	FIRST Linda	MI A	Date Hand-delivered or Date Postmarked		
	NICKNAME	LAST Bray	SUFFIX	Receipt #	Amount \$	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PI FASF) APT SUITE # CITY STATE ZIP CODE PO Box 354, Johnson City, Texas, 78636					
8 CAMPAIGN TREASURER PHONE	AREA CODE (512)	PHONE NUMBER 5859059	EXTENSION			
9 REPORT TYPE	<input checked="" type="checkbox"/> 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 7	Day 1	Year / 25	Month 12	Day / 31	Year / 25
11 ELECTION	ELECTION DATE Month Day Year 3 / 3 / 26			ELECTION TYPE Primary Runoff Other General Special Description		
12 OFFICE	OFFICE HELD (if any) County Judge			13 OFFICE SOUGHT (if known)		
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 GENERAL SPECIFIC	COMMITTEE NAME				
		COMMITTEE ADDRESS				
		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

Brett Bray

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

20 20, 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 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	\$ 6679.03
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 Adelle and Melvin Moreland	6 Contributor address: 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 Ron Upton	out-of-state PAC (ID#): Contributor address: 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 Linda Bray	out-of-state PAC (ID#): Contributor address: 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 Jim Bunte	out-of-state PAC (ID#): Contributor address: 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 John Kimbrough	out-of-state PAC (ID#:)	7 Amount of contribution (\$) 100.00
6 Contributor address: 104 Alf Hunter Blanco TX 78606		City: State: Zip Code	
8 Principal occupation / Job title (See Instructions) Orange County District Attorney - Ret.		9 Employer (See Instructions)	
Date 12/19/25	Full name of contributor Robert Turner	out-of-state PAC (ID#:)	Amount of contribution (\$) 75.00
Contributor address: 605 Cedar LanePflugervilleTX78660		City: State: Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/11/25	Full name of contributor Joseph Megna	out-of-state PAC (ID#:)	Amount of contribution (\$) 100.00
Contributor address: PO Box 131591Houston TX 77219		City: State: Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/05/25	Full name of contributor Debra Lietz	out-of-state PAC (ID#:)	Amount of contribution (\$) 50.00
Contributor address: PO Box 444 601 STONEGATE DR JOHNSON CITY TX 78636		City: State: Zip Code	
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	out-of-state PAC (ID#:)	7 Amount of contribution (\$) 500.00
	6 Contributor address: 147 Lone Star Ln Blanco TX 78606	City: _____ State: _____ Zip Code: _____	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 11/16/25	Full name of contributor Tommy Weir	out-of-state PAC (ID#:)	Amount of contribution (\$) 250.00
	Contributor address: 815 Mesquite St. Blanco, Tx, 78606	City: _____ State: _____ Zip Code: _____	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/14/25	Full name of contributor Andrew Sorrell	out-of-state PAC (ID#:)	Amount of contribution (\$) 100.00
	Contributor address: PO Box 300, Blanco, Tx., 78606	City: _____ State: _____ Zip Code: _____	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/07/25	Full name of contributor Matthew Herden	out-of-state PAC (ID#:)	Amount of contribution (\$) 300.00
	Contributor address: 33 Elm St., Blanco, Tx., 78606	City: _____ State: _____ Zip Code: _____	
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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	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 <i>Brett Bray</i>		3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD			\$
5 CREDIT CARD ISSUER	Name of financial institution <i>AMX</i>		
6 PAYMENT	(a) Amount Charged <i>\$ 3210.91</i>	(b) Date Expenditure Charged <i>12/2/2025</i>	(c) Date(s) Credit Card Issuer Paid <i>1/13/2026</i>
7 PAYEE	(a) Payee name <i>Johnson City Sign Shop</i>	(b) Payee address; <i>PO Box 955 Johnson City TX 78636</i>	City, State, Zip Code <input type="checkbox"/> Check if individual's residence address.
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description <i>Political Signs & decals</i>	
	(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 <i>Brett Bray</i>		Office Sought <i>County Judge County Judge</i>
PAYMENT	(a) Amount Charged <i>\$ 2976.88</i>	(b) Date Expenditure Charged <i>12/28/2025</i>	(c) Date(s) Credit Card Issuer Paid <i>1/13/2026</i>
PAYEE	(a) Payee name <i>Johnson City Sign Shop</i>	(b) Payee address; <i>PO Box 955 Johnson City TX 78636</i>	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) <i>Advertising Expense</i>	(b) Description <i>Political Signs</i>	
	(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 <i>Brett Bray</i>		Office Sought <i>County Judge County Judge</i>
PAYMENT	(a) Amount Charged <i>\$ 242.46</i>	(b) Date Expenditure Charged <i>11/20/2025</i>	(c) Date(s) Credit Card Issuer Paid <i>12/13/2025</i>
PAYEE	(a) Payee name <i>Vista Print</i>	(b) Payee address; <i>Online provider/Order</i>	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) <i>Advertising Expense</i>	(b) Description <i>Bi-Fold Brochures</i>	
	(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 <i>Brett Bray</i>		Office Sought <i>County Judge County Judge</i>

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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	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 FILER NAME <i>Brett Bray</i>		3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD			\$
5 CREDIT CARD ISSUER	Name of financial institution <i>AmX</i>		
6 PAYMENT	(a) Amount Charged <i>\$ 75.75</i>	(b) Date Expenditure Charged <i>9/26/2025</i>	(c) Date(s) Credit Card Issuer Paid <i>10/23/2025</i>
7 PAYEE	(a) Payee name <i>Vista Print</i>	(b) Payee address; <input type="checkbox"/> Check if individual's residence address. <i>Online order Company</i>	City, State, Zip Code
8 PURPOSE OF EXPENDITURE Political Non-Political	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description <i>Business Cards</i>	
	(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 <i>Brett Bray</i>		Office Sought <i>County Judge</i> Office Held <i>County Judge</i>
PAYMENT	(a) Amount Charged <i>\$ 22.70</i>	(b) Date Expenditure Charged <i>9-22-2025</i>	(c) Date(s) Credit Card Issuer Paid <i>10-23-2025</i>
PAYEE	(a) Payee name <i>Amazon</i>	(b) Payee address; <input type="checkbox"/> Check if individual's residence address. <i>Online Company/order</i>	City, State, Zip Code
PURPOSE OF EXPENDITURE Political Non-Political	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description <i>Buttons</i>	
	(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 <i>Brett Bray</i>		Office Sought <i>County Judge</i> Office Held <i>County Judge</i>
PAYMENT	(a) Amount Charged <i>\$ 150.33</i>	(b) Date Expenditure Charged <i>9-25-25</i>	(c) Date(s) Credit Card Issuer Paid <i>10-13-25</i>
PAYEE	(a) Payee name <i>Amazon</i>	(b) Payee address; <input type="checkbox"/> Check if individual's residence address. <i>Online Order/Company</i>	City, State, Zip Code
PURPOSE OF EXPENDITURE Political Non-Political	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description <i>Caps, Shirts</i>	
	(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 <i>Brett Bray</i>		Office Sought <i>County Judge</i> Office Held <i>County Judge</i>

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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

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

The Instruction Guide explains how to complete this form.

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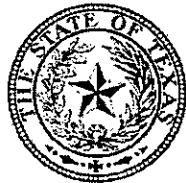
Amount (\$) Reimbursement from political contributions intended	Payee address: Check if individual's residence address.	City:	State:	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
------------------------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

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



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	Filer ID #
<i>Brett Bray</i>	

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

Brett Bray
Signature of Filer

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Brett Bray

this the 15 day of January.

20_____, 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]
Signature of Filer (Declarant)

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