

# 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:<br><b>2</b> |
| <b>3</b> CANDIDATE / OFFICEHOLDER NAME  | MS / MRS / MR                      FIRST                      MI<br>Mr.                      Brian                      K.<br>-----<br>NICKNAME                      LAST                      SUFFIX<br>Umphress   | <b>OFFICE USE ONLY</b><br>Date Received<br><div style="border: 2px solid blue; padding: 5px; text-align: center; color: blue; font-weight: bold; font-size: 1.2em;">                     RECEIVED                 </div> <div style="text-align: center; color: red; font-weight: bold; font-size: 1.2em; margin-top: 5px;">                     JUN 25 2025                 </div> <div style="text-align: center; color: red; font-weight: bold; font-size: 1.5em; margin-top: 5px;">                     JB                 </div> |                                  |
| <b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX;    APT / SUITE #;    CITY;    STATE;    ZIP CODE<br>6350 FM 1810<br>Chico, Texas 76431  |   |                                  |
| <b>5</b> CANDIDATE / OFFICEHOLDER PHONE   | AREA CODE                      PHONE NUMBER                      EXTENSION<br>( 940 )                      229-9305   |   |                                  |
| <b>6</b> CAMPAIGN TREASURER NAME  | MS / MRS / MR                      FIRST                      MI<br>Self<br>-----<br>NICKNAME                      LAST                      SUFFIX   | Date Hand-delivered or Date Postmarked<br><br>Receipt #                      Amount \$<br><br>Date Processed<br><br>Date Imaged   |                                  |
| <b>7</b> CAMPAIGN TREASURER ADDRESS<br>(Residence or Business)                                      | STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #;    CITY;    STATE;    ZIP CODE<br>Same as Above  |   |                                  |
| <b>8</b> CAMPAIGN TREASURER PHONE   | AREA CODE                      PHONE NUMBER                      EXTENSION<br>(       )<br>Same as Above  |   |                                  |
| <b>9</b> 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)<br><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) |   |                                  |
| <b>10</b> PERIOD COVERED  | Month    Day    Year                      THROUGH                      Month    Day    Year<br>01 / 01 / 2025                                                                                     06 / 30 / 2025  |   |                                  |
| <b>11</b> ELECTION  | ELECTION DATE<br>Month    Day    Year<br>/    /   | ELECTION TYPE<br><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br><input type="checkbox"/> General <input type="checkbox"/> Special   |                                  |
| <b>12</b> OFFICE  | OFFICE HELD (if any)<br><br>County Judge  | <b>13</b> OFFICE SOUGHT (if known)  |                                  |
| GO TO PAGE 2  |   |   |                                  |

# 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

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

Additional Pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION  
TOTALS

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

\$ 0.00

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

\$ 0.00

EXPENDITURE  
TOTALS

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

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 0.00

CONTRIBUTION  
BALANCE

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

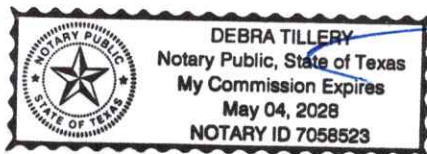
\$ 0.00

OUTSTANDING  
LOAN TOTALS

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

\$ 0.00

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 Brian Keith Umphress, this the 25<sup>th</sup> day of June, 2025, to certify which, witness my hand and seal of office.

Debra Tillery  
Signature of officer administering oath

Debra Tillery  
Printed name of officer administering oath

Notary Public  
Title of officer administering oath