

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

| | | | | | | |
|---------------------------------------|---------------------------------------------------|-----------------------------------------------------------------------------------|---------------------------------------|--------------------------------------------------------------|-----------|-----------|
| 1 Filer ID (Ethics Commission Filers) | | 2 Total pages filed: 6 | | OFFICE USE ONLY | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR Mr. | FIRST Brett | MI L. | Date Received 01/29/2026 @ 11:55am | | |
| | NICKNAME | LAST D'Spain | SUFFIX | | | |
| 4 ORIGINAL REPORT TYPE | <input checked="" type="checkbox"/> January 15 | <input type="checkbox"/> Runoff | <input type="checkbox"/> Final report | Date Hand-delivered or Date Postmarked [Signature] | | |
| | <input type="checkbox"/> July 15 | <input type="checkbox"/> Exceeded modified reporting limit | Other (specify) | Receipt # | Amount \$ | |
| 5 ORIGINAL PERIOD COVERED | <input type="checkbox"/> 30th day before election | <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) | | Date Processed | | |
| | <input type="checkbox"/> 8th day before election | | | Date Imaged | | |
| 6 ORIGINAL PERIOD COVERED | | | | | | |
| Month | Day | Year | THROUGH | Month | Day | Year |
| 07 | 01 | 25 | | 12 | 31 | 25 |

6 EXPLANATION OF CORRECTION

Expense for filing for a place on the ballot was omitted.

7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

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 D'SPAIN, and my date of birth is 6-16-1965.

My address is 35 J WILLIAMS R, BOERNE TX, 78006 US.

Executed in KENDALL County, State of TX, on the 28 day of JAN, 2026.

[Signature]
Signature of Candidate/Officeholder (Declarant)

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

All Reports: A filer who files a corrected report must submit a correction affidavit. The affidavit must identify the information that has changed.

Reports filed with Texas Ethics Commission: A corrected report (other than a report due 8 days before an election) filed with the Ethics Commission after its due date is not considered late for purposes of late-filing penalties if: (1) any error or omission in the report as originally filed was made in good faith, and (2) the person filing the report files a corrected report and a good-faith affidavit not later than the 14th business day after the date the person learns that the report as originally filed is inaccurate or incomplete.

Semiannual Reports: A semiannual report (due January 15 or July 15) that is amended/corrected before the eighth day after the original report was filed is considered to have been filed on the date the original report was filed. A semiannual report that is amended/corrected on or after the eighth day after the original report was filed is considered to have been filed on the date the original report was filed if: (1) the amendment/correction is made before any complaint is filed with regard to the subject of the amendment/correction; and (2) the original report was made in good faith and without intent to mislead or misrepresent the information contained in the report.

Attach additional pages as necessary.

INSTRUCTIONS FOR COMPLETING THIS FORM

The following numbers correspond to the numbered boxes on the other side.

- 1. Filer ID.** If you file with the Ethics Commission, you should have received a letter acknowledging receipt of your campaign treasurer appointment and assigning you a Filer ID. Put that number in this box. If you do not file with the Ethics Commission, skip this box.
- 2. Total Pages Filed.** After completing this form and any attachments, count the number of pages. Enter that number in this box. Each side of a two-sided form counts as a page. In other words, this form is two pages.
- 3. Candidate/Officeholder Name.** Put your full name here. Enter your name in the same way as on the report you are correcting.
- 4. Original Report Type.** Mark the type of report you are correcting.
- 5. Original Period Covered.** Enter the period covered by the report you are correcting. The year is important because filers sometimes correct reports years after filing the original.
- 6. Explanation of Correction.** Attach a complete copy of the corrected campaign finance report and explain corrections. Explain why there was an error on the original report. Also explain what information is being corrected and how the new information is different from the information on the original report. (Use additional pages if you need more space.) You may also use this area to request a waiver or reduction of a late-filing penalty and state the basis of your request.
- 7. Signature.** If you are using the paper form, fill this section out by hand after you finish the rest of this report. You have the option to either: (1) take the completed form to a notary public where you will sign above the first line that says "Signature of Candidate/Officeholder" (an electronic signature is not acceptable) and your signature will be notarized, or (2) sign above both lines that say "Signature of Candidate/Officeholder (Declarant)" (an electronic signature is not acceptable), and fill out the unsworn declaration section.

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: **5**

| | | | | | | | | | | | | | | | | |
|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|----------------------------------|----------------|----------------|-----------------------------------|--|-------------------|--|--|-----------------------------------|--|--|--------------------------------------|
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR MR | FIRST BRETT | MI L | OFFICE USE ONLY | | | | | | | | | | | | |
| | NICKNAME | LAST D'SPAIN | SUFFIX | | | | | | | | | | | | | |
| | Date Received | | | | | | | | | | | | | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small> | ADDRESS / PO BOX; APT / SUITE #; CITY; 35 J WILLIAMS ROAD BOERNE, TX 78006 | | STATE; ZIP CODE | | | | | | | | | | | | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE (210) | PHONE NUMBER 414-0722 | EXTENSION | Date Hand-delivered or Date Postmarked | | | | | | | | | | | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR MR | FIRST BRETT | MI L | Receipt # Amount \$ | | | | | | | | | | | | |
| | NICKNAME | LAST D'SPAIN | SUFFIX | Date Processed | | | | | | | | | | | | |
| | | | | Date Imaged | | | | | | | | | | | | |
| 7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small> | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 35 J WILLIAMS ROAD BOERNE, TX 78006 | | CITY; STATE; ZIP CODE | | | | | | | | | | | | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE (210) | PHONE NUMBER 414-0722 | EXTENSION | | | | | | | | | | | | | |
| 9 REPORT TYPE | <input checked="" 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 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 7 / 1 / 25 | | THROUGH Month Day Year 12 / 31 / 25 | | | | | | | | | | | | | |
| 11 ELECTION | ELECTION DATE Month Day Year 3 / 3 / 26 | | 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) KENDALL COUNTY COMMISSIONER, PRECINCT 4 | | | | | | | | | | | | | |
| 14 NOTICE FROM POLITICAL COMMITTEE(S) <small>Additional Pages</small> | <p><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></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;"><input type="checkbox"/> GENERAL</td> <td>COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> <td></td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td></td> <td></td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table> | | | | <input type="checkbox"/> GENERAL | COMMITTEE TYPE | COMMITTEE NAME | <input type="checkbox"/> SPECIFIC | | COMMITTEE ADDRESS | | | COMMITTEE CAMPAIGN TREASURER NAME | | | COMMITTEE CAMPAIGN TREASURER ADDRESS |
| <input type="checkbox"/> GENERAL | COMMITTEE TYPE | COMMITTEE NAME | | | | | | | | | | | | | | |
| <input type="checkbox"/> SPECIFIC | | 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 L. D'SPAIN | | 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) | \$ 48.66 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 2,433.29 |
| 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 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.

Signature of Candidate or 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 D'SPAIN, and my date of birth is 6-16-1965
 My address is 35 J WILLIAMS RD, BOERNE, TX, 78006 US
(street) (city) (state) (zip code) (country)
 Executed in KENDALL County, State of TEXAS, on the 28 day of JAN, 20 26.
(month) (year)

 Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME

BRETT L. D'SPAIN

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

| | | |
|-----|------------------------------------------------------------------------------------|--------------------|
| 1. | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ |
| 2. | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ 48.66 |
| 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 | \$ |
| 9. | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ 2,433.29 |
| 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: |
| 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code | 7 Amount of contribution (\$) |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date | Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code | Amount of contribution (\$) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date | Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code | Amount of contribution (\$) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date | Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code | Amount of contribution (\$) |
| 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.

Reset Form

Reset Page

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 BRETT L. D'SPAIN | | 3 Filer ID (Ethics Commission Filers) | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ 48.66 | |
| 5 Date 9/18/2025 | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WALLY KINNEY | 8 Amount of Contribution \$ 48.66 | 9 In-kind contribution description BUSINESS CARDS |
| 7 Contributor address; City; State; Zip Code 158 NAPA RIDGE COMFORT TX 78013 | | Check if travel outside of Texas. Complete Schedule T. | |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) RETIRED | | 11 Employer (FOR NON-JUDICIAL)(See Instructions) RETIRED | |
| 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#: _____) | Amount of Contribution \$ | In-kind contribution description |
| | Contributor address; City; State; Zip Code | | |
| 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.

Reset Form

Reset Page

PLEGGED CONTRIBUTIONS

SCHEDULE B

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 B: | |
| 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) | |
| 4 TOTAL OF UNITEMIZED PLEDGES | | \$ | |
| 5 Date | 6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) | 8 Amount of Pledge \$ | 9 In-kind contribution description |
| | | | |
| 7 Pledgor address; City; State; Zip Code | | Check if travel outside of Texas. Complete Schedule T. | |
| 10 Principal occupation / Job title (See Instructions) | | 11 Employer (See Instructions) | |

| | | | |
|-----------------------------------------------------|-----------------------------------------------------------------------------|--------------------------------------------------------|----------------------------------|
| Date | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of Pledge \$ | In-kind contribution description |
| | | | |
| Pledgor address; City; State; Zip Code | | Check if travel outside of Texas. Complete Schedule T. | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |

| | | | |
|-----------------------------------------------------|-----------------------------------------------------------------------------|--------------------------------------------------------|----------------------------------|
| Date | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of Pledge \$ | In-kind contribution description |
| | | | |
| Pledgor address; City; State; Zip Code | | Check if travel outside of Texas. Complete Schedule T. | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |

| | | | |
|-----------------------------------------------------|-----------------------------------------------------------------------------|--------------------------------------------------------|----------------------------------|
| Date | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of Pledge \$ | In-kind contribution description |
| | | | |
| Pledgor address; City; State; Zip Code | | Check if travel outside of Texas. Complete Schedule T. | |
| 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.

Reset Form

Reset Page

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: 1 | 2 FILER NAME BRETT L. D'SPAIN | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 12/22/2025 | 5 Payee name CIRCLE H SIGNS | |
| 6 Amount (\$) 1,683.29 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; 113 S. PLANT AVENUE, SUITE G <small>Check if individual's residence address.</small> | City; State; Zip Code BOERNE TX 78006 |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE | (b) Description SIGNS |
| | (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 | Office sought Office held |
| Date 12/04/2025 | Payee name KENDALL COUNTY REPUBLICAN PARTY | |
| Amount (\$) 750.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; P.O. BOX 1044 <small>Check if individual's residence address.</small> | City; State; Zip Code BOERNE TX 78006 |
| 8 PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) FEES | Description FILING FEE TO APPEAR ON BALLOT |
| | <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 | Office sought Office held |
| Date | Payee name | |
| Amount (\$) Reimbursement from political contributions intended | Payee address; <small>Check if individual's residence address.</small> | City; State; Zip Code |
| 8 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 | 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 | 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 FILER NAME | 3 FILER ID (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | | \$ |
| 5 CREDIT CARD ISSUER | Name of financial institution | |
| 6 PAYMENT | (a) Amount Charged \$ | (b) Date Expenditure Charged |
| 7 PAYEE | (a) Payee name | (b) Date(s) Credit Card Issuer Paid |
| | (a) Payee name | (b) Payee address; City, State, Zip Code <input type="checkbox"/> Check if individual's residence address. |
| 8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
| | (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 | Office Sought Office Held |
| PAYMENT | (a) Amount Charged \$ | (b) Date Expenditure Charged |
| PAYEE | (a) Payee name | (c) Date(s) Credit Card Issuer Paid |
| | (a) Payee name | (b) Payee address; City, State, Zip Code <input type="checkbox"/> Check if individual's residence address. |
| PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
| | (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 |
| PAYEE | (a) Payee name | (c) Date(s) Credit Card Issuer Paid |
| | (a) Payee name | (b) Payee address; City, State, Zip Code <input type="checkbox"/> Check if individual's residence address. |
| PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
| | (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



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.

| OFFICE USE ONLY | |
|----------------------------------------|-----------|
| Date Received | |
| Date Hand-delivered or Date Postmarked | |
| Receipt # | Amount \$ |
| Date Processed | |
| Date Imaged | |

| | |
|------------|------------|
| Filer name | Filer ID # |
|------------|------------|

- 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.
- 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.
- 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.
- 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.
- 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

Signature of Filer

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 D'SPAIN and my date of birth is 6-16-1965

My address is 35 J WILLIAMS RD, BOERNE TX 78006 US
(street) (city) (state) (zip code) (country)

Executed in KENDALL County, State of TEXAS, on the 28 day of JAN, 20 26.
(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

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

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