FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00060026 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Brian T. NAME Date Received **ELECTRONICALLY FILED** 07/05/2025 NICKNAME LAST **SUFFIX** Hoyle CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** MAILING Amount Receipt # **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Dr. Grace NAME NICKNAME LAST **SUFFIX** English **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); STATE: ZIP CODE APT / SUITE #; CITY; **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (903) 571-6301 **PHONE** REPORT TYPE January 15 30th day before election 15th day after campaign treasurer Runoff appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) Х reporting limit PERIOD Month Day Month Day Year Year **COVERED THROUGH** 01/01/2025 06/30/2025 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year χ Primary Runoff Other 03/03/2026 General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE Court Of Appeals, Justice Place 2 District 12 Court of Appeals, Chief Justice Place 1 District 12

Forms provided by Texas Ethics Commission

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Version V4.1.0.cdce8bb6

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 5

| 13 C / OH NAME | Hoyle, Brian T. (The | (Ethics Commission Filers) | | | | |
|--|---|---|---------------------------|------------------------|--|--|
| 15 NOTICE FROM POLITICAL COMMITTEE(S) | candidate / officeholder. | political contributions accepted or political expenditu These expenditures may have been made without I officeholders are required to report this information | the candidate's or office | eholder's knowledge or | | |
| Additional Pages | COMMITTEE TYPE COMMITTEE NAME | | | | | |
| | GENERAL | | | | | |
| | | COMMITTEE ADDRESS | | | | |
| | SPECIFIC | | | | | |
| | | COMMITTEE CAMPAIGN TREASURER NAME | | | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRES | SS | | | |
| | | | | | | |
| 16 CONTRIBUTION TOTALS | | | | | | |
| | 2. TOTAL POLIT | \$ 0.00 | | | | |
| EXPENDITURE TOTALS | | | | | | |
| | 4. TOTAL POLITICAL EXPENDITURES | | | | | |
| CONTRIBUTION BALANCE | 5. TOTAL POLITIC REPORTING PE | \$ 1,466.51 | | | | |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIF OF THE REPOR | \$ 0.00 | | | | |
| 17 AFFIDAVIT | | | | | | |
| | | I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code. | | | | |
| | | The Hon | orable Brian T. Hoyle | e | | |
| | der | | | | | |
| AFFIX NO | TARY STAMP / SEAL AB | DVE | | | | |
| | | aid | , this the | day | | |
| of | of, 20, to certify which, witness my hand and seal of office. | | | | | |
| | | | | | | |
| Signature of office | cer administering oath | Printed name of officer administering oath | Title of officer | administering oath | | |

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

| | | | 3 of 5 |
|----------------------------|--|-----------------|--------|
| 18 FILER NAM Hoyle, Bri | (Ethics Commission Filers) | | |
| l | E SUBTOTALS SCHEDULE | SUBTOTAL AMOUNT | |
| 1. | SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL) | \$ | |
| 2. | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ |
| 3. | SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL) | | \$ |
| 4. | SCHEDULE E(J): LOANS (JUDICIAL) | | \$ |
| 5. X | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ 387.42 | |
| 6. | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ |
| 7. | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION | ONS | \$ |
| 8. | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ |
| 9. | SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | | \$ |
| 10. | SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS | \$ | |
| 11. | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION | \$ | |
| 12. | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS ITO FILER | RETURNED | \$ |
| | | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor, Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

| | Candidate/Officenoider/Politica | The Instruction Guide explains how to complete this form. | | | | | | |
|-------------|--|--|--|--|--|--|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) | | | | | | |
| | Sch: 1/2 Rpt: 4/5 | Hoyle, Brian T. (The Honorable) 00060026 | | | | | | |
| 4 | Date | 5 Payee name | | | | | | |
| | 02/06/2025 | Smith County Republican Club | | | | | | |
| 6 | Amount (\$) \$20.00 | 7 Payee address; City; State; Zip Code P.O. Box 6381 | | | | | | |
| | Ψ20.00 | 1.0. 000 | | | | | | |
| | | Tyler, TX 75711 | | | | | | |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | |
| | EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | | | |
| | | Officeholder's annual dues | | | | | | |
| | | | | | | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held | | | | | | |
| | Date | Payee name | | | | | | |
| | 02/19/2025 | Smith County Republican Club | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | | |
| | \$212.42 P.O. Box 6381 | | | | | | | |
| | | | | | | | | |
| | | Tyler, TX 75711 | | | | | | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | |
| EXPENDITURE | | Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | | | |
| | | Officeholder and spouse's tickets to annual Smith | | | | | | |
| | | County Republican Club dinner | | | | | | |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held | | | | | | |
| | Date | Payee name | | | | | | |
| | 04/23/2025 | The Federalist Society | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | | |
| | \$50.00 | 1776 I Street, NW | | | | | | |
| | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | | | |
| | | Washington, DC 20066 | | | | | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | |
| | OF EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | | | |
| | | Officeholder's annual dues | | | | | | |
| | | Omocholder o arridal deco | | | | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | | | |
| | expenditure to benefit C/Ol | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

| | Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | ns/ Donations Made By - tte/Officeholder/Political Committee I Payment | | Food/Beverage Expense Git/Awards/Memorials Expense Legal Services The Instruction Guide explains how to complete this form. | | se s/Contract Labor | Travel in District Travel Out of District OTHER (enter a category not listed abov | | | |
|--|--|--|---|--|---------------|-------------------------|---|-------|---------------------|----------------------------|
| 1 Total pages Schedule F1: 2 FILER NAME | | | R NAME | | | | | 3 | Filer ID | (Ethics Commission Filers) |
| L | Sch: 2/2 Rpt: 5/5 | Hoyl | e, Brian T. (Th | e Honorable) | | | | | 00060026 | |
| 4 | Date | 5 Paye | e name | | | | | | | |
| | 02/20/2025 | The | Potpourri Hous | se | | | | | | |
| 6 | Amount (\$) | 7 Paye | e address; (| City; S | State; Zip C | ode | | | | |
| | \$15.00 | 3320 | Troup Highwa | ay | | | | | | |
| | | Suite | e 300 | | | | | | | |
| | | Tylei | r, TX 75701 | | | | | | | |
| 8 | PURPOSE | (a) Cate | gory (See Categori | es listed at the top of th | nis schedule) | (b) | Description | | | |
| | PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. | | | | | | | | | |
| | EXI ENDITORE | | | | | | _ | | officeholder living | |
| | | | | | | | County Repu | | | nly meeting of Smith |
| _ | Complete ONLY if direct | Condi | hata/Officabalda | namo | Office | lught | , | | | nld. |
| 9 | 9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH | | | | | | au | | | |
| | Date | Paye | e name | | | | | | | |
| | 02/28/2025 | Tylei | r Area Chambe | er of Commerce |) | | | | | |
| | Amount (\$) | Paye | e address; (| City; | State; Zip C | ode | | | | |
| | \$40.00 | 315 | N. Broadway A | ve. | | | | | | |
| | | Suite | e 100 | | | | | | | |
| | | Tylei | r, TX 75702 | | | | | | | |
| | PURPOSE | (a) Cate | gory (See Categori | es listed at the top of th | nis schedule) | (b) | Description | | | |
| | OF EXPENDITURE | | nt Expense | | | | | | de of Texas. Com | |
| | | | | | | | _ | | officeholder living | |
| Officeholder's ticket to State of the 0 | | | | | | of the County furioncon | | | | |
| | Complete ONLY if direct expenditure to benefit C/O | | date/Officeholder | name | Office so | ught | | | Office he | eld |
| H | Date | Pavo | e name | | | | | | | |
| | 05/01/2025 | 1 1 | | er of Commerce | ; | | | | | |
| Amount (\$) Payee address; City; State; Zip Code | | | | | | | | | | |
| | \$50.00 | 1 | N. Broadway A | • | | | | | | |
| | , 22,00 | l | e 100 | | | | | | | |
| | | l | r, TX 75702 | | | | | | | |
| | PURPOSE | | | | | (h) | Dogoristics | | | |
| | OF | 1 | gory _{(See Categori} nt Expense | es listed at the top of th | nis schedule) | (0) | Description Check if travel | outsi | de of Texas. Com | plete Schedule T. |
| | EXPENDITURE | Lvei | ii Evhelise | | | | Check if Austin | , TX, | officeholder living | expense |
| | | | | | | | | s tic | ket to annu | al State of the City |
| | | | | | | | luncheon | | | |
| | Complete ONLY if direct expenditure to benefit C/O | | date/Officeholder | name | Office so | ught | | | Office he | eld |
| | | | | | | | | | | |
| | | | | | | | | | | |
| ı | | | | | | | | | | |