#### 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) 00083842 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable John Leath NAME Date Received **ELECTRONICALLY FILED** 07/15/2025 NICKNAME LAST **SUFFIX** Brick 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** Mr. Robert NAME NICKNAME LAST **SUFFIX** Brick **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE; **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (979) 329-5380 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 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** Month Day Year Primary Runoff Other General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 272 Brazos

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# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM JC/OH COVER SHEET PG 2

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| 13 C / OH NAME                                 | Brick, John Leath (T             | ne Honorable)                                                                                                                           | 14 Filer ID<br>00083842                                                        | (Ethics Commission Filers)                   |
|------------------------------------------------|----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|----------------------------------------------|
| 15 NOTICE<br>FROM<br>POLITICAL<br>COMMITTEE(S) | candidate / officeholder.        | olitical contributions accepted or political e<br>These expenditures may have been made<br>officeholders are required to report this in | without the candidate's or office                                              | eholder's knowledge or                       |
| Additional Pages                               | COMMITTEE TYPE                   |                                                                                                                                         |                                                                                |                                              |
| / taditional / agos                            | GENERAL                          |                                                                                                                                         |                                                                                |                                              |
|                                                |                                  | COMMITTEE ADDRESS                                                                                                                       |                                                                                |                                              |
|                                                | SPECIFIC                         |                                                                                                                                         |                                                                                |                                              |
|                                                |                                  | COMMITTEE CAMPAIGN TREASURER                                                                                                            | NAME                                                                           |                                              |
|                                                |                                  | COMMITTEE CAMPAIGN TREASURER                                                                                                            | ADDRESS                                                                        |                                              |
| 16 CONTRIBUTION                                |                                  | ZED POLITICAL CONTRIBUTIONS(OTH                                                                                                         |                                                                                |                                              |
| TOTALS                                         |                                  | ES OF LOANS, OR CONTRIBUTIONS MA                                                                                                        | DE ELECTRONICALLY)                                                             | \$ 0.00                                      |
|                                                |                                  | CAL CONTRIBUTIONS<br>PLEDGES, LOANS, OR GUARANTEES C                                                                                    | F LOANS)                                                                       | \$ 0.00                                      |
| EXPENDITURE<br>TOTALS                          | 3. TOTAL UNITEM                  |                                                                                                                                         | \$ 0.00                                                                        |                                              |
|                                                | 4. TOTAL POLIT                   | CAL EXPENDITURES                                                                                                                        |                                                                                | \$ 300.00                                    |
| CONTRIBUTION<br>BALANCE                        | 5. TOTAL POLITIC REPORTING PE    | <b>\$</b> 10,353.58                                                                                                                     |                                                                                |                                              |
| OUTSTANDING<br>LOAN TOTALS                     | 6. TOTAL PRINCIF<br>OF THE REPOR | <b>\$</b> 10,053.58                                                                                                                     |                                                                                |                                              |
| 17 AFFIDAVIT                                   |                                  | l swear, or affirm, unde<br>true and correct and in<br>under Title 15, Election                                                         | er penalty of perjury, that the accilicludes all information required to Code. | companying report is<br>to be reported by me |
|                                                |                                  |                                                                                                                                         | e Honorable John Leath Br                                                      |                                              |
|                                                |                                  | Sign                                                                                                                                    | nature of Candidate or Officeho                                                | lder                                         |
| AFFIX NO                                       | TARY STAMP / SEAL AB             | DVE                                                                                                                                     |                                                                                |                                              |
| Sworn to and subso                             | cribed before me, by the s       | aid                                                                                                                                     | , this the                                                                     | day                                          |
|                                                |                                  | ertify which, witness my hand and seal of o                                                                                             |                                                                                |                                              |
| Signature of office                            | cer administering oath           | Printed name of officer administering                                                                                                   | oath Title of office                                                           | r administering oath                         |

#### **SUBTOTALS - JC/OH**

### FORM JC/OH COVER SHEET PG 3

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|                                    |                                                                        |         |    | 3 01 6 |  |  |  |
|------------------------------------|------------------------------------------------------------------------|---------|----|--------|--|--|--|
| <b>18</b> FILER NAM<br>Brick, Johr | (Ethics Commission F                                                   | ilers)  |    |        |  |  |  |
| 20 SCHEDULE<br>NAME OF S           | SUBTOTAL AMOUNT                                                        |         |    |        |  |  |  |
| 1. X                               | SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)            |         |    |        |  |  |  |
| 2. X                               | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS            |         | \$ | 0.00   |  |  |  |
| 3. X                               | 3. X SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)                   |         |    |        |  |  |  |
| 4. X                               | SCHEDULE E(J): LOANS (JUDICIAL)                                        |         | \$ | 0.00   |  |  |  |
| 5. X                               | 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS  |         |    |        |  |  |  |
| 6. X                               | 6. X SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                          |         |    |        |  |  |  |
| 7. X                               | 7. X SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS |         |    |        |  |  |  |
| 8. X                               | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                          |         | \$ | 0.00   |  |  |  |
| 9. X                               | SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS                 |         | \$ | 0.00   |  |  |  |
| 10.                                | SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS         | OF C/OH | \$ |        |  |  |  |
| 11.                                | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION     | ONS     | \$ |        |  |  |  |
| 12.                                | \$                                                                     |         |    |        |  |  |  |
|                                    |                                                                        |         |    |        |  |  |  |

| PLEDO                      | SED CONTRIBUTIONS (JUDIC                                                          | IAL)                                           |                                                   | SCHED                                    | ULE B(J)             |  |  |  |
|----------------------------|-----------------------------------------------------------------------------------|------------------------------------------------|---------------------------------------------------|------------------------------------------|----------------------|--|--|--|
| The                        | Instruction Guide explains how to comple                                          |                                                | 1 Total pages Schedule B(J):<br>Sch: 1/1 Rpt: 4/6 |                                          |                      |  |  |  |
| 2 FILER NAM<br>Brick, John | E<br>Leath (The Honorable)                                                        | 3 Filer ID (Ethics Commission Filers) 00083842 |                                                   |                                          |                      |  |  |  |
| 4 TOTAL O                  | F UNITEMIZED PLEDGES                                                              |                                                |                                                   | \$                                       | 0.00                 |  |  |  |
| 5 Date                     | 6 Full name of pledgor out-of-state PAC (ID#  7 Pledgor Address; City; State; Zip |                                                | 8 Amount of pledge (\$)                           | 9 In-kind description<br>(If applicable) |                      |  |  |  |
|                            |                                                                                   |                                                | Check if travel of                                | utside of Texas. (                       | Complete Schedule T. |  |  |  |
| 10 Pledgor's pr            | incipal occupation                                                                | 11 Pledgor's job title                         | •                                                 |                                          |                      |  |  |  |
| 12 Pledgor's en            | nployer/law firm                                                                  | 13 Law firm of pledgo                          | r's spouse (if any)                               |                                          |                      |  |  |  |
| 14 If pledgor is           | a child, law firm of parent(s) (if any)                                           |                                                |                                                   |                                          |                      |  |  |  |
|                            |                                                                                   |                                                |                                                   |                                          |                      |  |  |  |
|                            |                                                                                   |                                                |                                                   |                                          |                      |  |  |  |
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|                            |                                                                                   |                                                |                                                   |                                          |                      |  |  |  |
|                            |                                                                                   |                                                |                                                   |                                          |                      |  |  |  |
|                            |                                                                                   |                                                |                                                   |                                          |                      |  |  |  |

|    | LOANS (J                           | UDICIAL)                                           |                                            |                                                   |                    | SCHED         | OULE E       | (J)  |  |
|----|------------------------------------|----------------------------------------------------|--------------------------------------------|---------------------------------------------------|--------------------|---------------|--------------|------|--|
|    | The Instructio                     | n Guide explains how to complete this              | form.                                      | 1 Total pages Schedule E(J):<br>Sch: 1/1 Rpt: 5/6 |                    |               |              |      |  |
| 2  | FILER NAME<br>Brick, John Leatl    | h (The Honorable)                                  |                                            | 1                                                 | Filer ID<br>000838 | (Ethics Com   | ımission Fil | ers) |  |
| 4  | TOTAL OF UN                        | ITEMIZED LOANS                                     |                                            | \$                                                |                    |               |              | 0.00 |  |
| 5  | Date of loan                       | 7 Name of lender out-of-state PA                   | AC (ID#:                                   |                                                   | )                  | 9 Loan Am     | ount (\$)    |      |  |
| 6  | Is lender a financial institution? | 8 Lender address; City; State;                     | Zip Code                                   |                                                   |                    | 10 Interest F |              |      |  |
|    |                                    |                                                    |                                            |                                                   |                    | 11 Maturity I | Date         |      |  |
| 12 | 2 Lender's Principal               | Occupation                                         | 13 Lender's Job Title                      |                                                   |                    |               |              |      |  |
| 14 | 1 Lender's Employer                | /Law Firm                                          | 15 Law Firm of lender's spous              | se (if                                            | any)               |               |              |      |  |
| 16 | If lender is child, la             | w firm of parent(s) (if any)                       | L                                          |                                                   |                    |               |              |      |  |
| 17 | 7 Description of Coll              | ateral                                             | 18 Check if personal funds we              | into political a<br>(See Inst                     |                    |               |              |      |  |
| 19 | GUARANTOR<br>INFORMATION           | 20 Name of guarantor                               |                                            |                                                   |                    | 22 Amount (   | Guaranteed   | (\$) |  |
| 23 | not applicable  not applicable     | 21 Guarantor address; City; State;  Dal Occupation | Zip Code  Zip Code                         |                                                   |                    |               |              |      |  |
| 25 | <b>5</b> Guarantor's Emplo         | worll ou Firm                                      | 26 Law Firm of guarantor's spouse (if any) |                                                   |                    |               |              |      |  |
|    | ·<br>                              |                                                    | 20 Law Filli of guarantor's Sp             | Jouse                                             | e (II ally)        |               |              |      |  |
| 27 | <sup>1</sup> If guarantor is child | d, law firm of parent(s) (if any)                  |                                            |                                                   |                    |               |              |      |  |
|    |                                    |                                                    |                                            |                                                   |                    |               |              |      |  |

### 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

abursement Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

|   | Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment | r -<br>Il Cor | nmittee         | Legal Se | rds/Memorials Ex<br>rvices<br>struction Guid |                 |            | xpens<br>Vages | Contract Labor               |       | Travel Out of Di<br>OTHER (enter a |                              | ed above)       |
|---|--------------------------------------------------------------------------------------------|---------------|-----------------|----------|----------------------------------------------|-----------------|------------|----------------|------------------------------|-------|------------------------------------|------------------------------|-----------------|
| 1 | Total pages Schedule F1:                                                                   | 2             | FILER NAME      |          |                                              |                 |            |                |                              | 3     | Filer ID                           | (Ethics Com                  | mission Filers) |
|   | Sch: 1/1 Rpt: 6/6                                                                          |               | Brick, John     |          | (The Hono                                    | rable)          |            |                |                              |       | 00083842                           | `                            | ŕ               |
| 4 | Date                                                                                       | 5             | Payee name      |          |                                              |                 |            |                |                              |       |                                    |                              |                 |
|   | 03/17/2025                                                                                 |               | Brazos Cou      | nty Re   | epublican Pa                                 | arty            |            |                |                              |       |                                    |                              |                 |
| 6 | Amount (\$)                                                                                | 7             | Payee addres    | ss;      | City;                                        | State           | ; Zip Co   | de             |                              |       |                                    |                              |                 |
|   | \$300.00                                                                                   |               | 1640 Briarci    | rest     |                                              |                 |            |                |                              |       |                                    |                              |                 |
|   |                                                                                            |               | #122            |          |                                              |                 |            |                |                              |       |                                    |                              |                 |
|   |                                                                                            |               | Bryan, TX 7     | 7802     |                                              |                 |            |                |                              |       |                                    |                              |                 |
| 8 | PURPOSE                                                                                    | (2)           |                 |          |                                              |                 |            | (h)            | Description                  |       |                                    |                              |                 |
| ľ | OF                                                                                         | (a)<br>       | Category (Se    |          | ories listed at the t                        | top of this sch | edule)     | (D)            | Description  Check if travel | outsi | de of Texas. Com                   | ınlete Schedule <sup>-</sup> | -               |
|   | EXPENDITURE                                                                                |               | Event Exper     | 156      |                                              |                 |            |                |                              |       | officeholder living                |                              |                 |
|   |                                                                                            |               |                 |          |                                              |                 |            |                | Reagan Day                   |       |                                    |                              |                 |
|   |                                                                                            |               |                 |          |                                              |                 |            |                |                              |       |                                    |                              |                 |
| 9 | Complete ONLY if direct expenditure to benefit C/OI                                        | H (           | Candidate/Offic | ceholde  | er name                                      | (               | Office sou | ght            |                              |       | Office h                           | eld                          |                 |
|   |                                                                                            |               |                 |          |                                              |                 |            |                |                              |       |                                    |                              |                 |