

# 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:		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST <i>Briana</i>	MI	OFFICE USE ONLY		
	NICKNAME	LAST <i>Dryer</i>	SUFFIX	Date Received <i>at 3:55 o'clock</i> FILED <i>P M</i> Lee H. Chambers County Clerk, LIBERTY COUNTY, TEXAS BY <i>Sherriation</i> DEPUTY JAN 15 2026		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE: ZIP CODE		
Date Hand-delivered or Date Postmarked						
5 CANDIDATE/ OFFICEHOLDER PHONE						
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST <i>Crystal</i>	MI	Receipt # Amount \$		
	NICKNAME	LAST <i>Guillory</i>	SUFFIX <i>A</i>	Date Processed		
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #:				CITY: STATE: ZIP CODE	
8 CAMPAIGN TREASURER PHONE						
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 <i>7</i>	Day <i>11</i>	Year <i>15</i>	Month <i>1</i>	Day <i>15</i>	Year <i>2026</i>
11 ELECTION	ELECTION DATE Month <i>3</i> Day <i>3</i> Year <i>2026</i>		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) <i>Liberty County, JP 1</i>		
14 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.					
<input type="checkbox"/> Additional Pages		COMMITTEE TYPE	COMMITTEE NAME			
		<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS			
		<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRESS				

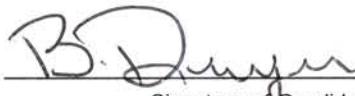
GO TO PAGE 2

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 2

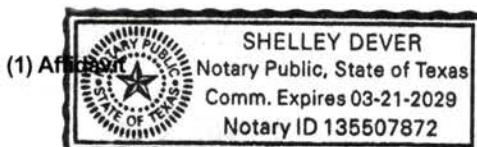
15 JC/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 1964.99
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0.00
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00
OUTSTANDING LOAN TOTALS		

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/Officeholder

Please complete either option below:



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Briana Dryer this the 15 day of January.

20 do, to certify which, witness my hand and seal of office.

Shelley Dever

Shelley Dever

Retta Bunker III

Signature of officer administering oath

Printed name of officer administering oath

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 - JC/OH****FORM JC/OH  
COVER SHEET PG 3**

<b>19</b> FILER NAME	<b>20</b> Filer ID (Ethics Commission Filers)
<b>21</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$	
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$	
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS \$	
4. <input type="checkbox"/> SCHEDULE E: LOANS \$	
5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$	
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$	
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS \$	
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$	
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS \$ 1964.99	
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$	
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$	
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER \$	

**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 FILED NAME	3 Filer ID (Ethics Commission Filers)	
5	Briana Dryer		
4 Date	5 Payee name		
10-1-25	Amazon		
6 Amount (\$)	7 Payee address;	City: State: Zip Code	
34.99			
<input checked="" type="checkbox"/> Reimbursement from political contributions intended			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	Event Expense	Supplies	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9	Candidate / Officeholder name	Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Briana Dryer Liberty County JP 1		
Date	Payee name		
10-7-25	Texas Custom Vinyls		
Amount (\$)	Payee address;	City:	State: Zip Code
305.68			
<input checked="" type="checkbox"/> Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Advertising Expense	Banner + Stickers	
	<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
Briana Dryer	Liberty County JP 1		
Date	Payee name		
10-28-25	Amazon		
Amount (\$)	Payee address;	City:	State: Zip Code
43.18			
<input checked="" type="checkbox"/> Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Advertising Expense	Hoozi	
	<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
Briana Dryer	Liberty County JP 1		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>			

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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### 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)	
5	Briana Dryer		
4 Date	5 Payee name		
10-29-25	Office Depot		
6 Amount (\$)	7 Payee address;	City; State; Zip Code	
54.13		Beaumont TX	
<input checked="" type="checkbox"/> Reimbursement from political contributions intended			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	Advertising Expense	Flyers	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9	Candidate / Officeholder name	Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Briana Dryer	Liberty County JPA 1	
Date	Payee name		
11-24-25	Liberty County Republican Party		
Amount (\$)	Payee address;	City; State; Zip Code	
375.00			
<input checked="" type="checkbox"/> Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Fees	Sign Up Fees	
	<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
	Briana Dryer	Liberty County JPA 1	
Date	Payee name		
11-30-25	Dirt Cheap Signs		
Amount (\$)	Payee address;	City; State; Zip Code	
194.86			
<input checked="" type="checkbox"/> Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Advertising Expense	Signs	
	<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
	Briana Dryer	Liberty County JPA 1	
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**POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS**

**SCHEDULE G**

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**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)

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1 Total pages Schedule G: <i>5</i>	2 FILER NAME <i>Briana Dryer</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>11-30-25</i>	5 Payee name <i>Texas Custom Vinyls</i>	
6 Amount (\$) <i>47.63</i>	7 Payee address; <i>118 Ch 436</i>	City; State; Zip Code <i>Dayton TX 77535</i>
8 PURPOSE OF EXPENDITURE <i>Advertising Expense</i>		(a) Category (See Categories listed at the top of this schedule)  <i>Advertising Expense</i>
		(b) Description <i>T-Shirts</i>
		(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 <i>Briana Dryer Liberty County JPA</i>	
	Office sought Office held	
Date <i>12-31-25</i>	Payee name <i>Amazon</i>	
Amount (\$) <i>89.72</i>	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE <i>Advertising Expense</i>		Category (See Categories listed at the top of this schedule)  <i>Advertising Expense</i>
		Description <i>Sign Stakes</i>
		<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 <i>Briana Dryer Liberty County JPA</i>	
	Office sought Office held	
Date <i>1-1-26</i>	Payee name <i>The Way of Mae Co.</i>	
Amount (\$) <i>18.35</i>	Payee address;	City; State; Zip Code <i>Dayton TX 77535</i>
PURPOSE OF EXPENDITURE <i>Advertising Expense</i>		Category (See Categories listed at the top of this schedule)  <i>Advertising Expense</i>
		Description <i>T Shirt</i>
		<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 <i>Briana Dryer Liberty County JPA</i>	
	Office sought Office held	

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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### 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: <b>5</b>	2 FILER NAME <b>Briana Dryer</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>1-5-26</b>	5 Payee name <b>Signs on the Cheap. Com</b>	
6 Amount (\$) <b>675.49</b>	7 Payee address;  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	(b) Description <b>Signs</b>
	(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 <b>Briana Dryer Liberty County JPA 2</b>	
Date <b>1-8-26</b>	Payee name <b>Sam's Club</b>	Office sought Office held
Amount (\$) <b>64.81</b>	Payee address;  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Event Expense</b>	Description <b>Cups + Plates</b>
	<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 <b>Briana Dryer Liberty County JPA 2</b>	
Date <b>1-9-26</b>	Payee name <b>Burch's Fish Market</b>	Office sought Office held
Amount (\$) <b>156.00</b>	Payee address;  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	City; State; Zip Code
	<b>May 90</b>	<b>Liberty TX 77575</b>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Event Expense</b>	Description <b>Fish</b>
	<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 <b>Briana Dryer Liberty County JPA 2</b>	
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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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### 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: <b>5</b>	2 FILER NAME <b>Briana Dryer</b>	3 Filer ID (Ethics Commission Filers)	
4 Date <b>1-13-26</b>	5 Payee name <b>Potetz Home Center</b>		
6 Amount (\$) <b>60.75</b>	7 Payee address;  <b>Main St</b>	City; State; Zip Code  <b>Liberty TX 77575</b>	
<input checked="" type="checkbox"/> Reimbursement from political contributions intended		(a) Category (See Categories listed at the top of this schedule)  <b>Advertising Expense</b>	(b) Description  <b>T-Posts + Zipties</b>
<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  <b>Briana Dryer Liberty County JPA</b>		
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
<input type="checkbox"/> Reimbursement from political contributions intended		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		
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
<input type="checkbox"/> Reimbursement from political contributions intended		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		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>			