

COUNTY EXECUTIVE COMMITTEE CAMPAIGN FINANCE REPORT

FORM CEC
COVER SHEET PG 1

The CEC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00035364	2 Total pages filed: 7
3 COMMITTEE NAME Grayson County Republican Party (CEC)		OFFICE USE ONLY	
		Date Received ELECTRONICALLY FILED 02/04/2024	
		Date Hand-delivered or Date Postmarked	
		Receipt #	Amount
		Date Processed	
		Date Imaged	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 3122 Sherman, TX 75091		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
		Shawn D.	
	NICKNAME	LAST	SUFFIX
		Nesmith	
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
	701 Mohawk Drive Tioga, TX 76271		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
	701 Mohawk Drive Tioga, TX 76271		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(972)	251-3058	
9 REPORT TYPE	<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> Final Report
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> 10th day after campaign treasurer termination
		<input type="checkbox"/> Runoff	
10 PERIOD COVERED	Month Day Year	THROUGH	Month Day Year
	01/01/2024		01/25/2024
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff <input type="checkbox"/> Other
	03/05/2024	<input type="checkbox"/> General	<input type="checkbox"/> Special

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COUNTY EXECUTIVE COMMITTEE REPORT: PURPOSE & TOTALS

FORM CEC
COVER SHEET PG 2

12 COMMITTEE NAME Grayson County Republican Party (CEC)	13 Filer ID (Ethics Commission Filers) 00035364
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Republican B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	2,535.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	27.61
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	68,991.01
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

16 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Shawn D. Nesmith

 Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, 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

SUBTOTALS - CEC**FORM CEC**
COVER SHEET PG 3
3 of 7

17 COMMITTEE NAME Grayson County Republican Party (CEC)		18 Filer ID (Ethics Commission Filers) 00035364
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,535.00
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 checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 27.61
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
10.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/2 Rpt: 4/7
2 FILER NAME Grayson County Republican Party (CEC)		3 Filer ID (Ethics Commission Filers) 00035364
4 Date 01/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ARTHUR, ART	7 Amount of Contribution (\$) \$1,000.00
6 Contributor address; City; State; Zip Code DENISON, TX 75021		
8 Principal occupation / Job title (See Instructions) ART'S SADDLE SHOP		9 Employer (See Instructions) SELF
Date 01/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COWAN, BILL (Mr.)	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code SHERMAN, TX 75092-2406		
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) RETIRED
Date 01/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAMES, PHYLLIS	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code GUNTER, TX 75058		
Principal occupation / Job title (See Instructions) COUNTY COMMISSIONER		Employer (See Instructions) GRAYSON COUNTY
Date 01/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PHILLIPS, ROBIN	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code SHERMAN, TX 75090		
Principal occupation / Job title (See Instructions) REALTOR		Employer (See Instructions) PARAGON REALTORS
Date 01/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RICHARDS, DIANA	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code SHERMAN, TX 75092		
Principal occupation / Job title (See Instructions) HOMEMAKER		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/2 Rpt: 5/7
2 FILER NAME Grayson County Republican Party (CEC)		3 Filer ID (Ethics Commission Filers) 00035364
4 Date 01/24/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SHAW, MIKE (Mr.) 6 Contributor address; City; State; Zip Code DENISON, TX 75020	7 Amount of Contribution (\$) \$75.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) N/A
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STAPLES, RICK Contributor address; City; State; Zip Code TIOGA, TX 76271	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) DIRECTOR OF TECHNOLOGY		Employer (See Instructions) RGT WEALTH ADVISORS
Date 01/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TOWERS, BOB (Mr.) Contributor address; City; State; Zip Code SHERMAN, TX 75092	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) CLIENT SERVICE REP.		Employer (See Instructions) COMSPEC, INC.
Date 01/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WELCH, WILLIAM Contributor address; City; State; Zip Code WHITESBORO, TX 76273	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) GENERAL CONTRACTOR		Employer (See Instructions) SELF
Date 01/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WOODROOF, GEORGE Contributor address; City; State; Zip Code GUNTER, TX 75058	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

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
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/2 Rpt: 6/7	2 FILER NAME Grayson County Republican Party (CEC)	3 Filer ID (Ethics Commission Filers) 00035364
4 Date 01/24/2024	5 Payee name GUMROAD, INC.	
6 Amount (\$) \$2.88	7 Payee address; City; State; Zip Code 548 MARKET STREET #41309 SAN FRANCISCO, CA 94104	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/24/2024	Payee name GUMROAD, INC.	
Amount (\$) \$5.55	Payee address; City; State; Zip Code 548 MARKET STREET #41309 SAN FRANCISCO, CA 94104	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/18/2024	Payee name GUMROAD, INC.	
Amount (\$) \$2.88	Payee address; City; State; Zip Code 548 MARKET STREET #41309 SAN FRANCISCO, CA 94104	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/2 Rpt: 7/7	2 FILER NAME Grayson County Republican Party (CEC)	3 Filer ID (Ethics Commission Filers) 00035364
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4 Date 01/18/2024	5 Payee name GUMROAD, INC.
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6 Amount (\$) \$7.30	7 Payee address; City; State; Zip Code 548 MARKET STREET #41309 SAN FRANCISCO, CA 94104
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/18/2024	Payee name GUMROAD, INC.
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Amount (\$) \$1.70	Payee address; City; State; Zip Code 548 MARKET STREET #41309 SAN FRANCISCO, CA 94104
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/03/2024	Payee name GUMROAD, INC.
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Amount (\$) \$7.30	Payee address; City; State; Zip Code 548 MARKET STREET #41309 SAN FRANCISCO, CA 94104
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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