FORM CEC COUNTY EXECUTIVE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The CEC Instruction Guide explains how to complete this form. 00053163 3 COMMITTEE NAME **OFFICE USE ONLY** Grimes County Republican Party (CEC) Date Received **ELECTRONICALLY FILED** 10/04/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 7506 County Road 204 Date Hand-delivered or Date Postmarked Change of Address Plantersville, TX 77363 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mrs. Sherry L. NAME NICKNAME LAST **SUFFIX** Fauth STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 7506 County Road 204 STREET **ADDRESS** (Residence or Business) Plantersville, TX 77363 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 7506 County Road 204 MAILING **ADDRESS** Plantersville, TX 77363 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (713) 817-1653 PHONE REPORT January 15 30th day before election Final Report X **TYPE** 10th day after campaign treasurer 8th day before election July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 07/01/2024 10/05/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Runoff Other Primary 11/05/2024 χ General Special **GO TO PAGE 2**

FORM CEC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Grimes County Republi	can Party (CEC)		00053163	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Judge Jennifer Caughey Court O	f Appeals, Ju	ustice
(Attach lists on plain paper to complete this report if necessary.)		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	PLEDGES, LOAN CONTRIBUTIONS	CED POLITICAL CONTRIBUTIONS (OTHER THAN S, OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) ort qualifies for the higher itemization threshold	\$	0.00
		CAL CONTRIBUTIONS LEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	20.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZ	ED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITIC	CAL EXPENDITURES	\$	15,366.74
CONTRIBUTION BALANCE	5. TOTAL POLITICA OF THE REPORT	L CONTRIBUTIONS MAINTAINED AS OF THE LAST ING PERIOD	DAY \$	148,105.43
OUTSTANDING LOAN TOTALS		L AMOUNT OF ALL OUTSTANDING LOANS AS OF T E REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	•		•	
		I swear, or affirm, under penalty of petrue and correct and includes all inforrunder Title 15, Election Code.		
		Mrs. Shor	n/l Fauth	
		Signature of Car	ry L. Fauth	rer
AFFIX NOTARY	STAMP / SEAL ABOV		pa.g	
Sworn to and subscribed	before me, by the said	, th	nis the	day
of	_, 20, to certi	fy which, witness my hand and seal of office.		
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of office	cer administering oath

FORM CEC ADDENDUM

Page 3 of 14

						1 age 0 01 1 1
12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Grimes County Republicar	Party (CEC)				00053163	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Andrew Johnso	n Court Of Appe	als, Justice	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures	A. Supported				
	(Describe by date and location of election and nature of issue.)	, a Gapportoa				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE	Candidates		Vrietin Cuine	Court Of Amno-1-	Justica	
COMMITTEE ACTIVITY	(Identify by name or, if	A. Supported	Kristin Guiney	Court Of Appeals	s, Justice	
	applicable, classify by party.)					
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	Officeholders Assisted (Identify by name or, if					
	applicable, classify by party.)					
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Clint Morgan C	ourt Of Appeals,	Justice	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures	A. Supported				
	(Describe by date and location of election and nature of issue.)					
		B. Opposed				
	3. Officeholders Assisted					
	(Identify by name or, if applicable, classify by party.)					

FORM CEC ADDENDUM

Page 4 of 14

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12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Grimes County Republicar	Party (CEC)			00053163	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Susanna Dokupil Court Of	Appeals, Justice	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	Measures (Describe by date and	A. Supported			
	location of election and nature of issue.)				
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if				
COMMITTEE	applicable, classify by party.)		01-10-110		
COMMITTEE ACTIVITY	Candidates (Identify by name or, if	A. Supported	Chad Bridges Court Of Ap	peals, Justice	
	applicable, classify by party.)				
(Attach lists on plain paper to complete this report if necessary.)		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.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Tonya McLaighlin Court O	f Appeals, Justice	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures	A. Supported			
	(Describe by date and location of election and nature of issue.)				
		B. Opposed			
	Officeholders Assisted				
	(Identify by name or, if applicable, classify by party.)				

FORM CEC ADDENDUM

Page 5 of 14

				13 Filer ID	(Ethics Commission Filers)
n Party (CEC)				00053163	
Candidates (Identify by name or, if applicable, classify by party.)		Maritza Michele	Antu Court Of <i>i</i>	Appeals, Justic	9
	B. Opposed				
Measures (Describe by date and location of election and nature of issue.)	A. Supported				
	B. Opposed				
Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
Candidates (Identify by name or, if applicable, classify by party.)		Katy Boatman (Court Of Appeals	s, Justice	
	B. Opposed				
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.)					
Candidates (Identify by name or, if applicable, classify by party.)		Brad Hart Court	Of Appeals, Ju	stice	
	B. Opposed				
Measures (Describe by date and location of election and nature of issue.)	A. Supported				
	B. Opposed				
Officeholders Assisted					
	(Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.)	1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed	1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 4. Supported 5. Opposed 6. Supported Katy Boatman Composed 7. Supported Katy Boatman Composed 8. Opposed 8. Opposed 9. Opposed 1. Candidates (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 8. Opposed 1. Candidates (Identify by name or, if applicable, classify by party.) 8. Opposed 1. Candidates (Identify by name or, if applicable, classify by party.) 8. Opposed 1. Candidates (Identify by name or, if applicable, classify by party.) 8. Opposed 1. Candidates (Identify by name or, if applicable, classify by party.) 8. Opposed 1. Candidates (Identify by name or, if applicable, classify by party.) 8. Opposed	1. Candidates (identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (identify by name or, if applicable, classify by party.) 1. Candidates (identify by name or, if applicable, classify by party.) B. Opposed 4. Supported Katy Boatman Court Of Appeal Katy Boatman Court Of Appeal (identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (identify by name or, if applicable, classify by party.) B. Opposed 4. Supported B. Opposed 5. Candidates (identify by name or, if applicable, classify by party.) B. Opposed 6. Supported Candidates (identify by name or, if applicable, classify by party.) B. Opposed 6. Supported Candidates (identify by name or, if applicable, classify by party.) B. Opposed 6. Supported Candidates (identify by name or, if applicable, classify by party.) B. Opposed 6. Supported Candidates (identify by name or, if applicable, classify by party.) B. Opposed 6. Supported Candidates (identify by name or, if applicable, classify by party.) B. Opposed 6. Supported Candidates (identify by name or, if applicable, classify by party.) B. Opposed 6. Supported Candidates (identify by name or, if applicable, classify by party.) B. Opposed	In Party (CEC) In Party (CEC) In Party (CEC) A. Supported Maritza Michele Antu Court Of Appeals, Justice (dentity by name or, if applicable, classify by party) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party) B. Opposed 4. Supported Katy Boatman Court Of Appeals, Justice (Identify by name or, if applicable, classify by party) B. Opposed 5. Opposed 6. Opposed 7. Candidates (Identify by name or, if applicable, classify by party) B. Opposed 8. Opposed 8. Opposed 7. Candidates (Identify by name or, if applicable, classify by party) B. Opposed 8. Opposed 8. Opposed 8. Opposed 8. Opposed 9. Opposed 8. Opposed 9. Opposed 9. Opposed 10. Candidates (Identify by name or, if applicable, classify by party) B. Opposed 9. Opposed 10. Candidates (Identify by name or, if applicable, classify by party) B. Opposed 11. Candidates (Identify by name or, if applicable, classify by party) B. Opposed 12. Measures (Opescribe by date and location of election and nature of issue.) B. Opposed 13. Officeholders A. Supported 14. Supported 15. Opposed 16. Opposed 17. Candidates (Identify by name or, if applicable, classify by party) B. Opposed 18. Opposed

FORM CEC ADDENDUM

				Page 6 of 14
12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Grimes County Republica	n Party (CEC)		00053163	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Trey Wharton State Representa	tive	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	Officeholders Assisted			
	(Identify by name or, if applicable, classify by party.)			

SUBTOTALS - CEC

FORM CEC **COVER SHEET PG 3**

			7 of 14			
17 COMMITTEE NAME	18 Filer ID	(Ethics Comm	ission Filers)			
Grimes County Republican Party (CEC)						
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOT	AL AMOUNT				
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	20.00			
2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00			
3. X SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00			
4. SCHEDULE E: LOANS	4. SCHEDULE E: LOANS					
5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	NS	\$	15,366.74			
6. X SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00			
7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUT	TIONS	\$				
8. X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00			
9. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUT	IONS	\$				
10. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS	RETURNED	\$				

	MONETARY POLITICAL CONTRIBUTIONS		SCHEDULE A1
	The Instruction Guide explains how to complete this form.		otal pages Schedule A1: Sch: 1/1 Rpt: 8/14
2	FILER NAME Grimes County Republican Party (CEC)		iller ID (Ethics Commission Filers) 00053163
4	Date 09/27/2024 Full name of contributor	7 A	smount of Contribution (\$) \$20.00
_	Anderson, TX 77830		
8	Principal occupation / Job title (See Instructions) Retired 9 Employer (See Instructions)	tions)	

PLE	OGED CONTRIBUTION	IS			SCHEDULE E	}
Т	he Instruction Guide explains h	now to comple	te this form.	1	L Total pages Schedule B: Sch: 1/1 Rpt: 9/14	
2 FILER N	AME			3		
Grimes	County Republican Party (CEC)				00053163	
4 TOTAL	OF UNITEMIZED PLEDGES				\$ 0	.00
5 Date	6 Full name of pledgor o	ut-of-state PAC (ID#:_)	8	3 Amount of pledge (\$) 9 In-kind description (If applicable)	
	7 Pledgor Address; City;	State; Zip Code			(II applicable)	
				1	Check if travel outside of Texas. Complete Schedi	ule T.
10 Principal	occupation / Job title (See Instructions)		11 Employer (See Instru	ucti	ions)	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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)

	Credit Card Payment	The Instruction Guide explains how to complete	e this form.
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
	Sch: 1/5 Rpt: 10/14	Grimes County Republican Party (CEC)	00053163
4	Date 09/02/2024	5 Payee name Anderson/Shiro Education Foundation	
6	Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 458 FM 149	
8	PURPOSE OF EXPENDITURE	Advertising Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Education Foundation fundraiser
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	09/14/2024	Bennett, Judith Francklow (Mrs.)	
	Amount (\$) \$300.00	Payee address; City; State; Zip Code P, O, Box 99	
		Shiro, TX 77876	
	PURPOSE OF EXPENDITURE	Event Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Snacks for Voter Registration Day event
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought H	Office held
	Date 09/21/2024	Payee name Clements, Connie (Ms.)	
	Amount (\$) \$436.41	Payee address; City; State; Zip Code 300 Hillside Street	
		Navasota, TX 77868	
	PURPOSE OF EXPENDITURE	Advertising Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Get out the vote mailer Pct 6 &7
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought H	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
vertising Expense Event Expense Loan Repayment/Reimbu

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
┝	Total marca Cabadula F1.	9 Files NAME
ľ	Total pages Schedule F1: Sch: 2/5 Rpt: 11/14	2 FILER NAME Grimes County Republican Party (CEC) 3 Filer ID (Ethics Commission Filers) 00053163
4	Date 08/05/2024	5 Payee name Court of Appeals 1 and 14
L		
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5,000.00	8588 Katy Frwy
		#445
		Spring Valley Village, TX 77024
8	PURPOSE	
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Donation to candidates for Court of Appeals 1 and 14
Ļ	Onesalata ONU V if alicent	On did to 10 ff as hald a grant of the same to 10 ff as hald
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
F	Date	Payee name
	07/01/2024	Hawk Ridge Commercial
H		-
	Amount (\$)	
	\$700.00	1278 Game Trail
		New Braunfels, TX 78132
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Rent HQ
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
F	Date	Payee name
	07/01/2024	Hawk Ridge Commercial
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$900.00	1278 Game Trail
		New Braunfels, TX 78132
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Rent HQ
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
H		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/5 Rpt: 12/14	Grimes County Republican Party (CEC) 00053163
4	Date	5 Payee name
	08/25/2024	Hawk Ridge Commercial
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$900.00	1278 Game Trail
		New Braunfels, TX 78132
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Rent HQ
_	Operation ONE V # discort	Openhalte Office helder was a company of the compan
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	· 	
	Date	Payee name
	09/24/2024	Hawk Ridge Commercial
	Amount (\$)	Payee address; City; State; Zip Code
	\$900.00	1278 Game Trail
		New Braunfels, TX 78132
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense HQ Rent
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	08/30/2024	Patrick, David (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$31.73	9779 Mountbatten Trail
	Ψ01.10	3173 Would Battern Trail
		Iola, TX 77861
	DUDDOOF	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Mileage for sign pickup (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Mileage for sign pickup
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<u> </u>

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	y - al Coi	mmittee	Gift/Awards/Memorials Legal Services The Instruction Gu	•		ages	/Contract Labor		Travel Out of I OTHER (enter	District r a category not listed above)	
1	Total pages Schodule F1:	12	EII ED NAME						9	Eilor ID	(Ethics Commission File	re)
	Total pages Schedule F1:	 			Dorth: /CE	C)			3		(Ethics Commission File	13)
	Sch: 4/5 Rpt: 13/14	$oxed{oxed}$	Grimes Cot	ınty Republican	Party (CE	<u></u>				00053163)	
4	Date	5	Payee name									
	08/30/2024		Patrick, Sus	san (Mrs.)								
6	Amount (\$)	7	Payee addre	ss; City;	State	; Zip Co	de					
	\$2,107.57	1		tbatten Trail		-						
	. ,	1		·-								
			Iolo TV 770	061								
L		L	Iola, TX 778									
8	PURPOSE OF	(a)		ee Categories listed at th	ne top of this sch	nedule)	(b)	Description				
	EXPENDITURE	1	Advertising	Expense				=			omplete Schedule T.	
								Trey Whartor		officeholder livi	ing expense	
		1						ricy vviiditoi	יט י	Jouru		
<u>_</u>	Complete ONLY !! -!!	<u>L</u>	Condidate /Off	oobolder er		Office	n h +			Off: - ·	hold	
9	Complete ONLY if direct expenditure to benefit C/OI		Januidate/Offi	ceholder name	(Office sou	ynt			Office	neiū	
	Date	_	Payee name				_		_			
	08/30/2024		Patrick, Sus	san (Mrs.)								
	Amount (\$)	Γ	Payee addre	ss; City;	State	; Zip Co	de					
	\$1,027.29		9779 Moun	tbatten Trail								
			Iola, TX 778	261								
_		ļ.					<i>a</i> :					
	PURPOSE OF	(a)		ee Categories listed at th	ne top of this sch	nedule)	(b)	Description	OI :+	do of Toyer C	amploto Cohedula T	
	EXPENDITURE		Advertising	Expense				=		de of Texas. Co officeholder livi	omplete Schedule T.	
								signs	, 17,	Onicendiaer livi	ng expense	
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\vdash	Complete ONLY if direct	<u> </u>	Candidata/O#	coholder neme		Office com	nh+			Office	hold	
	Complete ONLY if direct expenditure to benefit C/OI		Januluale/Offi	ceholder name	(Office sou	JII			Office	neiu	
		_										
	Date		Payee name									
	09/24/2024		Patrick, Sus	san (Mrs.)								
	Amount (\$)		Payee addre	ss; City;	State	; Zip Co	de					
	\$63.74	1	9779 Moun	tbatten Trail								
			Iola, TX 778	361								
_	DUDDOOF					<u></u>	<i>a</i> :					
	PURPOSE OF	(a)		ee Categories listed at th		nedule)	(b)	Description	outo:	do of Toyon O	amploto Schodulo T	
	EXPENDITURE		Office Over	head/Rental Exp	ense			Check if travel of Check if Austin			omplete Schedule T.	
								Phone plan for			g oxpense	
								o.io piair it	J. 1	٠٠		
_	Complete ONLY if direct	Ц,	Candidata/Off	achaldar nama		Office com	ah+			Office	hold	
	Complete ONLY if direct expenditure to benefit C/OI		Januluale/Offi	ceholder name	(Office sou	JII			Office	neiu	

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Ex Legal Services The Instruction Guid	Sala		e /Contract Labor	Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2 FILER NAME					3 Filer ID (Ethics Commission Fil	ers)	
	Sch: 5/5 Rpt: 14/14	Grimes Cou	ınty Republican F	arty (CEC)			00053163		
4	Date	5 Payee name							
	08/30/2024	Republican	Party of Texas						
6	Amount (\$)	7 Payee addres	ss; City;	State; Zip	Code				
	\$500.00	807 Brazos	St						
		Suite 701							
		Austin, TX 7	78701						
8	PURPOSE				(h)	Description			
١	OF		ee Categories listed at the			Description Check if travel of	outside of Texas. Complete Schedule T.		
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
Sandado, Sinosirolado, il Sinada Solilliniaco						Donation to State Party			
9	Complete ONLY if direct	Candidate/Offi	ceholder name	Office	sought		Office held		
	expenditure to benefit C/O	1							
	Date	Payee name							
	08/05/2024	Trey Wharto	on Campaign						
	Amount (\$)	Payee addres	ss; City;	State; Zip	Code				
	\$2,000.00	1300 11th St							
		Suite 630							
		Huntsville, 7	ΓX 77340						
_	DUDDOSE				(b)	Description			
	PURPOSE OF		ee Categories listed at the		(6)	Description Check if travel (outside of Texas. Complete Schedule T.		
	EXPENDITURE		ns/Donations Mad Officeholder/Politic		_	=	, TX, officeholder living expense		
		Candidate/Officeholder/Political Committee							
			ceholder name	Office	sought		Office held		
	Complete ONLY if direct	Candidate/Offi	ceriolaer riarrie		, ccag				
	Complete ONLY if direct expenditure to benefit C/Oh		centider name		, coug.it				
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