

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: 25
3 COMMITTEE NAME Grayson County Republican Party (CEC)		OFFICE USE ONLY	
		Date Received ELECTRONICALLY FILED 01/15/2025	
		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. <hr/> 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 checked="" type="checkbox"/> January 15 <input 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 Month Day Year 10/27/2024 THROUGH 12/31/2024		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other 11/05/2024 <input checked="" 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)	\$ 2,359.69
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 6,120.06
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 86,925.73
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 25

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	\$ 2,359.69
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	\$ 6,120.06
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: 1/11 Rpt: 4/25
2 FILER NAME Grayson County Republican Party (CEC)		3 Filer ID (Ethics Commission Filers) 00035364
4 Date 10/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALBIN, CLIFFORD	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code SHERMAN, TX 75090		
8 Principal occupation / Job title (See Instructions) CASHIER		9 Employer (See Instructions) N/A
Date 11/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALEXANDER, VERA	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code WHITESBORO, TX 75273		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ASHMORE, KELLY	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code SHERMAN, TX 75092		
Principal occupation / Job title (See Instructions) DISTRICT CLERK		Employer (See Instructions) GRAYSON COUNTY
Date 11/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ASTON, NORMAN	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code SHERMAN, TX 75092		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BLAZO, CARNELIA	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code SHERMAN, TX 75092		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/11 Rpt: 5/25
2 FILER NAME Grayson County Republican Party (CEC)		3 Filer ID (Ethics Commission Filers) 00035364
4 Date 10/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BOYKO, DALE	7 Amount of Contribution (\$) \$70.00
6 Contributor address; City; State; Zip Code HOWE, TX 75459		
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BROWNING, JIM	Amount of Contribution (\$) \$20.24
Contributor address; City; State; Zip Code SHERMAN, TX 75090		
Principal occupation / Job title (See Instructions) BUS DRIVER		Employer (See Instructions) SISD
Date 11/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARILLO, EDWARD	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code SHERMAN, TX 75090		
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 11/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHAMBERLAIN, GEORGE	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code DENISON, TX 75020		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COOK, NIKI	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code SHERMAN, TX 75090		
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/11 Rpt: 6/25
2 FILER NAME Grayson County Republican Party (CEC)		3 Filer ID (Ethics Commission Filers) 00035364
4 Date 12/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CURTIS, MARIE <hr/> 6 Contributor address; City; State; Zip Code HOWE, TX 75459	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 11/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DOMINGUEZ, JOHN <hr/> Contributor address; City; State; Zip Code VAN ALSTYNE, TX 75495	Amount of Contribution (\$) \$26.03
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DONELSON, CATHY <hr/> Contributor address; City; State; Zip Code DENISON, TX 75020	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DOYEL, RON <hr/> Contributor address; City; State; Zip Code SHERMAN, TX 75090	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GARCIA, ANDREA <hr/> Contributor address; City; State; Zip Code SHERMAN, TX 75092	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/11 Rpt: 7/25
2 FILER NAME Grayson County Republican Party (CEC)		3 Filer ID (Ethics Commission Filers) 00035364
4 Date 12/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GORDON, CINDY <hr/> 6 Contributor address; City; State; Zip Code SHERMAN, TX 75090	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) SALES		9 Employer (See Instructions) SELF
Date 11/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GRISHAM, BARB <hr/> Contributor address; City; State; Zip Code DENISON, TX 75020	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HORN, DON <hr/> Contributor address; City; State; Zip Code GUNTER, TX 75056	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HUDGINS, PETER <hr/> Contributor address; City; State; Zip Code SHERMAN, TX 75092	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HUDMAN, CARL <hr/> Contributor address; City; State; Zip Code SHERMAN, TX 75459	Amount of Contribution (\$) \$26.03
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/11 Rpt: 8/25
2 FILER NAME Grayson County Republican Party (CEC)		3 Filer ID (Ethics Commission Filers) 00035364
4 Date 10/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JONES, DEBORAH <hr/> 6 Contributor address; City; State; Zip Code SHERMAN, TX 75092	7 Amount of Contribution (\$) \$30.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 11/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KAEDING, DENNIS <hr/> Contributor address; City; State; Zip Code POTTSBORO, TX 75076	Amount of Contribution (\$) \$26.03
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) SELF
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KENT, CINDY <hr/> Contributor address; City; State; Zip Code SHERMAN, TX 75092	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) STENOGRAPHER		Employer (See Instructions) N/A
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAWSON, BRENT <hr/> Contributor address; City; State; Zip Code VAN ALSTYNE, TX 75495	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAWSON, BRENT <hr/> Contributor address; City; State; Zip Code VAN ALSTYNE, TX 75495	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/11 Rpt: 9/25
2 FILER NAME Grayson County Republican Party (CEC)		3 Filer ID (Ethics Commission Filers) 00035364
4 Date 10/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LUNDEEN, NATHAN <hr/> 6 Contributor address; City; State; Zip Code HOWE, TX 75459	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) TEACHER		9 Employer (See Instructions) SISD
Date 12/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCCOY, ROBIN <hr/> Contributor address; City; State; Zip Code HOWE, TX 75459	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCGOWAN, JODY <hr/> Contributor address; City; State; Zip Code DENISON, TX 75020	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) OCCUPATIONAL THERAPIST		Employer (See Instructions) TEXOMA MEDICAL CENTER
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MYGRANT, STEVE <hr/> Contributor address; City; State; Zip Code SHERMAN, TX 75092	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) PROPERTY MANAGER		Employer (See Instructions) SELF
Date 12/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PATTERSON, DENNIS <hr/> Contributor address; City; State; Zip Code DENISON, TX 75020	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/11 Rpt: 10/25
2 FILER NAME Grayson County Republican Party (CEC)		3 Filer ID (Ethics Commission Filers) 00035364
4 Date 10/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PETERSON, JAMES <hr/> 6 Contributor address; City; State; Zip Code DENISON, TX 75020	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 12/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RICHARDS, DIANA <hr/> Contributor address; City; State; Zip Code SHERMAN, TX 75092	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) HOMEMAKER		Employer (See Instructions) N/A
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RICHARDS, DIANA <hr/> Contributor address; City; State; Zip Code SHERMAN, TX 75092	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) HOMEMAKER		Employer (See Instructions) N/A
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RICHARDSON, RENATA <hr/> Contributor address; City; State; Zip Code DENISON, TX 75020	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SANFORD, JEFF <hr/> Contributor address; City; State; Zip Code HOWE, TX 75459	Amount of Contribution (\$) \$52.05
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/11 Rpt: 11/25
2 FILER NAME Grayson County Republican Party (CEC)		3 Filer ID (Ethics Commission Filers) 00035364
4 Date 11/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SHAW, MIKE <hr/> 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) RETIRED
Date 12/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SHAW, MIKE <hr/> Contributor address; City; State; Zip Code DENISON, TX 75020	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SHERMAN, RACHEL <hr/> Contributor address; City; State; Zip Code SHERMAN, TX 75090	Amount of Contribution (\$) \$41.64
Principal occupation / Job title (See Instructions) INSURANCE BROKER BUSINESS OWNER		Employer (See Instructions) ASPECT INSURANCE SERVICES
Date 12/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SHERMAN, RACHEL <hr/> Contributor address; City; State; Zip Code SHERMAN, TX 75090	Amount of Contribution (\$) \$41.64
Principal occupation / Job title (See Instructions) INSURANCE BROKER BUSINESS OWNER		Employer (See Instructions) ASPECT INSURANCE SERVICES
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SMITH, DELAINA <hr/> Contributor address; City; State; Zip Code SHERMAN, TX 75092	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) TMC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/11 Rpt: 12/25
2 FILER NAME Grayson County Republican Party (CEC)		3 Filer ID (Ethics Commission Filers) 00035364
4 Date 12/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STEVENS, WILLIAM <hr/> 6 Contributor address; City; State; Zip Code GUNTER, TX 75058	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) ATTORNEY		9 Employer (See Instructions) SELF
Date 11/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STEVENS, WILLIAM <hr/> Contributor address; City; State; Zip Code GUNTER, TX 75058	Amount of Contribution (\$) \$26.03
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) SELF
Date 11/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STUMBERG, KIRK <hr/> Contributor address; City; State; Zip Code POTTSBORO, TX 75076	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SWANSON, GERALD <hr/> Contributor address; City; State; Zip Code POTTSBORO, TX 75076	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) SELF
Date 12/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEUBER, KAAREN <hr/> Contributor address; City; State; Zip Code VAN ALSTYNE, TX 75495	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/11 Rpt: 13/25
2 FILER NAME Grayson County Republican Party (CEC)		3 Filer ID (Ethics Commission Filers) 00035364
4 Date 12/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THOMAS, DAN	7 Amount of Contribution (\$) \$40.00
6 Contributor address; City; State; Zip Code SHERMAN, TX 75092		
8 Principal occupation / Job title (See Instructions) FINANCIAL		9 Employer (See Instructions) N/A
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TORRES, PETE	Amount of Contribution (\$) \$45.00
Contributor address; City; State; Zip Code SHERMAN, TX 75092		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TOWERS, BOB	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code SHERMAN, TX 75092		
Principal occupation / Job title (See Instructions) CLIENT SERVICE REP.		Employer (See Instructions) COMSPEC, INC.
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TOWERS, BOB (Mr.)	Amount of Contribution (\$) \$80.00
Contributor address; City; State; Zip Code SHERMAN, TX 75092		
Principal occupation / Job title (See Instructions) CLIENT SERVICE REP.		Employer (See Instructions) COMSPEC, INC.
Date 11/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TOWERS, ROBERT	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code SHERMAN, TX 75092		
Principal occupation / Job title (See Instructions) PATIENT ADVOCATE		Employer (See Instructions) COMPSPEC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/11 Rpt: 14/25
2 FILER NAME Grayson County Republican Party (CEC)		3 Filer ID (Ethics Commission Filers) 00035364
4 Date 12/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TOWERS, ROBERT	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code SHERMAN, TX 75092		
8 Principal occupation / Job title (See Instructions) PATIENT ADVOCATE		9 Employer (See Instructions) COMPSPEC
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VAN DER GIESSEN, WILLIAM	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code SHERMAN, TX 75090		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WHITSON, SANDY	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code SHERMAN, TX 75092		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WOOD, JOSEPH	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code POTTSBORO, TX 75876		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WYLIE, ANNA	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code DENISON, TX 75021		
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: 1/11 Rpt: 15/25	2 FILER NAME Grayson County Republican Party (CEC)	3 Filer ID (Ethics Commission Filers) 00035364
4 Date 11/12/2024	5 Payee name ATMOS ENERGY	
6 Amount (\$) \$94.85	7 Payee address; City; State; Zip Code 5111 N BLUE FLAME RD SHERMAN, TX 75090	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense HQ EXPENSES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/04/2024	Payee name ATMOS ENERGY	
Amount (\$) \$96.03	Payee address; City; State; Zip Code 5111 N BLUE FLAME RD SHERMAN, TX 75090	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense HQ EXPENSES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/26/2024	Payee name CITY OF SHERMAN	
Amount (\$) \$47.51	Payee address; City; State; Zip Code PO BOX 1106 SHERMAN, TX 75091	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense HQ EXPENSES
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: 2/11 Rpt: 16/25	2 FILER NAME Grayson County Republican Party (CEC)	3 Filer ID (Ethics Commission Filers) 00035364
4	Date 12/17/2024	5 Payee name CITY OF SHERMAN	
6	Amount (\$) \$51.06	7 Payee address; City; State; Zip Code PO BOX 1106 SHERMAN, TX 75091	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense HQ EXPENSES
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
	Date 12/18/2024	Payee name CITY OF SHERMAN	
	Amount (\$) \$1.25	Payee address; City; State; Zip Code PO BOX 1106 SHERMAN, TX 75091	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense HQ EXPENSES
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
	Date 12/09/2024	Payee name DOLLAR GENERAL	
	Amount (\$) \$9.17	Payee address; City; State; Zip Code 100 MISSION RIDGE GOODLETTSVILLE, TN 37072	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense HQ EXPENSES
	Complete <u>ONLY</u> 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: 3/11 Rpt: 17/25	2 FILER NAME Grayson County Republican Party (CEC)	3 Filer ID (Ethics Commission Filers) 00035364
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4 Date 11/01/2024	5 Payee name FACEBOOK
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6 Amount (\$) \$18.38	7 Payee address; City; State; Zip Code 1 HACKER WAY MENLO PARK, CA 94025
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense HQ EXPENSES
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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 12/20/2024	Payee name GRAYSON COUNTY REPUBLICAN WOMEN
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Amount (\$) \$500.00	Payee address; City; State; Zip Code 626 ROYAL RIDGE DR. DENISON, TX 75020
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DONATION TO COVER US CONSTITUTION COPIES.
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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 10/29/2024	Payee name GUMROAD, INC.
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Amount (\$) \$16.08	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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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: 4/11 Rpt: 18/25	2 FILER NAME Grayson County Republican Party (CEC)	3 Filer ID (Ethics Commission Filers) 00035364
4	Date 11/25/2024	5 Payee name HTTPSKIT	
6	Amount (\$) \$52.14	7 Payee address; City; State; Zip Code 750 WEST BANNOCK STREET #761 BOISE, ID 83701	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense HQ EXPENSES
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
	Date 12/24/2024	Payee name HTTPSKIT	
	Amount (\$) \$52.14	Payee address; City; State; Zip Code 750 WEST BANNOCK STREET #761 BOISE, ID 83701	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense HQ EXPENSES
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
	Date 11/01/2024	Payee name LOS HERMANOS PARTNERSHIP LLC	
	Amount (\$) \$2,180.25	Payee address; City; State; Zip Code 427 N RUSK, SUITE B SHERMAN, TX 75090	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense HQ EXPENSES
	Complete <u>ONLY</u> 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: 5/11 Rpt: 19/25	2 FILER NAME Grayson County Republican Party (CEC)	3 Filer ID (Ethics Commission Filers) 00035364
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4 Date 12/01/2024	5 Payee name LOS HERMANOS PARTNERSHIP LLC
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6 Amount (\$) \$2,180.25	7 Payee address; City; State; Zip Code 427 N RUSK, SUITE B SHERMAN, TX 75090
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense HQ EXPENSES
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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 11/26/2024	Payee name MCCOY, ROBIN
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Amount (\$) \$353.20	Payee address; City; State; Zip Code 746 OLD HWY 6 HOWE, TX 75459
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EVENT EXPENSE
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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 11/12/2024	Payee name PAYMENTUS CORPORATION
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Amount (\$) \$2.70	Payee address; City; State; Zip Code 11605 NORTH COMMUNITY HOUSE ROAD STE 300 CHARLOTTE, NC 28277
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense HQ EXPENSES
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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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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: 6/11 Rpt: 20/25	2 FILER NAME Grayson County Republican Party (CEC)	3 Filer ID (Ethics Commission Filers) 00035364
4 Date 12/09/2024	5 Payee name SAMS CLUB	
6 Amount (\$) \$54.64	7 Payee address; City; State; Zip Code 3333 N HWY 75 SHERMAN, TX 75090	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense HQ EXPENSES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/12/2024	Payee name SUMMER ENERGY	
Amount (\$) \$79.51	Payee address; City; State; Zip Code PO BOX 460485 HOUSTON, TX 77056	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense HQ EXPENSES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/16/2024	Payee name SUMMER ENERGY	
Amount (\$) \$49.61	Payee address; City; State; Zip Code PO BOX 460485 HOUSTON, TX 77056	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense HQ EXPENSES
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: 7/11 Rpt: 21/25	2 FILER NAME Grayson County Republican Party (CEC)	3 Filer ID (Ethics Commission Filers) 00035364
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4 Date 12/17/2024	5 Payee name SUMMER ENERGY
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6 Amount (\$) \$53.60	7 Payee address; City; State; Zip Code PO BOX 460485 HOUSTON, TX 77056
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense HQ EXPENSES
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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 11/21/2024	Payee name TOWERS, BOB
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Amount (\$) \$183.74	Payee address; City; State; Zip Code 1713 W. WASHINGTON STREET SHERMAN, TX 75092
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EVENT EXPENSE
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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 10/28/2024	Payee name WINRED
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Amount (\$) \$9.85	Payee address; City; State; Zip Code 1776 WILSON BLVS STE 350 ARLINGTON, VA 22209
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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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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: 8/11 Rpt: 22/25	2 FILER NAME Grayson County Republican Party (CEC)	3 Filer ID (Ethics Commission Filers) 00035364
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4 Date 10/29/2024	5 Payee name WINRED
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6 Amount (\$) \$1.03	7 Payee address; City; State; Zip Code 1776 WILSON BLVS STE 350 ARLINGTON, VA 22209
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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 11/04/2024	Payee name WINRED
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Amount (\$) \$1.03	Payee address; City; State; Zip Code 1776 WILSON BLVS STE 350 ARLINGTON, VA 22209
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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 11/05/2024	Payee name WINRED
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Amount (\$) \$2.05	Payee address; City; State; Zip Code 1776 WILSON BLVS STE 350 ARLINGTON, VA 22209
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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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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: 9/11 Rpt: 23/25	2 FILER NAME Grayson County Republican Party (CEC)	3 Filer ID (Ethics Commission Filers) 00035364
4 Date 11/12/2024	5 Payee name WINRED	
6 Amount (\$) \$1.03	7 Payee address; City; State; Zip Code 1776 WILSON BLVS STE 350 ARLINGTON, VA 22209	
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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/13/2024	Payee name WINRED	
Amount (\$) \$1.98	Payee address; City; State; Zip Code 1776 WILSON BLVS STE 350 ARLINGTON, VA 22209	
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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/14/2024	Payee name WINRED	
Amount (\$) \$1.03	Payee address; City; State; Zip Code 1776 WILSON BLVS STE 350 ARLINGTON, VA 22209	
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 <u>ONLY</u> 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: 10/11 Rpt: 24/25	2 FILER NAME Grayson County Republican Party (CEC)	3 Filer ID (Ethics Commission Filers) 00035364
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4 Date 11/19/2024	5 Payee name WINRED
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6 Amount (\$) \$4.60	7 Payee address; City; State; Zip Code 1776 WILSON BLVS STE 350 ARLINGTON, VA 22209
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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 11/27/2024	Payee name WINRED
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Amount (\$) \$7.88	Payee address; City; State; Zip Code 1776 WILSON BLVS STE 350 ARLINGTON, VA 22209
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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 12/11/2024	Payee name WINRED
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Amount (\$) \$0.99	Payee address; City; State; Zip Code 1776 WILSON BLVS STE 350 ARLINGTON, VA 22209
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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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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 F1: Sch: 11/11 Rpt: 25/25	2 FILER NAME Grayson County Republican Party (CEC)	3 Filer ID (Ethics Commission Filers) 00035364
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4 Date 12/18/2024	5 Payee name WINRED
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6 Amount (\$) \$4.60	7 Payee address; City; State; Zip Code 1776 WILSON BLVS STE 350 ARLINGTON, VA 22209
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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 12/26/2024	Payee name WINRED
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Amount (\$) \$7.88	Payee address; City; State; Zip Code 1776 WILSON BLVS STE 350 ARLINGTON, VA 22209
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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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