#### 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. 98 00035364 3 COMMITTEE NAME **OFFICE USE ONLY** Grayson County Republican Party (CEC) Date Received **ELECTRONICALLY FILED** 07/14/2025 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** P.O. Box 3122 Date Hand-delivered or Date Postmarked Sherman, TX 75091 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Shawn D. NAME NICKNAME LAST **SUFFIX** Nesmith STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 701 Mohawk Drive STREET **ADDRESS** (Residence or Business) Tioga, TX 76271 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 701 Mohawk Drive MAILING **ADDRESS** Tioga, TX 76271 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (972) 251-3058 PHONE REPORT January 15 30th day before election Final Report **TYPE** 10th day after campaign treasurer 8th day before election termination July 15 Х Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 01/01/2025 06/30/2025 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Runoff Other Primary 11/04/2025 χ General Special

## COUNTY EXECUTIVE COMMITTEE REPORT: PURPOSE & TOTALS

## FORM CEC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Grayson County Repub	lican Party (CEC)		0003536	4
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Republican		
(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	ED 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)	\$	37,122.97
EXPENDITURE TOTALS	3. TOTAL UNITEMIZ	ED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITION	CAL EXPENDITURES	\$	32,909.48
CONTRIBUTION BALANCE	5. TOTAL POLITICA OF THE REPORT	L CONTRIBUTIONS MAINTAINED AS OF THE LAST ING PERIOD	DAY \$	91,139.22
OUTSTANDING LOAN TOTALS		AL AMOUNT OF ALL OUTSTANDING LOANS AS OF T E REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	•		•	
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.		
		Shawn D	). Nesmith	
		Signature of Ca	mpaign Treas	surer
AFFIX NOTARY	STAMP / SEAL ABOV	E		
Sworn to and subscribed	before me, by the said	, tl	nis the	day
		fy which, witness my hand and seal of office.		
Signature of officer add	ministering oath	Printed name of officer administering oath	Title of off	ficer administering oath

# SUBTOTALS - CEC FORM CEC COVER SHEET PG 3 3 of 98 7 COMMITTEE NAME 18 Filer ID (Ethics Commission Filers)

				3 01 98	
<b>17</b> CON	MITTE	EE NAME	18 Filer ID	(Ethi	cs Commission Filers)
Gra	yson (	County Republican Party (CEC)	00035364		
		SUBTOTALS			SUBTOTAL AMOUNT
NAM	1E OF				
1.	X	\$	37,122.97		
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$	32,909.48
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		\$			
9.		\$			
10.		\$			
				_	

	MONET	ARY POLITICAL CONTRIBU		SCHEDUL	E <b>A1</b>		
	The Instruc	ction Guide explains how to complete th	his for	m.	1	Total pages Schedule A1: Sch: 1/30 Rpt: 4/98	
2	FILER NAME Grayson Cou	unty Republican Party (CEC)			3	Filer ID (Ethics Commission 00035364	n Filers)
4	Date 01/20/2025	<ul> <li>Full name of contributor</li></ul>	(ID#:	)	7	Amount of Contribution (\$)	\$400.00
8	Principal occu	COLLINSVILLE, TX 76233 pation / Job title (See Instructions)	9	Employer (See Instructions	  -  s)		
	Date 03/03/2025	Full name of contributor out-of-state PAC ALEXANDER, MARY  Contributor address; City; State; Zip Code  COLLINSVILLE, TX 76233		RETIRED )		Amount of Contribution (\$)	\$250.00
	Principal occu RETIRED	pation / Job title (See Instructions)		Employer (See Instructions	<u>I</u> 5)		
	Date 02/27/2025	Full name of contributor out-of-state PAC ALEXANDER, ROB Contributor address; City; State; Zip Code	(ID#:	)		Amount of Contribution (\$)	\$310.00
	Principal occu	SHERMAN, TX 75092 pation / Job title (See Instructions)		Employer (See Instructions ASSA ALBOY	<u> </u> 5)		
	Date 02/24/2025	Full name of contributor out-of-state PAC ANDERSON, ERIN  Contributor address; City; State; Zip Code  DALLAS, TX 75252		)		Amount of Contribution (\$)	\$60.00
	Principal occu JOURNALIS	pation / Job title (See Instructions)		Employer (See Instructions TEXAS SCORECARD	<u>l</u> 5)		
	Date 02/21/2025	Full name of contributor out-of-state PAC ARTHUR, ART  Contributor address; City; State; Zip Code  DENISON, TX 75021		)		Amount of Contribution (\$)	\$250.00
	Principal occu COMMISSIC	pation / Job title (See Instructions) NNER PCT 2		Employer (See Instructions GRAYSON COUNTY	s)		
			•				

	MONET	ARY POLITICAL CO		SCHEDUL	.E <b>A1</b>		
	The Instru	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 2/30 Rpt: 5/98	
2	FILER NAME	. 5 . 15 . 5 . (050)			3	Filer ID (Ethics Commission	n Filers)
	Grayson Col	unty Republican Party (CEC)				00035364	
4	Date 02/21/2025	5 Full name of contributor ASHMORE, KELLY 6 Contributor address; City; State;	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$250.00
		SHERMAN, TX 75092					
8	Principal occu DISTRICT C	pation / Job title (See Instructions) LERK		Employer (See Instructions GRAYSON COUNTY	5)		
	Date 03/20/2025	Full name of contributor  Arthur, Art  Contributor address; City; State;	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$200.00
		Denison, TX 75021					
	Principal occu Commission	pation / Job title (See Instructions) er		Employer (See Instructions Grayson County	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:	`	Π	Amount of Contribution (\$)	
	02/24/2025	BAKER, MARC  Contributor address; City; State;				( )	\$250.00
		PLANO, TX 75023					
	Principal occu OWNER	pation / Job title (See Instructions)		Employer (See Instructions ASCENT ROOFING & F		STORTION	
	Date 03/04/2025	Full name of contributor  BAKER, MARC  Contributor address; City; State;		)		Amount of Contribution (\$)	\$115.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	.) 		
	OWNER	pation / 300 title (See Instituctions)		ASCENT ROOFING & F		STORTION	
	Date 02/24/2025	Full name of contributor  BARBER, HARRY	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$60.00
		Contributor address; City; State;  DENISON, TX 75020	Zip Code				
	Principal occu	pation / Job title (See Instructions)	İ	Employer (See Instructions	<u> </u>		
	INSTRUCTO	' '		COLLEGE	,		

	MONET	ARY POLITICAL CONT		SCHEDUI	E A1		
	The Instruc	ction Guide explains how to con	nplete this form	1.	1	Total pages Schedule A1: Sch: 3/30 Rpt: 6/98	
2	FILER NAME Grayson Cou	unty Republican Party (CEC)			3	Filer ID (Ethics Commission 00035364	on Filers)
4	Date 01/09/2025	BARNETT, THOMAS (CLAY)	f-state PAC (ID#:		7	Amount of Contribution (\$)	\$250.00
8	Principal occu	SHERMAN, TX 75092 pation / Job title (See Instructions)	اوا	Employer (See Instructions	<u> </u>		
0	VP	pation / Job title (See Instructions)		HUITT-ZOLLARS	)		
	Date 02/21/2025	Full name of contributor out-of BELDEN, MICAH Contributor address; City; State; Zip C	f-state PAC (ID#:	)		Amount of Contribution (\$)	\$100.00
	Deire sin al access	HOWE, TX 75459		Formula and (Const. Instrumentia)			
	ATTORNEY	pation / Job title (See Instructions)		Employer (See Instructions MICAH BELDEN, PC	)		
	Date 02/10/2025	Full name of contributor out-of BELL, RONNIE S. Contributor address; City; State; Zip C	f-state PAC (ID#: Code	)		Amount of Contribution (\$)	\$3,000.00
	Principal occu	MCKINNEY, TX 75070 pation / Job title (See Instructions)		Employer (See Instructions			
	PRESIDENT			SFS, LLC	,		
	Date 03/26/2025	BENNIE, WILLIAM	f-state PAC (ID#:			Amount of Contribution (\$)	\$500.00
	Principal occu SHERRIFF	pation / Job title (See Instructions)		Employer (See Instructions GRAYSON COUNTY	)		
	Date 02/20/2025	Full name of contributor out-of DETHEL, ROBIN  Contributor address; City; State; Zip C	f-state PAC (ID#:	)		Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions) E AGENT		Employer (See Instructions STATE FARM	)		

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1				
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 4/30 Rpt: 7/98	
2	FILER NAME Grayson Cou	ınty Republican Party (CEC)			3	Filer ID (Ethics Commission 00035364	n Filers)
4	Date 02/24/2025	<ul> <li>Full name of contributor  out-of-state PAC (ID# BRENNAN, JOHN</li> <li>Contributor address; City; State; Zip Code</li> </ul>			7	Amount of Contribution (\$)	\$120.00
8	Principal occu	SHERMAN, TX 75092 pation / Job title (See Instructions)	9	Employer (See Instructions	 		
	RETIRED	,		RETIRED	•		
	Date 03/20/2025	Full name of contributor			•	Amount of Contribution (\$)	\$500.00
		DENISON, TX 75021					
	Principal occu OWNER	pation / Job title (See Instructions)		Employer (See Instructions SELF	5)		
	Date 02/20/2025	Full name of contributor out-of-state PAC (ID# BRONSTAD, JANE  Contributor address; City; State; Zip Code	:			Amount of Contribution (\$)	\$500.00
	5	SHERMAN, TX 75092			<u></u>		
	RETIRED	pation / Job title (See Instructions)		Employer (See Instructions RETIRED	5)		
	Date 03/20/2025	Full name of contributor out-of-state PAC (ID#BROOKS, BRITTON  Contributor address; City; State; Zip Code  SHERMAN, TX 75090		)		Amount of Contribution (\$)	\$230.00
	Principal occu ATTORNEY	oation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 03/20/2025	Full name of contributor out-of-state PAC (ID# Bell, Steve  Contributor address; City; State; Zip Code  MCKINNEY, TX 75070			•	Amount of Contribution (\$)	\$260.00
	Principal occu Owner	oation / Job title (See Instructions)		Employer (See Instructions Self	5)		
			•				

	MONET	ARY POLITICAL CO	S		SCHEDUL	E A1	
	The Instruc	ction Guide explains how to	o complete this forn	1.	1	Total pages Schedule A1: Sch: 5/30 Rpt: 8/98	
2	FILER NAME Grayson Cou	unty Republican Party (CEC)			3	Filer ID (Ethics Commission 00035364	on Filers)
4	Date 02/27/2025	<ul><li>5 Full name of contributor CHRISTMAN, TOM</li><li>6 Contributor address; City; State</li></ul>	out-of-state PAC (ID#: e; Zip Code		7	Amount of Contribution (\$)	\$3,000.00
8	Principal occu	SHERMAN, TX 75021 pation / Job title (See Instructions)	lo.	Employer (See Instructions			
0	RETIRED	pation / Job title (See Instructions)		RETIRED	,		
	Date 02/24/2025	Full name of contributor  CLAYTON, ART  Contributor address; City; State	out-of-state PAC (ID#: e; Zip Code			Amount of Contribution (\$)	\$200.00
	Dringing aggr	SHERMAN, TX 75090		Employer (See Instructions			
	ATTORNEY	pation / Job title (See Instructions)		GRAYSON CO DISTRIC		ATTORNEY	
	Date 03/03/2025	Full name of contributor  CLAYTON, ART  Contributor address; City; State	out-of-state PAC (ID#:; z; Zip Code			Amount of Contribution (\$)	\$225.00
	Dringing age	SHERMAN, TX 75090		Employer (See Instructions			
	ATTORNEY	pation / Job title (See Instructions)		Employer (See Instructions SELF	,		
	Date 01/24/2025	Full name of contributor  COLE, BENJAMIN  Contributor address; City; State  SHERMAN, TX 75092		)		Amount of Contribution (\$)	\$100.00
	Principal occu SELF-EMPL	pation / Job title (See Instructions) OYED		Employer (See Instructions LONGVIEW STRATEGI		LLC	
	Date 02/27/2025	Full name of contributor  COLE, JR  Contributor address; City; State  SHERMAN, TX 75090	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$60.00
	Principal occu N/A	pation / Job title (See Instructions)		Employer (See Instructions N/A	)		
			<u>'</u>				

	MONET	NETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1			
	The Instru	ction Guide explains hov	to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 6/30 Rpt: 9/98			
2	FILER NAME Grayson Cou	unty Republican Party (CEC)				3	Filer ID (Ethics Commission 00035364	n Filers)		
4	Date 02/27/2025	<ul><li>5 Full name of contributor COOPER, STEVEN</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:_ tate; Zip Code		)	7	Amount of Contribution (\$)	\$100.00		
_	Deignigal	DENISON, TX 75020		•	Family or (Con Joseph Latings					
8	N/A	pation / Job title (See Instructions	5)	9	Employer (See Instructions N/A	5)				
	Date 02/14/2025	Full name of contributor COX, JEREMY  Contributor address; City; S			)		Amount of Contribution (\$)	\$250.00		
		SHERMAN, TX 75092	,			Ĺ				
	Principal occu LAW ENFOR	pation / Job title (See Instructions RCEMENT	5)		Employer (See Instructions GRAYSON COUNTY	5)				
	Date 03/20/2025	Full name of contributor CRABTREE, MARY Contributor address; City; S	out-of-state PAC (ID#:_		)		Amount of Contribution (\$)	\$500.00		
		DENISON, TX 75020								
	Principal occu OWNER	pation / Job title (See Instructions	5)		Employer (See Instructions SELF	s)				
	Date 03/20/2025	Full name of contributor CRABTREE, MARY Contributor address; City; S DENISON, TX 75020			)		Amount of Contribution (\$)	\$160.00		
	Principal occu OWNER	pation / Job title (See Instructions	5)		Employer (See Instructions	5)				
	Date 03/20/2025	Full name of contributor CRABTREE, MARY Contributor address; City; S DENISON, TX 75020	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$210.00		
	Principal occu OWNER	pation / Job title (See Instructions	5)		Employer (See Instructions	s)				

	MONET	ARY POLITICAL C	SCHEDULE A1				
	The Instru	ction Guide explains how	to complete this for	n.	1	Total pages Schedule A1: Sch: 7/30 Rpt: 10/98	
2	FILER NAME Grayson Cou	unty Republican Party (CEC)			3	Filer ID (Ethics Commission 00035364	n Filers)
4	Date 01/08/2025	<ul><li>5 Full name of contributor CRAWLEY, ROBERT</li><li>6 Contributor address; City; States</li></ul>	out-of-state PAC (ID#: ate; Zip Code		7	Amount of Contribution (\$)	\$250.00
8	Principal occu	DENISON, TX 75021 pation / Job title (See Instructions	) 9	Employer (See Instructions	 		
	MAYOR		,	CITY OF DENISON	,		
	Date 02/21/2025	Full name of contributor CURTIS, MARIE Contributor address; City; St		)		Amount of Contribution (\$)	\$60.00
		HOWE, TX 75459					
	Principal occu PROPERTY	pation / Job title (See Instructions MANAGER	)	Employer (See Instructions SELF	5)		
	Date 02/07/2025	Full name of contributor DAWSEY, BRUCE Contributor address; City; St.		)		Amount of Contribution (\$)	\$250.00
	Principal occu	VAN ALSTYNE, TX 75495 pation / Job title (See Instructions		Employer (See Instructions	:) 		
	COUNTY JU	,	,	GRAYSON COUNTY	,		
	Date 01/13/2025	Full name of contributor DICKERSON, LISA Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code	)		Amount of Contribution (\$)	\$120.00
	Dringing Loggy	SHERMAN, TX 75090 pation / Job title (See Instructions	\ \ \ \ \	Employer (Coo Instructions	<u></u>		
	BUSINESS (	•	)	Employer (See Instructions SELF	•)		
	Date 01/28/2025	Full name of contributor DUNN, RICK  Contributor address; City; St.  SHERMAN, TX 75092	out-of-state PAC (ID#:ate; Zip Code	)		Amount of Contribution (\$)	\$200.00
	•	pation / Job title (See Instructions	, and the second	Employer (See Instructions	5)		
	JUDGE OF (	COUNTY COURT AT LAW #2	·	GRAYSON COUNTY			

Contributor address; City; State; Zip Code  VAN ALSTYNE, TX 75495  Principal occupation / Job title (See Instructions) JUDGE  Date  O2/11/2025  GARY, BRIAN  Contributor address; City; State; Zip Code  SHERMAN, TX 75092  Principal occupation / Job title (See Instructions) 397TH DISTRICT JUDGE  Date  O3/20/2025  GASKILL, SUSAN  Contributor address; City; State; Zip Code  Employer (See Instructions) STATE OF TEXAS  Amount of Contribution (\$)  \$165.00  Contributor address; City; State; Zip Code  SAVOY, TX 75479  Principal occupation / Job title (See Instructions) SAVOY, TX 75479  Principal occupation / Job title (See Instructions) RETIRED  Date  Full name of contributor out-of-state PAC (ID#:  SAVOY, TX 75479  Principal occupation / Job title (See Instructions) RETIRED  Amount of Contribution (\$)  Amount of Contribution (\$)		MONET	ARY POLITICAL CONTRIBUTION		SCHEDUL	SCHEDULE A1		
Grayson County Republican Party (CEC)  4 Date   5 Full name of contributor		The Instru	ction Guide explains how to complete this fo	orı	m.	1		
4 Date   S Full name of contributor	2		unty Depublican Darty (CEC)			3		n Filers)
SHERMAN, TX 75092  Principal occupation / Job title (See Instructions)  Date  Full name of contributor	_	-				Ļ		
8 Principal occupation / Job title (See Instructions) RETIRED  Date   Full name of contributor   out-of-state PAC (ID#   Out-o	4				)	'	Amount of Contribution (\$)	ቀንደብ ብር
SHERMAN, TX 75092  8  Principal occupation / Job title (See Instructions) RETIRED  Date Full name of contributor out-of-state PAC (ID# SAYON, COntribution (S) Sate: Zip Code  VAN ALSTYNE, TX 75495  Principal occupation / Job title (See Instructions) JUDGE  Date Full name of contributor out-of-state PAC (ID# SAYON COUNTY)  Date GARY, BRIAN Contributor address; City; State: Zip Code  Principal occupation / Job title (See Instructions) JUDGE  Date Full name of contributor out-of-state PAC (ID# STATE OF TEXAS  Principal occupation / Job title (See Instructions) STATE OF TEXAS  Date Full name of contributor out-of-state PAC (ID# STATE OF TEXAS  Date GASKILL, SUSAN Contributor address; City; State: Zip Code  SAVOY, TX 75479  Principal occupation / Job title (See Instructions) RETIRED  Date GEIGER, DEBORAH Contributor address; City; State: Zip Code  SAVOY, TX 75479  Principal occupation / Job title (See Instructions) RETIRED  Date GEIGER, DEBORAH Contributor address; City; State: Zip Code  SHERMAN, TX 75092  Principal occupation / Job title (See Instructions) RETIRED  Employer (See Instructions) RETIRED  Amount of Contribution (S) \$40.00  \$40.00		01/21/2025						\$250.00
RETIRED  Date    Full name of contributor   out-of-state PAC (ID#   Contributors)   Sections   Contributor   Out-of-state PAC (ID#   Contributors)   Sections   Secti			Contributor address, City, State, Zip Code					
RETIRED    Date   Full name of contributor   out-of-state PAC (ID#:			SHERMAN, TX 75092					
Date   Full name of contributor   out-of-state PAC (ID#	8	Principal occu	ipation / Job title (See Instructions)	9	Employer (See Instructions	5)		
O2/23/2025 FOX, CHRISTINA \$100.00  Contributor address; City; State; Zip Code  VAN ALSTYNE, TX 75495  Principal occupation / Job title (See Instructions) JUDGE  Date   Full name of contributor   out-of-state PAC (ID#;		RETIRED			RETIRED			
Contributor address; City; State; Zip Code  VAN ALSTYNE, TX 75495  Principal occupation / Job title (See Instructions) JUDGE  Date  GARY, BRIAN  Contributor address; City; State; Zip Code  SHERMAN, TX 75092  Principal occupation / Job title (See Instructions) 397TH DISTRICT JUDGE  Date  GASKILL, SUSAN  Contributor address; City; State; Zip Code  SHOULD Amount of Contribution (\$)  STATE OF TEXAS  Amount of Contribution (\$)  \$165.00  Contributor address; City; State; Zip Code  SAVOY, TX 75479  Principal occupation / Job title (See Instructions) RETIRED  Date  Full name of contributor  GASKILL, SUSAN  Principal occupation / Job title (See Instructions) RETIRED  Pate  Full name of contributor  GEIGER, DEBORAH  Contributor address; City; State; Zip Code  SHERMAN, TX 75092  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  RETIRED  Amount of Contribution (\$)  \$40.00  SHERMAN, TX 75092  Principal occupation / Job title (See Instructions)  Employer (See Instructions)		Date	Full name of contributor		)		Amount of Contribution (\$)	
Contributor address; City; State; Zip Code  VAN ALSTYNE, TX 75495  Principal occupation / Job title (See Instructions) JUDGE  Date  O2/11/2025  GARY, BRIAN  Contributor address; City; State; Zip Code  SHERMAN, TX 75092  Principal occupation / Job title (See Instructions) 397TH DISTRICT JUDGE  Date  O3/20/2025  GASKILL, SUSAN  Contributor address; City; State; Zip Code  Principal occupation / Job title (See Instructions) STATE OF TEXAS  Principal occupation / Job title (See Instructions) RETIRED  Date  O3/26/2025  GASKILL (See Instructions) RETIRED  Principal occupation / Job title (See Instructions) RETIRED  Principal occupation / Job title (See Instructions) RETIRED  Employer (See Instructions) RETIRED  Amount of Contribution (\$) S40.00 S40.00 S40.00 SHERMAN, TX 75092  Principal occupation / Job title (See Instructions) RETIRED  Employer (See Instructions) RETIRED  Amount of Contribution (\$) S40.00 SHERMAN, TX 75092  Principal occupation / Job title (See Instructions) RETIRED  Employer (See Instructions) RETIRED  Employer (See Instructions) SHERMAN, TX 75092  Principal occupation / Job title (See Instructions)		02/23/2025	FOX, CHRISTINA					\$100.00
VAN ALSTYNE, TX 75495  Principal occupation / Job title (See Instructions) JUDGE  Date O2/11/2025 GARY, BRIAN Contributor address; City; State; Zip Code  SHERMAN, TX 75092  Principal occupation / Job title (See Instructions) 397TH DISTRICT JUDGE  Date O3/20/2025 GASKILL, SUSAN Contributor address; City; State; Zip Code  SHOULD GASKILL, SUSAN Contributor address; City; State; Zip Code  SAVOY, TX 75479  Principal occupation / Job title (See Instructions) RETIRED  Date SAVOY, TX 75479  Principal occupation / Job title (See Instructions) RETIRED  Date SAVOY, TX 75479  Principal occupation / Job title (See Instructions) RETIRED  Date SHI name of contributor O3/26/2025 GEIGER, DEBORAH Contributor address; City; State; Zip Code  SHERMAN, TX 75092  Principal occupation / Job title (See Instructions) RETIRED  Date SHI name of contributor O3/26/2025 GEIGER, DEBORAH Contributor address; City; State; Zip Code SHERMAN, TX 75092  Principal occupation / Job title (See Instructions) SHERMAN, TX 75092  Principal occupation / Job title (See Instructions) SHERMAN, TX 75092  Principal occupation / Job title (See Instructions)								
Principal occupation / Job title (See Instructions) JUDGE  Date O2/11/2025 GARY, BRIAN Contributor address; City; State; Zip Code  Principal occupation / Job title (See Instructions) STATE OF TEXAS  Date O3/20/2025 GASKILL, SUSAN Contributor address; City; State; Zip Code  Principal occupation / Job title (See Instructions) STATE OF TEXAS  Date O3/20/2025 GASKILL, SUSAN Contributor address; City; State; Zip Code  Principal occupation / Job title (See Instructions) STATE OF TEXAS  Date O3/20/2025 GASKILL, SUSAN Contributor address; City; State; Zip Code  SAVOY, TX 75479  Principal occupation / Job title (See Instructions) RETIRED  Date O3/26/2025 GEIGER, DEBORAH Contributor address; City; State; Zip Code  SHERMAN, TX 75092  Principal occupation / Job title (See Instructions) Employer (See Instructions) RETIRED  Amount of Contribution (\$) \$40.00 SHERMAN, TX 75092  Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions)								
Principal occupation / Job title (See Instructions) JUDGE  Date O2/11/2025 GARY, BRIAN Contributor address; City; State; Zip Code  Principal occupation / Job title (See Instructions) STATE OF TEXAS  Date O3/20/2025 GASKILL, SUSAN Contributor address; City; State; Zip Code  Principal occupation / Job title (See Instructions) STATE OF TEXAS  Date O3/20/2025 GASKILL, SUSAN Contributor address; City; State; Zip Code  Principal occupation / Job title (See Instructions) STATE OF TEXAS  Date O3/20/2025 GASKILL, SUSAN Contributor address; City; State; Zip Code  SAVOY, TX 75479  Principal occupation / Job title (See Instructions) RETIRED  Date O3/26/2025 GEIGER, DEBORAH Contributor address; City; State; Zip Code  SHERMAN, TX 75092  Principal occupation / Job title (See Instructions) Employer (See Instructions) RETIRED  Amount of Contribution (\$) \$40.00 SHERMAN, TX 75092  Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions)			VAN ALSTYNE TX 75495					
Date   Full name of contributor   out-of-state PAC (ID#:		Principal occu	<u> </u>	Г	Employer (See Instructions	;) [		
O2/11/2025 GARY, BRIAN \$250.00  Contributor address; City; State; Zip Code  SHERMAN, TX 75092  Principal occupation / Job title (See Instructions) 397TH DISTRICT JUDGE  Date 03/20/2025 GASKILL, SUSAN Contributor address; City; State; Zip Code  SAVOY, TX 75479  Principal occupation / Job title (See Instructions) RETIRED  Date 03/26/2025 GEIGER, DEBORAH Contributor address; City; State; Zip Code  SHERMAN, TX 75092  Principal occupation / Job title (See Instructions) Employer (See Instructions) RETIRED  Amount of Contribution (\$)  \$40.00  \$40.00  SHERMAN, TX 75092  Principal occupation / Job title (See Instructions) Employer (See Instructions)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			,		
O2/11/2025 GARY, BRIAN \$250.00  Contributor address; City; State; Zip Code  SHERMAN, TX 75092  Principal occupation / Job title (See Instructions) 397TH DISTRICT JUDGE  Date 03/20/2025 GASKILL, SUSAN Contributor address; City; State; Zip Code  SAVOY, TX 75479  Principal occupation / Job title (See Instructions) RETIRED  Date 03/26/2025 GEIGER, DEBORAH Contributor address; City; State; Zip Code  SHERMAN, TX 75092  Principal occupation / Job title (See Instructions) Employer (See Instructions) RETIRED  Amount of Contribution (\$)  \$40.00  \$40.00  SHERMAN, TX 75092  Principal occupation / Job title (See Instructions) Employer (See Instructions)		Date	Full name of contributor	<u> </u>	)	Π	Amount of Contribution (\$)	
Contributor address; City; State; Zip Code  SHERMAN, TX 75092  Principal occupation / Job title (See Instructions) 397TH DISTRICT JUDGE  Date  GASKILL, SUSAN  Contributor address; City; State; Zip Code  SAVOY, TX 75479  Principal occupation / Job title (See Instructions) RETIRED  Date  Full name of contributor  GASKILL, SUSAN  Employer (See Instructions) RETIRED  RETIRED  Amount of Contribution (\$)  \$165.00  \$165.00  \$165.00  \$165.00  \$165.00  \$165.00  \$165.00  SAVOY, TX 75479  Principal occupation / Job title (See Instructions) RETIRED  Amount of Contribution (\$)  \$40.00  SHERMAN, TX 75092  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Employer (See Instructions)			<u> </u>				(4)	\$250.00
Principal occupation / Job title (See Instructions)  397TH DISTRICT JUDGE  Date  O3/20/2025  GASKILL, SUSAN  Contributor address; City; State; Zip Code  Principal occupation / Job title (See Instructions)  RETIRED  Date  Full name of contributor  SAVOY, TX 75479  Principal occupation / Job title (See Instructions)  RETIRED  Date  O3/26/2025  GEIGER, DEBORAH  Contributor address; City; State; Zip Code  SHERMAN, TX 75092  Principal occupation / Job title (See Instructions)  SEMPloyer (See Instructions)  RETIRED  Amount of Contribution (\$)  \$40.00  \$40.00  SHERMAN, TX 75092  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Employer (See Instructions)								
Principal occupation / Job title (See Instructions) 397TH DISTRICT JUDGE  Date 03/20/2025 GASKILL, SUSAN Contributor address; City; State; Zip Code  Principal occupation / Job title (See Instructions) RETIRED  Date 03/26/2025 GIGER, DEBORAH Contributor address; City; State; Zip Code  SHERMAN, TX 75092  Principal occupation / Job title (See Instructions) RETIRED  Employer (See Instructions) RETIRED  Amount of Contribution (\$) \$40.00  \$40.00  SHERMAN, TX 75092  Principal occupation / Job title (See Instructions) SHERMAN, TX 75092  Employer (See Instructions)								
Date   Full name of contributor   out-of-state PAC (ID#:			SHERMAN, TX 75092					
Date   Full name of contributor   out-of-state PAC (ID#:		Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
O3/20/2025 GASKILL, SUSAN \$165.00  Contributor address; City; State; Zip Code  SAVOY, TX 75479  Principal occupation / Job title (See Instructions) RETIRED  Date O3/26/2025 GEIGER, DEBORAH Contributor address; City; State; Zip Code  SHERMAN, TX 75092  Principal occupation / Job title (See Instructions)  Employer (See Instructions) Amount of Contribution (\$) \$40.00  \$40.00  SHERMAN, TX 75092  Principal occupation / Job title (See Instructions)  Employer (See Instructions)		397TH DIST	RICT JUDGE		STATE OF TEXAS			
Contributor address; City; State; Zip Code  SAVOY, TX 75479  Principal occupation / Job title (See Instructions)  RETIRED  Date  03/26/2025  GEIGER, DEBORAH  Contributor address; City; State; Zip Code  SHERMAN, TX 75092  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  RETIRED  Amount of Contribution (\$)  \$40.00		Date	Full name of contributor out-of-state PAC (ID#:_		)		Amount of Contribution (\$)	
Contributor address; City; State; Zip Code  SAVOY, TX 75479  Principal occupation / Job title (See Instructions)  RETIRED  Date  O3/26/2025  GEIGER, DEBORAH  Contributor address; City; State; Zip Code  SHERMAN, TX 75092  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of Contribution (\$)  \$40.00  \$40.00  SHERMAN, TX 75092  Principal occupation / Job title (See Instructions)  Employer (See Instructions)		03/20/2025						\$165.00
Principal occupation / Job title (See Instructions) RETIRED  Date 03/26/2025 GEIGER, DEBORAH Contributor address; City; State; Zip Code  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of Contribution (\$)  \$40.00  \$40.00  SHERMAN, TX 75092  Principal occupation / Job title (See Instructions)  Employer (See Instructions)								
Principal occupation / Job title (See Instructions) RETIRED  Date 03/26/2025 GEIGER, DEBORAH Contributor address; City; State; Zip Code  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of Contribution (\$)  \$40.00  \$40.00  SHERMAN, TX 75092  Principal occupation / Job title (See Instructions)  Employer (See Instructions)								
RETIRED  Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)  03/26/2025 GEIGER, DEBORAH  Contributor address; City; State; Zip Code  SHERMAN, TX 75092  Principal occupation / Job title (See Instructions)  Employer (See Instructions)			SAVOY, TX 75479					
Date   Full name of contributor   out-of-state PAC (ID#:)   Amount of Contribution (\$)		Principal occu	rpation / Job title (See Instructions)		Employer (See Instructions	5)		
03/26/2025 GEIGER, DEBORAH  Contributor address; City; State; Zip Code  SHERMAN, TX 75092  Principal occupation / Job title (See Instructions)  Employer (See Instructions)		RETIRED			RETIRED			
Contributor address; City; State; Zip Code  SHERMAN, TX 75092  Principal occupation / Job title (See Instructions)  Employer (See Instructions)		Date	Full name of contributor  ut-of-state PAC (ID#:_		)		Amount of Contribution (\$)	
SHERMAN, TX 75092  Principal occupation / Job title (See Instructions)  Employer (See Instructions)		03/26/2025	GEIGER, DEBORAH					\$40.00
Principal occupation / Job title (See Instructions)  Employer (See Instructions)			Contributor address; City; State; Zip Code					
Principal occupation / Job title (See Instructions)  Employer (See Instructions)								
Principal occupation / Job title (See Instructions)  Employer (See Instructions)			SHERMAN, TX 75092					
		Principal occu		Г	Employer (See Instructions	<u>L</u>		
		RET. SPECI	IAL EDUCATION DIRECTOR					

	MONET	ARY POLITICAL CONTRIB	SCHEDULE A1				
	The Instru	ction Guide explains how to complete	e this for	n.	1	Total pages Schedule A1: Sch: 9/30 Rpt: 12/98	
2	FILER NAME Grayson Cou	unty Republican Party (CEC)			3	Filer ID (Ethics Commission 00035364	n Filers)
4	Date 01/25/2025	<ul> <li>Full name of contributor</li></ul>	PAC (ID#:	)	7	Amount of Contribution (\$)	\$200.00
_	D: : 1	SHERMAN, TX 75092	<u> </u>	5 1 (0 1 1 1			
8		pation / Job title (See Instructions) AL EDUCATION DIRECTOR	9	Employer (See Instructions RETIRED	5)		
	Date 03/20/2025	Full name of contributor out-of-state PGEIGER, DEBORAH Contributor address; City; State; Zip Code	PAC (ID#:			Amount of Contribution (\$)	\$45.00
	Principal occu	SHERMAN, TX 75092 pation / Job title (See Instructions)		Employer (See Instructions	رد 		
	·	AL EDUCATION DIRECTOR		RETIRED	,,		
	Date 02/27/2025	Full name of contributor out-of-state P GOLDEN, LYNDELL Contributor address; City; State; Zip Code	PAC (ID#:	)		Amount of Contribution (\$)	\$200.00
		WHITESBORO, TX 76273					
	Principal occu RETIRED	pation / Job title (See Instructions)		Employer (See Instructions RETIRED	s)		
	Date 02/24/2025	Full name of contributor out-of-state PGRIFFIN, COREY  Contributor address; City; State; Zip Code  MCKINNEY, TX 75072		)		Amount of Contribution (\$)	\$100.00
	Principal occu CEO	pation / Job title (See Instructions)		Employer (See Instructions GRIFFIN SPECTRUM (		OUP	
	Date 03/20/2025	Full name of contributor out-of-state P Gordon, Cindy Contributor address; City; State; Zip Code Sherman, TX 75090		)		Amount of Contribution (\$)	\$20.00
	Principal occu Sales	pation / Job title (See Instructions)		Employer (See Instructions Self	s)		

	MONET	ARY POLITICAL CONTRI		SCHEDUL	E <b>A1</b>		
	The Instruc	ction Guide explains how to comple	ete this forr	n.	1	Total pages Schedule A1: Sch: 10/30 Rpt: 13/98	
2	FILER NAME Grayson Cou	unty Republican Party (CEC)			3	Filer ID (Ethics Commissio 00035364	n Filers)
4	Date 02/12/2025	<ul> <li>Full name of contributor</li></ul>	e PAC (ID#:	)	7	Amount of Contribution (\$)	\$60.00
_	Deignigal	DENTON, TX 76210	lo.	Franks or (Cool looks only			
8		pation / Job title (See Instructions) OORDINATOR	9	Employer (See Instructions SENATOR BRENT HAC		NBUCH	
	Date 02/27/2025	Full name of contributor		)		Amount of Contribution (\$)	\$100.00
	Principal occu	SHERMAN, TX 75092 pation / Job title (See Instructions)		Employer (See Instructions	 ;)		
	N/A			N/A			
	Date 01/26/2025	Full name of contributor out-of-state HAMPTON, GINNY Contributor address; City; State; Zip Code	e PAC (ID#:			Amount of Contribution (\$)	\$120.00
		SHERMAN, TX 75092					
		pation / Job title (See Instructions) - THE PEACE PCT. #1		Employer (See Instructions COUNTY OF GRAYSO	•		
	Date 02/24/2025	HARDENBURG, LESLIE				Amount of Contribution (\$)	\$250.00
	•	pation / Job title (See Instructions) COUNTY COMMISSIONER PCT 4		Employer (See Instructions GRAYSON COUNTY	5)		
	Date 03/03/2025	Full name of contributor out-of-state HARDENBURG, LESLIE Contributor address; City; State; Zip Code POTTSBORO, TX 75076	e PAC (ID#:	)		Amount of Contribution (\$)	\$450.00
	•	pation / Job title (See Instructions) COUNTY COMMISSIONER PCT 4		Employer (See Instructions GRAYSON COUNTY	5)		

	MONET	ARY POLITICAL CONTRIBUT		SCHEDULE A1			
	The Instru	ction Guide explains how to complete this	s for	m.	1	Total pages Schedule A1: Sch: 11/30 Rpt: 14/98	
2	FILER NAME Grayson Cou	unty Republican Party (CEC)			3	Filer ID (Ethics Commission 00035364	n Filers)
4	Date 03/03/2025	5 Full name of contributor out-of-state PAC (ID HARDENBURG, LESLIE  6 Contributor address; City; State; Zip Code			7	Amount of Contribution (\$)	\$415.00
•	Dringing Loggy	POTTSBORO, TX 75076	ما	Employer (Coo Instructions	<u></u>		
8	•	pation / Job title (See Instructions) COUNTY COMMISSIONER PCT 4	9	Employer (See Instructions GRAYSON COUNTY	5)		
	Date 01/22/2025	Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$200.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	RETIRED TE	EACHER		RETIRED			
	Date 02/17/2025	Full name of contributor	#:	)	•	Amount of Contribution (\$)	\$60.00
	Principal occu	pation / Job title (See Instructions)	$\overline{}$	Employer (See Instructions	s)		
	COUNTY TF	,		GRAYSON COUNTY	-,		
	Date 02/24/2025	Full name of contributor out-of-state PAC (ID HENDERSON, NOLAN  Contributor address; City; State; Zip Code  WHITEWRIGHT, TX 75491		)		Amount of Contribution (\$)	\$180.00
	Principal occu RETIRED	pation / Job title (See Instructions)		Employer (See Instructions	<u>I</u> S)		
	Date 02/26/2025	Full name of contributor out-of-state PAC (ID HUANG, PAUL  Contributor address; City; State; Zip Code  RICHARDSON, TX 75080			•	Amount of Contribution (\$)	\$200.00
	Principal occu REALTOR	pation / Job title (See Instructions)		Employer (See Instructions RICHLAND REAL ESTA			
			ı				

	MONET	ARY POLITICAL CONTRIBU	JTION	IS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to complete t	this for	n.	1	Total pages Schedule A1: Sch: 12/30 Rpt: 15/98	
2	FILER NAME Grayson Cou	unty Republican Party (CEC)			3	Filer ID (Ethics Commission 00035364	n Filers)
4	Date 03/20/2025	<ul> <li>Full name of contributor  out-of-state PAC Hardenburg, Matt</li> <li>Contributor address; City; State; Zip Code</li> </ul>	,		7	Amount of Contribution (\$)	\$5.00
8	Principal occu	Pottsboro, TX 75076 pation / Job title (See Instructions)	9	Employer (See Instructions	 s)		
	Commission	er		Grayson County			
	Date 02/22/2025	Full name of contributor out-of-state PAC INTERNATIONAL LEGIONNAIRE  Contributor address; City; State; Zip Code	C (ID#:	)		Amount of Contribution (\$)	\$1,000.00
		DENISON, TX 75020					
	Principal occup	pation / Job title (See Instructions)  F PILOT		Employer (See Instructions LEGIONNAIRE INTERN		ΓΙΟΝΑL	
	Date 02/26/2025	Full name of contributor out-of-state PAC JOHNSON, TOM  Contributor address; City; State; Zip Code  SHERMAN, TX 75091	C (ID#:		•	Amount of Contribution (\$)	\$500.00
		pation / Job title (See Instructions) TE DEVELOPMENT		Employer (See Instructions COVENANT DEVELOP	•	-NT	
	Date 02/12/2025	Full name of contributor  out-of-state PAC				Amount of Contribution (\$)	\$100.00
	Principal occu CHIEF JUST	pation / Job title (See Instructions)		Employer (See Instructions COURT OF APPEALS	<u>s)</u>		
	Date 01/09/2025	Full name of contributor out-of-state PACKRAUSE, PETER  Contributor address; City; State; Zip Code  PLANO, TX 75086	(ID#:	)		Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		

	MONET	ARY POLITICAL CONTRIE	BUTION	S		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to comple	te this forr	n.	1	Total pages Schedule A1: Sch: 13/30 Rpt: 16/98	
2	FILER NAME Grayson Cou	ınty Republican Party (CEC)			3	Filer ID (Ethics Commission 00035364	n Filers)
4	Date 03/20/2025	<ul> <li>Full name of contributor  out-of-state  KRAUSE, PETER</li> <li>Contributor address; City; State; Zip Code</li> </ul>	PAC (ID#:	)	7	Amount of Contribution (\$)	\$205.00
8	Principal occur	PLANO, TX 75086 pation / Job title (See Instructions)	lg.	Employer (See Instructions			
	INSURANCE		ľ	SELF	"		
	Date 02/19/2025	Full name of contributor out-of-state LAFOY, DALE  Contributor address; City; State; Zip Code	-	)	•	Amount of Contribution (\$)	\$60.00
		SHERMAN, TX 75090					
	Principal occu REALTOR	pation / Job title (See Instructions)		Employer (See Instructions C21 DEAN GILBERT R		LTORS	
	Date 03/03/2025	Full name of contributor out-of-state LAIRD, GREG  Contributor address; City; State; Zip Code	PAC (ID#:	)		Amount of Contribution (\$)	\$195.00
	Principal occu	DENISON, TX 75020 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	SR. MANAG			WEBSTAURANT	,		
	Date 02/24/2025	LAIRD, TERRI	PAC (ID#:		-	Amount of Contribution (\$)	\$200.00
	Principal occu SR. MANAG	pation / Job title (See Instructions)		Employer (See Instructions WEBSTAURANT	<u>l</u> 5)		
	Date 01/07/2025	Full name of contributor out-of-state LAWSON, BRENT  Contributor address; City; State; Zip Code  VAN ALSTYNE, TX 75495	PAC (ID#:	)		Amount of Contribution (\$)	\$250.00
	Principal occu RETIRED	pation / Job title (See Instructions)		Employer (See Instructions RETIRED	s)		

	MONET	ARY POLITICAL CONTRIBUTION	N	IS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to complete this f	orı	m.	1	Total pages Schedule A1: Sch: 14/30 Rpt: 17/98	
2	FILER NAME Grayson Cou	ınty Republican Party (CEC)			3	Filer ID (Ethics Commission 00035364	n Filers)
4	Date 06/18/2025	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$200.00
8	Principal occu	VAN ALSTYNE, TX 75495 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u> s)		
	Date 02/22/2025	Full name of contributor out-of-state PAC (ID#:_LAWSON, BRENT  Contributor address; City; State; Zip Code  VAN ALSTYNE, TX 75495			•	Amount of Contribution (\$)	\$200.00
	Principal occu RETIRED	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 01/22/2025	Full name of contributor		)		Amount of Contribution (\$)	\$200.00
	Principal occu RETIRED	VAN ALSTYNE, TX 75495 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Date 02/24/2025	Full name of contributor out-of-state PAC (ID#:_ LAYTON, SHANNON Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$120.00
	'	pation / Job title (See Instructions) VELOPMENT		Employer (See Instructions		E	
	Date 02/13/2025	Full name of contributor out-of-state PAC (ID#:_LEE, MICHAEL  Contributor address; City; State; Zip Code  DALLAS, TX 75214			•	Amount of Contribution (\$)	\$100.00
	•	oation / Job title (See Instructions) DURT OF APPEALS		Employer (See Instructions COURT OF APPEALS	s)		

	MONET	ARY POLITICAL C	ONTRIBUTION	IS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 15/30 Rpt: 18/98	
2	FILER NAME Grayson Cou	unty Republican Party (CEC)			3	Filer ID (Ethics Commission 00035364	n Filers)
4	Date 03/03/2025	<ul><li>5 Full name of contributor LEE, MICHAEL</li><li>6 Contributor address; City; States</li></ul>	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$350.00
_	Distribut	DALLAS, TX 75214	To.	Faralassa (Osas kastasatisas			
8		pation / Job title (See Instructions) OURT OF APPEALS	9	Employer (See Instructions COURT OF APPEALS	5)		
	Date 02/18/2025	Full name of contributor  LITTLE, PAM  Contributor address; City; Sta		)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	MEMBER DI	STRICT 12		STATE BIARD OF EDU	ICA	TION	
	Date 02/28/2025	Full name of contributor LUTHER, SHELLEY  Contributor address; City; Sta	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$250.00
	Principal occu	SHERMAN, TX 75090 pation / Job title (See Instructions) DWNER		Employer (See Instructions SELF	<u> </u> s)		
	Date 03/20/2025	Full name of contributor Layton, Shannon  Contributor address; City; Sta		)		Amount of Contribution (\$)	\$80.00
	Principal occu Corp HR	pation / Job title (See Instructions)		Employer (See Instructions Greystar	<u>l</u> S)		
	Date 01/19/2025	Full name of contributor  MARR, JOSH  Contributor address; City; Sta				Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions GRAYSON COUNTY	s)		
			1				

	MONET	MONETARY POLITICAL CONTRIBUTIONS						E <b>A1</b>
	The Instruc	ction Guide explains how	to complete this fo	rr	n.	1	Total pages Schedule A1: Sch: 16/30 Rpt: 19/98	
2	FILER NAME Grayson Cou	unty Republican Party (CEC)				3	Filer ID (Ethics Commission 00035364	n Filers)
4	Date 03/20/2025	<ul><li>5 Full name of contributor MCCOY, ROBIN</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:_		)	7	Amount of Contribution (\$)	\$112.88
8	Principal occu	HOWE, TX 75459 pation / Job title (See Instructions	·)	<u> </u>	Employer (See Instructions	;) 		
_	RETIRED	pation 7 300 title (See Instructions	)		RETIRED	•)		
	Date 02/24/2025	Full name of contributor MCCOY, VIVIAN  Contributor address; City; S			)		Amount of Contribution (\$)	\$60.00
	Delicalization	HOWE, TX 75459-4633	. I		For all 100 and 100 an			
	RETIRED	pation / Job title (See Instructions	5)		Employer (See Instructions TEXAS SENATE	5)		
	Date 02/14/2025	Full name of contributor MCDONALD, KARLA  Contributor address; City; S	out-of-state PAC (ID#:_		)		Amount of Contribution (\$)	\$100.00
		HOWE, TX 75459				_		
	Principal occu MAYOR	pation / Job title (See Instructions	s) 		Employer (See Instructions CITY OF HOWE	5)		
	Date 03/03/2025	Full name of contributor MCMATH, MARY Contributor address; City; S SHERMAN, TX 75092				•	Amount of Contribution (\$)	\$65.00
	Principal occu SELF	pation / Job title (See Instructions	s)		Employer (See Instructions	<u>I</u> S)		
	Date 03/20/2025	Full name of contributor MCNEES, DAVID Contributor address; City; S WHITESBORO, TX 7627				•	Amount of Contribution (\$)	\$245.00
	Principal occu N/A	pation / Job title (See Instructions	5)		Employer (See Instructions N/A	s)		

	MONET	ARY POLITICAL CONTRIBUT	IOI	NS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete thi	s for	m.	1	Total pages Schedule A1: Sch: 17/30 Rpt: 20/98	
2	FILER NAME Grayson Cou	unty Republican Party (CEC)			3	Filer ID (Ethics Commission 00035364	on Filers)
4	Date 02/25/2025	5 Full name of contributor  out-of-state PAC (I MCQUILLAN, JOHNNA  6 Contributor address; City; State; Zip Code			7	Amount of Contribution (\$)	\$250.00
_		GUNTER, TX 75058			L		
8	•	pation / Job title (See Instructions) AL CONSTRUCTION CONSULTING	9	Employer (See Instructions JONATHAN PARTNER		LLC	
	Date 02/23/2025	Full name of contributor out-of-state PAC (I MICHAEL, DENNIS  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$120.00
	Principal occur	SHERMAN, TX 75091-1052 pation / Job title (See Instructions)		Employer (See Instructions	·/		
		ATIVE ASSISTANT		CHAPIN TITLE COMPA		Y	
	Date 02/27/2025	Full name of contributor  out-of-state PAC (I MOORE, PATRICIA  Contributor address; City; State; Zip Code	D#:	)		Amount of Contribution (\$)	\$2,000.00
		SHERMAN, TX 75091					
	Principal occu RETIRED	pation / Job title (See Instructions)		Employer (See Instructions RETIRED	5)		
	Date 03/20/2025	Full name of contributor out-of-state PAC (I McCoy, Robin Contributor address; City; State; Zip Code Howe, TX 75459		)		Amount of Contribution (\$)	\$10.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 02/24/2025	Full name of contributor out-of-state PAC (INESMITH, SHAWN Contributor address; City; State; Zip Code TIOGA, TX 76271	D#:			Amount of Contribution (\$)	\$100.00
	Principal occu CPA	pation / Job title (See Instructions)		Employer (See Instructions FERNWAY SOLUTION			

	MONET	ARY POLITICAL (	CONTRIBUTIO	Ν	S		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how	to complete this fo	rr	n.	1	Total pages Schedule A1: Sch: 18/30 Rpt: 21/98	
2	FILER NAME Grayson Cou	unty Republican Party (CEC)				3	Filer ID (Ethics Commission 00035364	n Filers)
4	Date 01/10/2025	<ul><li>5 Full name of contributor PAYNE, DEBRA</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#:ate; Zip Code			7	Amount of Contribution (\$)	\$200.00
8	Principal occu	DENISON, TX 75021 pation / Job title (See Instructions	)	9	Employer (See Instructions	) 		
	N/A	panon / Job the (Jee mistraetions	,		N/A	,,		
	Date 03/06/2025	Full name of contributor PUCKETT, KATHRYN Contributor address; City; St			)		Amount of Contribution (\$)	\$450.00
		HOWE, TX 75459						
	Principal occu RETIRED	pation / Job title (See Instructions	)		Employer (See Instructions RETIRED	5)		
	Date 02/24/2025	Full name of contributor PUCKETT, KATHY Contributor address; City; St	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$500.00
		HOWE, TX 75459						
	Principal occu RETIRED	pation / Job title (See Instructions	)		Employer (See Instructions RETIRED	s)		
	Date 02/20/2025	Full name of contributor REDDIC, TAMMY  Contributor address; City; St  WHITEWRIGHT, TX 7549	ate; Zip Code				Amount of Contribution (\$)	\$60.00
	•	pation / Job title (See Instructions	)		Employer (See Instructions GRAYSON COUNTY	5)		
	Date 02/16/2025	Full name of contributor RICHARDS, DIANA Contributor address; City; St SHERMAN, TX 75092	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$500.00
	Principal occu HOMEMAKE	pation / Job title (See Instructions ER	)		Employer (See Instructions RETIRED	5)		
			,					

	MONET	ARY POLITICAL CONTRIBUT		SCHEDULE A1			
	The Instruc	ction Guide explains how to complete thi	is for	m.	1	Total pages Schedule A1: Sch: 19/30 Rpt: 22/98	
2	FILER NAME Grayson Cou	unty Republican Party (CEC)			3	Filer ID (Ethics Commission F 00035364	ilers)
4	Date 03/03/2025	<ul> <li>5 Full name of contributor  out-of-state PAC (II RICHARDS, DIANA</li> <li>6 Contributor address; City; State; Zip Code</li> </ul>			7	Amount of Contribution (\$)	\$450.00
8	Principal occur	SHERMAN, TX 75092 pation / Job title (See Instructions)	١٩	Employer (See Instructions	<u>s)</u>		
_	HOMEMAKE			RETIRED	·)		
	Date 03/03/2025	Contributor address; City; State; Zip Code		)	•	Amount of Contribution (\$)	\$60.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	HOMEMAKE	ER		RETIRED			
	Date 02/23/2025	Full name of contributor out-of-state PAC (II  ROSSINI, GINO J  Contributor address; City; State; Zip Code	D#:	)	•	Amount of Contribution (\$)	\$60.00
	Dringing! aggs	IRVING, TX 75017		Employer (Coo Instructions	<u></u>		
	JUSTICE	pation / Job title (See Instructions)		Employer (See Instructions FIFTH DISTRICT COUI	-	OF APPEALS (STATE OF TI	EXAS)
	Date 02/05/2025	Full name of contributor out-of-state PAC (II RUSSELL, MARK Contributor address; City; State; Zip Code SHERMAN TX, TX 75090		)	•	Amount of Contribution (\$)	\$100.00
	Principal occu RETIRED	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 03/20/2025	Full name of contributor out-of-state PAC (II Raine, Duane Contributor address; City; State; Zip Code Pottsboro, TX 75076			•	Amount of Contribution (\$)	\$10.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	s)		
			•				

	MONET	ARY POLITICAL CONTRIBUTION	Λ	IS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 20/30 Rpt: 23/98	
2	FILER NAME Grayson Cou	ınty Republican Party (CEC)			3	Filer ID (Ethics Commission 00035364	n Filers)
4	Date 02/24/2025	<ul> <li>Full name of contributor</li></ul>			7	Amount of Contribution (\$)	\$60.00
8	Principal occu	POTTSBORO, TX 75076 pation / Job title (See Instructions)	9	Employer (See Instructions	     s)		
	Date 04/27/2025	Full name of contributor out-of-state PAC (ID#:_ SELZ, PETER Contributor address; City; State; Zip Code		NA )		Amount of Contribution (\$)	\$260.25
	Principal occu	SHERMAN, TX 75092 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Date 02/03/2025	Full name of contributor out-of-state PAC (ID#:_SHAW, MIKE  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$100.00
	Principal occu RETIRED E	DENISON, TX 75020-4012 pation / Job title (See Instructions) NGINEER		Employer (See Instructions N/A	<u> </u> s)		
	Date 06/15/2025	Full name of contributor out-of-state PAC (ID#:_SHAW, MIKE  Contributor address; City; State; Zip Code  DENISON, TX 75020		)	•	Amount of Contribution (\$)	\$75.00
	Principal occu RETIRED	pation / Job title (See Instructions)		Employer (See Instructions RETIRED	<u>I</u> S)		
	Date 05/15/2025	Full name of contributor out-of-state PAC (ID#:_SHAW, MIKE  Contributor address; City; State; Zip Code  DENISON, TX 75020				Amount of Contribution (\$)	\$75.00
	Principal occu RETIRED	pation / Job title (See Instructions)		Employer (See Instructions	5)		

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to	o complete this form	n.	1	Total pages Schedule A1: Sch: 21/30 Rpt: 24/98	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Grayson Col	unty Republican Party (CEC)				00035364	
4	Date 04/15/2025	5 Full name of contributor SHAW, MIKE  6 Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code	)	7	Amount of Contribution (\$)	\$75.00
		DENISON, TX 75020					
8	Principal occu RETIRED	pation / Job title (See Instructions)		Employer (See Instructions RETIRED	5)		
	Date 03/15/2025	Full name of contributor SHAW, MIKE  Contributor address; City; State	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$75.00
		DENISON, TX 75020					
	Principal occu RETIRED	pation / Job title (See Instructions)		Employer (See Instructions RETIRED	5)		
	Date 02/15/2025	Full name of contributor SHAW, MIKE Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$75.00
		DENISON, TX 75020					
	Principal occu RETIRED	pation / Job title (See Instructions)		Employer (See Instructions RETIRED	5)		
	Date 01/15/2025	Full name of contributor SHAW, MIKE  Contributor address; City; State		)		Amount of Contribution (\$)	\$75.00
	Principal occu	DENISON, TX 75020 pation / Job title (See Instructions)		Employer (See Instructions	·/_		
	RETIRED	pation / Job title (See matractions)		RETIRED	')		
	Date 02/17/2025	Full name of contributor SHERMAN, RACHEL	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$500.00
		Contributor address; City; State SHERMAN, TX 75090	e; ∠ıp Code				
		pation / Job title (See Instructions)  BROKERAGE		Employer (See Instructions ASPECT INSURANCE		RVICES	
		pation / Job title (See Instructions)				RVICES	

	MONEI	ARY POLITICAL CONTRIBUTION	OI	NS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this	fo	rm.	1	Total pages Schedule A1: Sch: 22/30 Rpt: 25/98	
2	FILER NAME	unty Donublican Party (CEC)			3	Filer ID (Ethics Commission	n Filers)
	Grayson Col	unty Republican Party (CEC)				00035364	
4	Date 02/17/2025	<ul> <li>5 Full name of contributor</li></ul>			7	Amount of Contribution (\$)	\$500.00
		SHERMAN, TX 75090					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	INSURANCE	BROKERAGE		ASPECT INSURANCE	SE	RVICES	
	Date 06/15/2025	Full name of contributor out-of-state PAC (ID# SHERMAN, RACHEL  Contributor address; City; State; Zip Code	:			Amount of Contribution (\$)	\$41.64
		SHERMAN, TX 75090					
	Principal occu	pation / Job title (See Instructions)	T	Employer (See Instructions	5)		
	INSURANCE	BROKER BUSINESS OWNER		ASPECT INSURANCE	SE	RVICES	
	Date 05/15/2025	Full name of contributor out-of-state PAC (ID# SHERMAN, RACHEL  Contributor address; City; State; Zip Code	: <u> </u>			Amount of Contribution (\$)	\$41.64
		SHERMAN, TX 75090					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	INSURANCE	BROKER BUSINESS OWNER		ASPECT INSURANCE	SE	RVICES	
	Date 04/15/2025	Full name of contributor out-of-state PAC (ID#SHERMAN, RACHEL Contributor address; City; State; Zip Code SHERMAN, TX 75090	:			Amount of Contribution (\$)	\$41.64
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	INSURANCE	BROKER BUSINESS OWNER		ASPECT INSURANCE	SE	RVICES	
	Date 03/15/2025	Full name of contributor out-of-state PAC (ID# SHERMAN, RACHEL  Contributor address; City; State; Zip Code	: <u> </u>	)		Amount of Contribution (\$)	\$41.64
		SHERMAN, TX 75090					
	Principal occu	pation / Job title (See Instructions)	T	Employer (See Instructions	5)		
	INSURANCE	BROKER BUSINESS OWNER		ASPECT INSURANCE	SE	RVICES	

MONETARY POLITICAL CONTRIBUTIONS					E <b>A1</b>		
	The Instruc	ction Guide explains how to complete this f	ori	m.	1	Total pages Schedule A1: Sch: 23/30 Rpt: 26/98	
2	FILER NAME Grayson Cou	unty Republican Party (CEC)			3	Filer ID (Ethics Commission 00035364	n Filers)
4	Date 02/15/2025			7	Amount of Contribution (\$)	\$41.64	
_	Duinning Langu	SHERMAN, TX 75090	_	Franksian (Cookara)			
8	·	pation / Job title (See Instructions) E BROKER BUSINESS OWNER	9	Employer (See Instructions ASPECT INSURANCE		RVICES	
	Date 01/15/2025	Full name of contributor out-of-state PAC (ID#:_ SHERMAN, RACHEL Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$41.64
	Principal occu	SHERMAN, TX 75090		Employer (See Instructions	·/		
			Employer (See Instructions ASPECT INSURANCE		RVICES		
	Date 01/27/2025	Full name of contributor out-of-state PAC (ID#:)  SHOEMAKER, LARRY  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$120.00	
	Dringing! goog	COLLINSVILLE, TX 76233 pation / Job title (See Instructions)		Employer (See Instructions	<u></u>		
	RET'D	pation / Job title (See Instructions)		RET'D	»)		
	Date Full name of contributor out-of-state PAC (ID#:)  03/03/2025 SIMS, JAMES  Contributor address; City; State; Zip Code  MEAD, OK 73449				Amount of Contribution (\$)	\$300.00	
	Principal occu BUSINESS (	pation / Job title (See Instructions)  OWNER		Employer (See Instructions	<b>i</b> 5)		
	Date Full name of contributor out-of-state PAC (ID#:)  02/27/2025 SIMS, SHANNON  Contributor address; City; State; Zip Code  MEAD, OK 73449			Amount of Contribution (\$)	\$250.00		
	Principal occu BUSINESS (	pation / Job title (See Instructions)  OWNER		Employer (See Instructions SELF	;)		

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1			
	The Instru	ction Guide explains how to c	complete this forn	1.	1	Total pages Schedule A1: Sch: 24/30 Rpt: 27/98	
2	FILER NAME Grayson Cou	E ounty Republican Party (CEC)			3	Filer ID (Ethics Commission 00035364	on Filers)
4	Date 02/18/2025	5 Full name of contributor out-of-state PAC (ID#:) 7 SMITH, JERALEE 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$100.00	
8	Principal occu	BONHAM, TX 75418 pation / Job title (See Instructions)	la la	Employer (See Instructions			
		SERVICE REP		HEB	,		
	Date 02/17/2025	Full name of contributor on SMITH, LINWOOD  Contributor address; City; State; Z	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$1,000.00
		DENISON, TX 75021					
			Employer (See Instructions EAGLE EMPLOYER SE		ICES, LLC		
	Date 02/17/2025	Full name of contributor out-of-state PAC (ID#:)  SMITH, MICHAEL  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00	
	Principal occu	DENISON, TX 75021 pation / Job title (See Instructions)		Employer (See Instructions	)		
	HUMAN RES	SOURCES OUTSOURCING		EAGLE EMPLOYER SE	R۱	'ICES	
	Date Full name of contributor out-of-state PAC (ID#:)  02/06/2025 SOKOL, ANGELA  Contributor address; City; State; Zip Code  SHERMAN, TX 75092			Amount of Contribution (\$)	\$200.00		
	Principal occu HOMEMAKE	pation / Job title (See Instructions) ER		Employer (See Instructions SELF	)		
	Date Full name of contributor out-of-state PAC (ID#:)  03/03/2025 SOKOL, ANGELA  Contributor address; City; State; Zip Code  SHERMAN, TX 75092			Amount of Contribution (\$)	\$620.00		
	Principal occu HOMEMAKE	pation / Job title (See Instructions) ER		Employer (See Instructions	)		
			•				

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE		
	The Instruc	Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 25/30 Rpt: 28/98	
2	FILER NAME Grayson Cou	ME County Republican Party (CEC)			3	Filer ID (Ethics Commission 00035364	n Filers)
4	Date 01/10/2025			7	Amount of Contribution (\$)	\$100.00	
8	Principal occu	pation / Job title (See Instructions)	l <sub>9</sub>	Employer (See Instructions			
Ü		OF TECHNOLOGY		UNITY HUNT	,		
	Date 02/23/2025	Full name of contributor Green STEVENS, KEVIN  Contributor address; City; State;	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$60.00
		SHERMAN, TX 75090					
			Employer (See Instructions TEXAS INSTRUMENTS				
	Date 03/03/2025	Full name of contributor out-of-state PAC (ID#:)  STEVENS, WILLIAM  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$300.00	
		GUNTER, TX 75058					
	ATTORNEY	pation / Job title (See Instructions)		Employer (See Instructions GCCDA	)		
	Date Full name of contributor out-of-state PAC (ID#:)  02/20/2025 STEVENS, WILLIAM  Contributor address; City; State; Zip Code  GUNTER, TX 75058			Amount of Contribution (\$)	\$200.00		
	Principal occu ATTORNEY	pation / Job title (See Instructions)		Employer (See Instructions SELF	)		
	Date Full name of contributor out-of-state PAC (ID#:) 01/10/2025 STONE, DAVID  Contributor address; City; State; Zip Code  SHERMAN, TX 75090			Amount of Contribution (\$)	\$200.00		
	Principal occu FINANCIAL	pation / Job title (See Instructions)		Employer (See Instructions WELLS FARGO	)		
			<b>'</b>				

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1			
	The Instruc	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 26/30 Rpt: 29/98	
2	FILER NAME Grayson Cou	unty Republican Party (CEC)			3	Filer ID (Ethics Commission 00035364	n Filers)
4	Date 02/23/2025	<u> </u>		7	Amount of Contribution (\$)	\$100.00	
0	Dringing occur	VAN ALSTYNE, TX 75495	٦,	Employer (See Instructions	<u></u>		
8	ATTORNEY	pation / Job title (See Instructions)	9	Employer (See Instructions SULLIVAN LAW FIRM,		:	
	Date 03/20/2025	Full name of contributor out-of-state PAC (ID# Smith, Gretchen Contributor address; City; State; Zip Code		)	•	Amount of Contribution (\$)	\$40.00
	Principal occur	Sherman, TX 75021 pation / Job title (See Instructions)	_	Employer (See Instructions	<u>;)</u>		
			Eagle Employer Service				
	Date 03/20/2025				Amount of Contribution (\$)	\$200.00	
		Denison, TX 75021					
	Principal occu Payroll	pation / Job title (See Instructions)		Employer (See Instructions Eagle Employer Service			
	Date Full name of contributor out-of-state PAC (ID#:)  02/23/2025 TEUBER, KAAREN  Contributor address; City; State; Zip Code  VAN ALSTYNE, TX 75495			Amount of Contribution (\$)	\$60.00		
	Principal occu RETIRED	pation / Job title (See Instructions)		Employer (See Instructions N/A	5)		
	Date Full name of contributor out-of-state PAC (ID#:)  102/24/2025 THOMAS, DAN  Contributor address; City; State; Zip Code  POTTSBOROR, TX 75076		•	Amount of Contribution (\$)	\$500.00		
	Principal occu FINANCIAL	pation / Job title (See Instructions) ADIVSOR		Employer (See Instructions PROVISION RETIREM		Т	
			<u> </u>				

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULI	: <b>A1</b>		
	The Instruc	ruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 27/30 Rpt: 30/98		
2	FILER NAME Grayson Cou	unty Republican Party (CEC)				3	Filer ID (Ethics Commission 00035364	n Filers)
4	Date 02/14/2025			7	Amount of Contribution (\$)	\$120.00		
8	Principal occu	SHERMAN, TX 75092 pation / Job title (See Instructions	5)	9	Employer (See Instructions	s)		
•	PATIENT AD		-,	•	COMPSPEC	-,		
	Date 06/08/2025	Full name of contributor TOWERS, ROBERT Contributor address; City; S			)	•	Amount of Contribution (\$)	\$25.00
		SHERMAN, TX 75092						
	Principal occupation / Job title (See Instructions)  PATIENT ADVOCATE  Employer (See Instructions)  COMPSPEC		Employer (See Instructions COMPSPEC	s)				
	Date 05/08/2025	Full name of contributor out-of-state PAC (ID#:)  TOWERS, ROBERT  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00		
	D: : 1	SHERMAN, TX 75092	,		5 1 (0 1 1 1	<u></u>		
	Principal occu PATIENT AL	pation / Job title (See Instructions  OVOCATE	5)		Employer (See Instructions COMPSPEC	5)		
	Date Full name of contributor out-of-state PAC (ID#:)  04/08/2025 TOWERS, ROBERT  Contributor address; City; State; Zip Code  SHERMAN, TX 75092			•	Amount of Contribution (\$)	\$25.00		
	Principal occu PATIENT AD	pation / Job title (See Instructions  OVOCATE	5)		Employer (See Instructions	5)		
	Date Full name of contributor out-of-state PAC (ID#:)  03/08/2025 TOWERS, ROBERT  Contributor address; City; State; Zip Code  SHERMAN, TX 75092		•	Amount of Contribution (\$)	\$25.00			
	Principal occu	pation / Job title (See Instructions	s)		Employer (See Instructions	5)		
	. 7				33 31 20			

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A		
	The Instruc	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 28/30 Rpt: 31/98	
2	FILER NAME Grayson Cou	unty Republican Party (CEC)			3	Filer ID (Ethics Commission 00035364	n Filers)
4	Date 02/08/2025			7	Amount of Contribution (\$)	\$25.00	
0	Principal occur	SHERMAN, TX 75092	lo.	Employer (See Instructions	.)		
•	PATIENT AD	pation / Job title (See Instructions) DVOCATE	9	Employer (See Instructions COMPSPEC	')		
	Date 01/08/2025	Full name of contributor out-of-s TOWERS, ROBERT  Contributor address; City; State; Zip Co		)		Amount of Contribution (\$)	\$25.00
	Deinainal assu	SHERMAN, TX 75092		Frankrian (Cook bathurtian	_		
			Employer (See Instructions COMPSPEC	5)			
	Date 02/04/2025				Amount of Contribution (\$)	\$200.00	
		TIOGA, TX 76271					
	Principal occu RETIRED	pation / Job title (See Instructions)		Employer (See Instructions RETIRED	5)		
	Date Full name of contributor out-of-state PAC (ID#:)  03/26/2025 WELCH, SHARRON  Contributor address; City; State; Zip Code  WHITESBORO, TX 76273			Amount of Contribution (\$)	\$120.00		
	Principal occu RETIRED	pation / Job title (See Instructions)		Employer (See Instructions RETIRED	)		
	Date Full name of contributor out-of-state PAC (ID#:)  02/17/2025 WELCH, WILLIAM  Contributor address; City; State; Zip Code  WHITESBORO, TX 76273			Amount of Contribution (\$)	\$250.00		
		pation / Job title (See Instructions)		Employer (See Instructions WM. C. WELCH CONTR		CTORS, INC.	
						<u> </u>	

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDUL	EDULE <b>A1</b>	
	The Instru	ction Guide explains how to complete this fo	ction Guide explains how to complete this form.				
2	FILER NAME Grayson Co	ınty Republican Party (CEC)			Filer ID (Ethics Commission 00035364	n Filers)	
4	Date 02/27/2025	5 Full name of contributor out-of-state PAC (ID#:) WHITMIRE, DORIS 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$200.00	
_		SHERMAN, TX 75092					
8	RETIRED	pation / Job title (See Instructions)	9 Employer (See Instructions RETIRED	)			
	Date 02/21/2025	Full name of contributor out-of-state PAC (ID#:)  L/2025 WILLIAMS, MARGARET  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$120.00	
	Principal occu	POTTSBORO, TX 75076  spation / Job title (See Instructions)	Employer (See Instructions	<u> </u>			
	RETIRED RETIRED		,				
	Date 02/21/2025	Full name of contributor out-of-state PAC (ID#:)  WRIGHT, LINDSAY  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00	
		COLLINSVILLE, TX 76233					
	Principal occu	pation / Job title (See Instructions)  DNER	Employer (See Instructions GRAYSON COUNTY	)			
	Date Full name of contributor out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$180.00	
	Principal occu RETIRED	pation / Job title (See Instructions)	Employer (See Instructions RETIRED	)			
	Date Full name of contributor out-of-state PAC (ID#:)  03/03/2025 WYNN, KRISTIN  Contributor address; City; State; Zip Code  FLOWER MOUND, TX 75028			Amount of Contribution (\$)	\$600.00		
	Principal occu RETIRED	pation / Job title (See Instructions)	Employer (See Instructions RETIRED	)			

	MONET	TARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1
	The Instru	ction Guide explains how to complete this	1 Total pages Schedule A1: Sch: 30/30 Rpt: 33/98	
2	FILER NAME Grayson Co	R NAME /son County Republican Party (CEC)		3 Filer ID (Ethics Commission Filers) 00035364
4	Date 03/03/2025	ate 5 Full name of contributor out-of-state PAC (ID#:) 7		7 Amount of Contribution (\$) \$200.00
_		FLOWER MOUND, TX 75028		
8	Principal occu CFO	upation / Job title (See Instructions)	9 Employer (See Instructions FIRST STAR HR	s)

### POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

	Candidate/Officeholder/Politica 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: 1/65 Rpt: 34/98	Grayson County Republican Party (CEC) 00035364
4	Date	5 Payee name
	02/06/2025	A1 WEDDING AND EVENT RENTAL
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$225.51	3034 WOODLAWN BLVD
		DENISON, TX 75020
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		LRD EXPENSES
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OH	
	Date	Payee name
	02/18/2025	A1 WEDDING AND EVENT RENTAL
	Amount (\$)	Payee address; City; State; Zip Code
	\$477.69	3034 WOODLAWN BLVD
		DENISON, TX 75020
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		LRD EXPENSES
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OH	<del>-</del>
	Date	Payee name
	02/27/2025	A1 WEDDING AND EVENT RENTAL
	Amount (\$)	Payee address; City; State; Zip Code
	\$590.12	3034 WOODLAWN BLVD
		DENISON, TX 75020
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  LRD EXPENSES
		END EXPENSES
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

## POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committ Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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
OTHER (enter a category not listed above)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee 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: 2/65 Rpt: 35/98	Grayson County Republican Party (CEC) 00035364
4	Date	5 Payee name
	02/28/2025	A1 WEDDING AND EVENT RENTAL
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$109.11	3034 WOODLAWN BLVD
		DENISON, TX 75020
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  LRD EXPENSES
		LIND LAF LINGLS
_	Complete ONLY !! -!!!	Condidate/Officeholder name Office accords
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
L	03/03/2025	ALDI
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.98	3201 N HWY 75 STE 104
		SHERMAN, TX 75090
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		LRD EXPENSES
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	•
H	Date	Payee name
	01/09/2025	ALEXANDER, STACY
	Amount (\$)	Payee address; City; State; Zip Code
	\$173.38	2088 OLD SOUTHMAYD RD
		SHERMAN, TX 75092
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense FESTIVAL EXPENSES
		I ESTIVAL LAI LINGES
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	•

## POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

#### 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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)	
L		The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:		)
	Sch: 3/65 Rpt: 36/98	Grayson County Republican Party (CEC) 00035364	
4	Date	5 Payee name	
	05/08/2025	ALEXANDER, STACY	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$69.90	2088 OLD SOUTHMAYD RD	
		SHERMAN, TX 75092	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.	
	LAI LINDITORL	Check if Austin, TX, officeholder living expense	
		FESTIVAL EXPENSES	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
L	expenditure to benefit C/OF		
	Date	Payee name	
	03/10/2025	ALL AMERICAN CLASSICS	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,190.00	PO BOX 8007	
		HOT SPRINGS, AR 71910	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense  LRD EXPENSES	
		LRU EAPENSES	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	Complete ONLY if direct expenditure to benefit C/OH	· · · · · · · · · · · · · · · · · · ·	
_	Date	Payee name	
	02/06/2025	Payee name AMAZON	
_			
	Amount (\$)	Payee address; City; State; Zip Code	
	\$27.61	440 TERRY AVE N	
		SEATTLE, WA 98109	
	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	
		SUPPLIES	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·	

### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

	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: 4/65 Rpt: 37/98	Grayson County Republican Party (CEC) 00035364
4	Date	5 Payee name
	02/06/2025	AMAZON
6	Amount (\$) \$26.34	7 Payee address; City; State; Zip Code 440 TERRY AVE N
		SEATTLE, WA 98109
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  SUPPLIES
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held H
	Date	Payee name
	02/20/2025	AMAZON
	Amount (\$) \$76.47	Payee address; City; State; Zip Code 440 TERRY AVE N
		SEATTLE, WA 98109
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  LRD EXPENSES
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/20/2025	AMAZON
	Amount (\$) \$51.96	Payee address; City; State; Zip Code 440 TERRY AVE N
		SEATTLE, WA 98109
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  LRD EXPENSES
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held H

#### 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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/65 Rpt: 38/98	Grayson County Republican Party (CEC) 00035364
4	Date	5 Payee name
	02/20/2025	AMAZON
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$42.49	440 TERRY AVE N
		SEATTLE, WA 98109
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  LRD EXPENSES
		END EXILENSES
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨	Date	Payso nama
	02/20/2025	Payee name AMAZON
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$23.36	440 TERRY AVE N
		SEATTLE, WA 98109
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		LRD EXPENSES
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	02/24/2025	AMAZON
H	Amount (\$)	Payee address; City; State; Zip Code
	\$41.33	440 TERRY AVE N
	Ψ-1.00	THE TERRIT FREE
		SEATTLE, WA 98109
L	DUDDOCE	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Event Expanse  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		LRD EXPENSES
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
Г		
1		

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services  The Instruction Guide	Salaries/	Wages	/Contract Labor		OTHER (enter a	category not listed al	oove)
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commiss	sion Filers)
	Sch: 6/65 Rpt: 39/98	Grayson C	ounty Republican Pa	arty (CEC)				00035364		
4	Date	5 Payee name	e							
	02/24/2025	AMAZON								
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip C	ode					
	\$37.08	440 TERR	Y AVE N							
			WA 98109							
8	PURPOSE OF		See Categories listed at the top	o of this schedule)	(b)	Description				
	EXPENDITURE	Event Expe	ense			<b>=</b>		de of Texas. Com officeholder living	plete Schedule T.	
						LRD EXPENS			, схронос	
9	Complete ONLY if direct		ficeholder name	Office so	<u>l</u> ught			Office h	eld	
	expenditure to benefit C/OI	H								
	Date	Payee name	9							
	02/24/2025	AMAZON								
	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode					
	\$37.08	440 TERR	Y AVE N							
		SEATTLE,	WA 98109							
	PURPOSE	(a) Category (	See Categories listed at the top	o of this schedule)	(b)	Description				
	OF EXPENDITURE	Event Exp	ense			<b>=</b>			plete Schedule T.	
						LRD EXPENS		, officeholder living S	g expense	
						END EM EN		J		
$\vdash$	Complete ONLY if direct	L Candidate/Of	ficeholder name	Office so	<u>l</u> uaht			Office he	eld	
	expenditure to benefit C/OI									
	Date	Payee name	<del></del>							
	02/25/2025	AMAZON								
	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode					
	\$148.82	440 TERR	Y AVE N							
		SEATTLE,	WA 98109							
	PURPOSE	(a) Category (s	See Categories listed at the top	of this schedule)	(b)	Description				
	OF EXPENDITURE	Event Exp	ense			<u></u>			plete Schedule T.	
						LRD EXPENS		, officeholder living	g expense	
						TUD EVLEN	<b>⊃</b> ⊏	J		
$\vdash$	Complete ONLY if direct	   Candidate/∩f	ficeholder name	Office so	laht			Office he	eld	
	expenditure to benefit C/OI		noonolaer name	Office 300	agrit			Omice III	J.G	
$\vdash$										
L										0 (4 0 10 ; ;

### SCHEDULE F1

Advertising Expense Event E
Accounting/Banking Fees
Consulting Expense Food/B
Contributions/ Donations Made By - Gift/Aw

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee 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: 7/65 Rpt: 40/98	2 FILER NAME Grayson County Republican Party (CEC) 3 Filer ID (Ethics Commission Filers) 00035364				
4	Date	5 Payee name				
	02/25/2025	AMAZON				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$28.68	440 TERRY AVE N				
		SEATTLE, WA 98109				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Event Expense				
	EXPENDITORE	Check if Austin, TX, officeholder living expense				
		LRD EXPENSES				
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
_	Data					
	Date	Payee name				
	02/28/2025	AMAZON				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$155.10	440 TERRY AVE N				
		SEATTLE, WA 98109				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense				
		LRD EXPENSES				
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
_	Data					
	Date	Payee name				
	02/28/2025	AMAZON				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$95.49	440 TERRY AVE N				
		SEATTLE, WA 98109				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.				
	LAI LINDITORL	Check if Austin, TX, officeholder living expense				
		LRD EXPENSES				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OH					

### 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: Sch: 8/65 Rpt: 41/98	2 FILER NAME Grayson County Republican Party (CEC)  3 Filer ID (Ethics Commission Filers) 00035364
4	Date 02/28/2025	5 Payee name AMAZON
6	Amount (\$) \$50.93	7 Payee address; City; State; Zip Code 440 TERRY AVE N
8	PURPOSE	SEATTLE, WA 98109  (a) Category (See Categories listed at the top of this schedule)  (b) Description
	OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  LRD EXPENSES
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 02/28/2025	Payee name AMAZON
	Amount (\$) \$37.08	Payee address; City; State; Zip Code 440 TERRY AVE N
		SEATTLE, WA 98109
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  LRD EXPENSES
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 03/03/2025	Payee name AMAZON
	Amount (\$) \$170.60	Payee address; City; State; Zip Code 440 TERRY AVE N
		SEATTLE, WA 98109
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  LRD EXPENSES
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica					
	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: 9/65 Rpt: 42/98	Grayson County Republican Party (CEC) 00035364				
4	Date	5 Payee name				
	03/03/2025	AMAZON				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
Ü	\$55.24	440 TERRY AVE N				
	Ψ55.24	THO PERIOR TO THE PROPERTY OF				
		CEATHE WA 2010				
		SEATTLE, WA 98109				
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense				
		LRD EXPENSES				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI					
	Date	Payee name				
	03/03/2025	AMAZON				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$41.33	440 TERRY AVE N				
	Ψ41.33	440 ILIKI AVLIV				
		CEATH E WA 00100				
		SEATTLE, WA 98109				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense				
		LRD EXPENSES				
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI	1				
	Date	Payee name				
	01/15/2025	ATMOS ENERGY				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$140.65	5111 N BLUE FLAME RD				
		SHERMAN, TX 75090				
	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				
		HQ GAS				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held				
	experiulture to benefit G/OTT					

### 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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

rsement Solicitation/Fundraising Expense
xpense 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:	
	Sch: 10/65 Rpt: 43/98	Grayson County Republican Party (CEC) 00035364
4	Date	5 Payee name
	02/14/2025	ATMOS ENERGY
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$207.26	5111 N BLUE FLAME RD
		SHERMAN, TX 75090
8	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 GAS
		ηQ GAS
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
	Date	Payee name
	03/14/2025	ATMOS ENERGY
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.75	5111 N BLUE FLAME RD
		SHERMAN, TX 75090
	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 GAS
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	04/14/2025	ATMOS ENERGY
	Amount (\$) \$115.58	Payee address; City; State; Zip Code 5111 N BLUE FLAME RD
	φ115.56	SIII N BLOE FLAME RD
		CHEDMAN TV 75000
		SHERMAN, TX 75090
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Office Overhead/Pental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		HQ GAS
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

	Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 11/65 Rpt: 44/98	Grayson County Republican Party (CEC) 00035364
4	Date	5 Payee name
	05/14/2025	ATMOS ENERGY
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$101.67	5111 N BLUE FLAME RD
		SHERMAN, TX 75090
8	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 GAS
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	06/13/2025	ATMOS ENERGY
	Amount (\$)	Payee address; City; State; Zip Code
	\$99.34	5111 N BLUE FLAME RD
		SHERMAN, TX 75090
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense HQ GAS
		ng GAS
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	03/04/2025	BILL WHITTLE
	Amount (\$)	Payee address; City; State; Zip Code
	\$5,000.00	11239 VENTURA BLVD STE 103
		STUDIO CITY, CA 91604
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		LRD EXPENSES
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 12/65 Rpt: 45/98	Grayson County Republican Party (CEC) 00035364
4	Date	5 Payee name
	01/28/2025	BON APPETIT YALL
6	Amount (\$) \$1,604.40	7 Payee address; City; State; Zip Code 4616 S HWY 75
_		DENISON, TX 75020
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  LRD EXPENSES
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/18/2025	BON APPETIT YALL
	Amount (\$) \$1,320.60	Payee address; City; State; Zip Code 4616 S HWY 75
		DENISON, TX 75020
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  LRD EXPENSES
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/03/2025	BON APPETIT YALL
	Amount (\$) \$2,200.00	Payee address; City; State; Zip Code 4616 S HWY 75
		DENISON, TX 75020
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  LRD EXPENSES
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services  The Instruction Guide 6	Salaries/\	Wages/Contract Labor		OTHER (enter a	category not listed above	e)
1	Total pages Schedule F1:	2 FILER NAM	 E			3	Filer ID	(Ethics Commission	Filers)
	Sch: 13/65 Rpt: 46/98	1	- ounty Republican Pa	rty (CEC)			00035364	,	,
4	Date	5 Payee name	1						
	03/03/2025	FACEBOO							
6	Amount (\$) \$231.84	7 Payee addre 1 HACKER MENLO PA		State; Zip Co	ode				
8	PURPOSE	(a) Category (s	see Categories listed at the top	of this schodule)	(b) Description				
	OF EXPENDITURE		rhead/Rental Expens		Check if to	ravel outs Austin, TX	ide of Texas. Com , officeholder living EDIA		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		iceholder name	Office sou	ıght		Office he	eld	
	Date	Payee name			<u> </u>				
	03/27/2025	1	ANTASIES						
	Amount (\$) \$626.77		AVIS STREET	State; Zip Co	ode				
		SHERMAN	, TX 75090						
	PURPOSE OF EXPENDITURE	(a) Category (s Event Expe	ee Categories listed at the top	of this schedule)	ı <b>=</b>	ravel outs Austin, TX	ide of Texas. Com , officeholder living S		
	Complete ONLY if direct expenditure to benefit C/OI		iceholder name	Office sou	ught		Office he	eld	
	Date 03/19/2025	Payee name JACO BOO							
	Amount (\$) \$1,000.00		LAMAR BLVD #389	State; Zip Co	ode				
		AKLING I C	N, TX 76011		1				
	PURPOSE OF EXPENDITURE	(a) Category (s	iee Categories listed at the top	of this schedule)		ravel outs Austin, TX	ide of Texas. Com , officeholder living S		
	Complete ONLY if direct expenditure to benefit C/OI		iceholder name	Office sou	ught		Office he	eld	

### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)					
Ļ		The Instruction Guide explains how to complete this form.	_				
1	Total pages Schedule F1:						
	Sch: 14/65 Rpt: 47/98	Grayson County Republican Party (CEC) 00035364					
4	Date	5 Payee name					
	01/24/2025	KIT.COM					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$52.14	750 WEST BANNOCK STREET #761					
		BOISE, ID 83701					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_				
	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITURE	Check if Austin, TX, officeholder living expense					
		HQ INTERNET					
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/Oi	п					
	Date	Payee name					
	02/24/2025	KIT.COM					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$52.14	750 WEST BANNOCK STREET #761					
		BOISE, ID 83701					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_				
	OF	Office Overhead/Rental Expense  CHOCK if travel outside of Texas. Complete Schedule T.					
	EXPENDITURE	Check if Austin, TX, officeholder living expense					
		HQ INTERNET					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI	п					
	Date	Payee name					
	03/24/2025	KIT.COM					
	Amount (\$)	Payee address; City; State; Zip Code	$\Box$				
	\$52.14	750 WEST BANNOCK STREET #761					
		BOISE, ID 83701					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	$\dashv$				
	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITURE	Check if Austin, TX, officeholder living expense					
		HQ INTERNET					
			_				
	Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH						
	experience to benefit 6/01		_				

### 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

	Contributions/ Donations Made By Candidate/Officeholder/Politica		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: 15/65 Rpt: 48/98	Grayson County Republican Party (CEC)	00035364			
4	Date	5 Payee name				
	04/24/2025	KIT.COM				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$52.14	750 WEST BANNOCK STREET #761				
		BOISE, ID 83701				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF		outside of Texas. Complete Schedule T.			
	EXPENDITURE	Check if Austin,	TX, officeholder living expense			
		HQ INTERNE	ET			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	05/27/2025	KIT.COM				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$52.14	750 WEST BANNOCK STREET #761				
		BOISE, ID 83701				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Office Overhead/Nertial Expense	outside of Texas. Complete Schedule T. . TX, officeholder living expense			
		HQ INTERNE				
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held			
	expenditure to benefit C/OI	Н				
	Date	Payee name				
	06/24/2025	KIT.COM				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$52.14	750 WEST BANNOCK STREET #761				
		BOISE, ID 83701				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF		outside of Texas. Complete Schedule T.			
	EXPENDITURE	Check if Austin,	TX, officeholder living expense			
		HQ INTERNE	<u>-</u> I			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held			
	5.p.5.18.18.18 18 20.18.1. 6/6/1					

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 16/65 Rpt: 49/98	Grayson County Republican Party (CEC) 00035364
4	Date	5 Payee name
	01/06/2025	LOS HERMANOS PARTNERSHIP LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,180.25	427 N RUSK, SUITE B
		SHERMAN, TX 75090
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		HQ RENT/TAXES
_		
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	·	
	Date	Payee name
	02/04/2025	LOS HERMANOS PARTNERSHIP LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,180.25	427 N RUSK, SUITE B
		SHERMAN, TX 75090
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense HQ RENT/TAXES
		TIQ NEWT/T/VIES
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	03/04/2025	LOS HERMANOS PARTNERSHIP LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,180.25	427 N RUSK, SUITE B
		SHERMAN, TX 75090
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		HQ RENT/TAXES
	Complete ONII V if allower	Condidate/Officeholder name
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### 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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	ot listed above)
1	Total pages Schedule F1:		Commission Filers)
	Sch: 17/65 Rpt: 50/98	Grayson County Republican Party (CEC) 00035364	
4	Date 04/01/2025	5 Payee name LOS HERMANOS PARTNERSHIP LLC	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
ľ	\$2,180.25		
	Φ2,100.25	427 N ROSK, SOITE B	
		SHERMAN, TX 75090	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	dule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense	
		HQ RENT/TAXES	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	OH Control of the Con	
	Date	Payee name	
	05/06/2025	LOS HERMANOS PARTNERSHIP LLC	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2,180.25	427 N RUSK, SUITE B	
	• •		
		SHERMAN, TX 75090	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Scher	dule T.
		HQ RENT/TAXES	
		TIQ NEWIT INCES	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
-	Data	Para compa	
	Date 06/06/2025	Payee name LOS HERMANOS PARTNERSHIP LLC	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2,180.25	427 N RUSK, SUITE B	
		SHERMAN, TX 75090	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	dule T.
		Check if Austin, TX, officeholder living expense	
		HQ RENT/TAXES	
	0 1. 5		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	The strategy of the strategy o		

### 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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 18/65 Rpt: 51/98	Grayson County Republican Party (CEC) 00035364	
4	Date	5 Payee name	
	01/14/2025	MCCOY, ROBIN	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$112.88	746 OLD HWY 6	
		HOWE, TX 75459	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense FESTIVAL EXPENSES	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
F	Date	Payee name	=
	01/23/2025	MUNICIPAL ONLINE PAYME	
H	Amount (\$)	Payee address; City; State; Zip Code	_
	\$1.25	PO BOX 1106	
		SHERMAN, TX 75091	
	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 UTILITIES	
		1,40	
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-
	expenditure to benefit C/OI		
F	Date	Payee name	=
	03/13/2025	MUNICIPAL ONLINE PAYME	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$1.25	PO BOX 1106	
		SHERMAN, TX 75091	
	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 UTILITIES	
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
1	expenditure to benefit C/OI		
$\vdash$			_

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	$\neg$
	Sch: 19/65 Rpt: 52/98	Grayson County Republican Party (CEC) 00035364	
4	Date	5 Payee name	
	04/21/2025	MUNICIPAL ONLINE PAYME	
6	Amount (\$) \$1.25	7 Payee address; City; State; Zip Code PO BOX 1106 SHERMAN, TX 75091	
8	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 UTILITIES	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	05/20/2025	MUNICIPAL ONLINE PAYME	
	Amount (\$) \$1.25	Payee address; City; State; Zip Code PO BOX 1106 SHERMAN, TX 75091	
_	PURPOSE	To a second seco	_
	OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  HQ UTILITIES	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	_
	06/16/2025	MUNICIPAL ONLINE PAYME	
	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  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  HQ UTILITIES	
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held	

### 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: Sch: 20/65 Rpt: 53/98	2 FILER NAME Grayson County Republican Party (CEC) 3 Filer ID (Ethics Commission Filers) 00035364
4	Date 01/31/2025	5 Payee name OFFICE DEPOT
6	Amount (\$) \$34.62	7 Payee address; City; State; Zip Code 4015 N HWY 75
8	PURPOSE OF EXPENDITURE	SHERMAN, TX 75090  (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense SUPPLIES
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 02/27/2025	Payee name SAM'S CLUB
	Amount (\$) \$35.62	Payee address; City; State; Zip Code 3333 N HWY 75 SHERMAN, TX 75090
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  LRD EXPENSES
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 03/03/2025	Payee name SAM'S CLUB
	Amount (\$) \$328.89	Payee address; City; State; Zip Code 3333 N HWY 75
		SHERMAN, TX 75090
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  LRD EXPENSES
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### 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

	Contributing Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 21/65 Rpt: 54/98	Grayson County Republican Party (CEC) 00035364
4	Date	5 Payee name
	01/23/2025	SHERMAN UTILITY
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$51.06	PO BOX 1106
		SHERMAN, TX 75091
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	LXI LINDITORE	Check if Austin, TX, officeholder living expense
		HQ UTILITIES
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Т	Date	Payee name
	03/13/2025	SHERMAN UTILITY
_	Amount (\$)	Payee address; City; State; Zip Code
	\$98.57	PO BOX 1106
	Ф90.57	PO BOX 1100
		SHERMAN, TX 75091
	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 UTILITIES
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experience to benefit eyer	
	Date	Payee name
	04/21/2025	SHERMAN UTILITY
	Amount (\$)	Payee address; City; State; Zip Code
	\$47.51	PO BOX 1106
		SHERMAN, TX 75091
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		HQ UTILITIES
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense Fees Food/Beverage Expense

**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

Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 22/65 Rpt: 55/98 Grayson County Republican Party (CEC) 00035364 4 Date Payee name 05/19/2025 SHERMAN UTILITY 6 Amount (\$) Payee address; State; Zip Code \$47.51 PO BOX 1106 SHERMAN, TX 75091 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense **HQ UTILITIES** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/16/2025 SHERMAN UTILITY Amount (\$) Payee address; City; State; Zip Code \$47.51 PO BOX 1106 SHERMAN, TX 75091 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense **HO UTILITIES** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/25/2025 SIMS, SHANNON Amount (\$) Payee address: City; State; Zip Code \$117.98 1112 SAND POINT RD MEAD, OK 73449 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense LRD EXPENSES Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Onations Made By -

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 23/65 Rpt: 56/98	Grayson County Republican Party (CEC) 00035364
4	Date	5 Payee name
	02/18/2025	SUMMER ENERGY L SUMMERENEG M WEB
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$26.11	PO BOX 460485
		HOUSTON, TX 77056
8	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 ELECTRICITY
_	Occupated ONLY if alice at	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/O	
	·	
	Date	Payee name
	03/13/2025	SUMMER ENERGY
	Amount (\$)	Payee address; City; State; Zip Code
	\$43.41	PO BOX 460485
		HOUSTON, TX 77056
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		HQ ELECTRICITY
		119 222011110111
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	David and the second se
	Date 04/21/2025	Payee name SUMMER ENERGY
	Amount (\$)	Payee address; City; State; Zip Code
	\$37.94	PO BOX 460485
		HOUSTON, TX 77056
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense HQ ELECTRICITY
		TIQ ELECTRICITY
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_		
1	Total pages Schedule F1: Sch: 24/65 Rpt: 57/98	2 FILER NAME Grayson County Republican Party (CEC) 3 Filer ID (Ethics Commission Filers) 00035364
4	Date 05/20/2025	5 Payee name SUMMER ENERGY
6	Amount (\$) \$31.99	7 Payee address; City; State; Zip Code PO BOX 460485  HOUSTON, TX 77056
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  HQ ELECTRICITY
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Ī	Date	Payee name
	06/16/2025	SUMMER ENERGY
	Amount (\$) \$41.82	Payee address; City; State; Zip Code PO BOX 460485  HOUSTON, TX 77056
_	DUDDOCE	T
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  HQ ELECTRICITY
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/20/2025	TICKET SPICE
	Amount (\$) \$15.86	Payee address; City; State; Zip Code  1200 2ND ST
		SACRAMENTO, CA 95814
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  E-COMMERCE FEES
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 25/65 Rpt: 58/98	Grayson County Republican Party (CEC) 00035364
4	Date	5 Payee name
	03/03/2025	TICKET SPICE
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$8.04	1200 2ND ST
		SACRAMENTO, CA 95814
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  E-COMMERCE FEES
		E-GOWINIERGE FEES
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
"	expenditure to benefit C/O	
⊨		
	Date	Payee name
	02/24/2025	TICKET SPICE
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.03	1200 2ND ST
		SACRAMENTO, CA 95814
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		E-COMMERCE FEES
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
L		
	Date	Payee name
	02/21/2025	TICKET SPICE
	Amount (\$)	Payee address; City; State; Zip Code
	\$8.54	1200 2ND ST
		SACRAMENTO, CA 95814
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		E-COMMERCE FEES
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OH	· · · · · · · · · · · · · · · · · · ·
$\vdash$		

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/	/Contract Labor OTHER (enter a category not listed above)
ᆫ	·	The Instruction Guide explains how to comple	te this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 26/65 Rpt: 59/98	Grayson County Republican Party (CEC)	00035364
4	Date	5 Payee name	
	02/21/2025	TICKET SPICE	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$8.54	1200 2ND ST	
		CACDAMENTO, CA 05014	
L		SACRAMENTO, CA 95814	
8	PURPOSE OF	,	Description
	EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
			E-COMMERCE FEES
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
ľ	expenditure to benefit C/OI		Office field
	Date	Payee name	
	02/24/2025	TICKET SPICE	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$8.54	1200 2ND ST	
		SACRAMENTO, CA 95814	
H	PURPOSE	(6) 6 .	Description
	OF	(a) Category (See Categories listed at the top of this schedule)  Fees	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	1 663	Check if Austin, TX, officeholder living expense
			E-COMMERCE FEES
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
F	Date	Payee name	
	03/04/2025	TICKET SPICE	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$4.13	1200 2ND ST	
	Ψ4.13	1200 2110 01	
		0.0000	
		SACRAMENTO, CA 95814	
	PURPOSE OF	,	Description
	EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
			E-COMMERCE FEES
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
1	expenditure to benefit C/OI		Office field
$\vdash$			
L			

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
┰	Total pages Schedule F1:	<u> </u>
Ĺ	Sch: 27/65 Rpt: 60/98	Grayson County Republican Party (CEC)  00035364
4	Date	5 Payee name
	02/24/2025	TICKET SPICE
6	Amount (\$)	7 Payee address; City; State; Zip Code
ľ	\$3.03	1200 2ND ST
	Ψ0.00	1200 2118 01
		0.4.00.4.4.5.1.7.00.4.0.5.0.4.4
		SACRAMENTO, CA 95814
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  E-COMMERCE FEES
		E-COMMERCE FEES
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to benefit eyes	•
	Date	Payee name
	01/09/2025	TICKET SPICE
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$8.54	1200 2ND ST
		SACRAMENTO, CA 95814
L	DUDD 0.05	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule 1.  Check if Austin, TX, officeholder living expense
		E-COMMERCE FEES
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Data	Daving years
	Date 02/21/2025	Payee name
		TICKET SPICE
	Amount (\$)	Payee address; City; State; Zip Code
	\$4.19	1200 2ND ST
		SACRAMENTO, CA 95814
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		E-COMMERCE FEES
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experiorare to benefit C/OI	1

### 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: 28/65 Rpt: 61/98	Grayson County Republican Party (CEC) 00035364
4	Date	5 Payee name
	02/10/2025	TICKET SPICE
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$88.29	1200 2ND ST
		SACRAMENTO, CA 95814
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		E-COMMERCE FEES
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/20/2025	TICKET SPICE
	Amount (\$)	Payee address; City; State; Zip Code
	\$8.54	1200 2ND ST
		SACRAMENTO, CA 95814
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  E-COMMERCE FEES
		E-COMMERCE FEES
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Data	
	Date 02/24/2025	Payee name TICKET SPICE
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.76	1200 2ND ST
		SACRAMENTO, CA 95814
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		E-COMMERCE FEES
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 29/65 Rpt: 62/98	Grayson County Republican Party (CEC) 00035364
4	Date	5 Payee name
	02/20/2025	TICKET SPICE
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$15.79	1200 2ND ST
		SACRAMENTO, CA 95814
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  E-COMMERCE FEES
		E COMMENCE I LES
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	Complete ONLY if direct expenditure to benefit C/OI	the state of the s
┡		
	Date	Payee name
L	02/24/2025	TICKET SPICE
	Amount (\$)	Payee address; City; State; Zip Code
	\$8.08	1200 2ND ST
		SACRAMENTO, CA 95814
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  E-COMMERCE FEES
		E-COMMENCE I EES
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<b>y</b>
H		
	Date	Payee name
	03/03/2025	TICKET SPICE
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.32	1200 2ND ST
		SACRAMENTO, CA 95814
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
I		E-COMMERCE FEES
$\vdash$	Complete ONII V if alice -	Condidate/Officeholder name Office country
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
$\vdash$		
L		

### 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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Se				Vages	ete this form.			HER (enter a	strict a category not list	ed above)
_	T-t-1 O-bd-1- F1:	_	EU ED MANA							1_		ID	(E4laina Cara	:: File
1	Total pages Schedule F1:	2								3		er ID	(Etnics Com	mission Filers)
	Sch: 30/65 Rpt: 63/98		Grayson Co	ounty R	Republica	n Party (C	CEC)				00	035364		
4	Date	5	Payee name											
	01/24/2025		TICKET SP											
_	Amount (¢)	-	Dayoo addro		City:	Cto	ite; Zip Co	ndo.						
6	Amount (\$)	<b> </b> ′	Payee addre		City;	Sid	ile, Zip Ct	Jue						
	\$4.19		1200 2ND S	51										
			SACRAME	NTO, C	CA 95814									
8	PURPOSE	(a)	Category (S	oo Catogo	ries listed at t	ho ton of this	echodulo)	(b)	Description					
	OF	l`´	Fees	ee Calego	iles listeu at t	ne top or triis :	scriedule)	\ <i>`</i>		outsi	ide of	Texas. Con	nplete Schedule T	
	EXPENDITURE		1 000						Check if Austin	, TX	, offic	eholder livin	g expense	
									E-COMMERC	CE	FΕ	ES		
9	Complete ONLY if direct		Candidate/Offi	iceholde	er name		Office sou	ıaht				Office h	eld	
ľ	expenditure to benefit C/OI				,		000 000	.9				000	0.0	
L		_												
	Date		Payee name											
	02/14/2025		TICKET SP	ICE										
	Amount (\$)		Payee addre	SS;	City;	Sta	ite; Zip Co	ode						
	\$8.54		1200 2ND 9	ST										
			SACRAME	NITO C	^^ 0591 <i>1</i>									
		_												
	PURPOSE OF	(a)	Category (S	ee Catego	ries listed at t	he top of this	schedule)	(b)	Description			- 0		_
	EXPENDITURE		Fees						Check if travel				nplete Schedule T	
									E-COMMER(				g expense	
									L COMMEN	CL		LO		
_	On and the ONE Wife disease	<u> </u>	O1! -1 - + - 10#!				046					O#: I-	-1-1	
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	icenoiae	er name		Office sou	ignt				Office h	eia	
	Date		Payee name											
	01/08/2025		TICKET SP	ICE										
	Amount (\$)		Payee addre	SS:	City;	Sta	ite; Zip Co	ode						
	\$8.54		1200 2ND 9		,,		,p							
	Ψ0.0 1		1200 2.10											
			SACRAME	NTO, C	CA 95814									
	PURPOSE	(a)	Category (S	ee Catego	ries listed at t	he top of this	schedule)	(b)	Description					
	OF EXPENDITURE		Fees						<b>=</b>				nplete Schedule T	
	LXI LINDITORL								Check if Austin				g expense	
									E-COMMERO	CE	FE	ES		
		L						L						
	Complete ONLY if direct		Candidate/Offi	iceholde	er name		Office sou	ıght				Office h	eld	
	expenditure to benefit C/OI	Н												

### 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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica 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: 31/65 Rpt: 64/98	Grayson County Republican Party (CEC) 00035364
4	Date	5 Payee name
	02/21/2025	TICKET SPICE
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3.03	1200 2ND ST
		SACRAMENTO, CA 95814
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  E-COMMERCE FEES
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	02/07/2025	TICKET SPICE
	Amount (\$)	Payee address; City; State; Zip Code
	\$8.54	1200 2ND ST
		SACRAMENTO, CA 95814
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense  E-COMMERCE FEES
		E GOWNEROET EEG
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	01/13/2025	TICKET SPICE
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.76	1200 2ND ST
		SACRAMENTO, CA 95814
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	_/	Check if Austin, TX, officeholder living expense  E-COMMERCE FEES
		E-COMMERCE FEES
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form.	OTHER (enter a category not listed above)
_			
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
	Sch: 32/65 Rpt: 65/98	Grayson County Republican Party (CEC)	00035364
4	Date	5 Payee name	
	01/28/2025	TICKET SPICE	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$8.08	1200 2ND ST	
		SACRAMENTO, CA 95814	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	1 003	outside of Texas. Complete Schedule T.
		E-COMMERC	TX, officeholder living expense
		E GOWNERO	52 7 223
_	Complete ONLY if direct	Candidata/Officabaldar nama Offica acuabt	Office hold
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
_			
	Date	Payee name	
	01/21/2025	TICKET SPICE	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$8.54	1200 2ND ST	
		SACRAMENTO, CA 95814	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	1 003	outside of Texas. Complete Schedule T.
		H	, TX, officeholder living expense
		E-COMMERC	JE FEES
_	Computate ONLY if diseast	Candidata/Officahaldar yawa Offica asuriht	Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	02/23/2025	TICKET SPICE	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$4.19	1200 2ND ST	
		SACRAMENTO, CA 95814	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel of	outside of Texas. Complete Schedule T.
			, TX, officeholder living expense
		E-COMMERC	CE FEES
	Operation ONE VIII II	Out lists 10ff as halden a second	Office held
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	p = 1 1 2 12 120 3/01		

### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	_	al Services e Instruction Guide e		-	Contract Labor te this form.		OTHER (enter a	category not listed ab	ove)
1	Total pages Schedule F1:	2 FILER NAME				[;	3	Filer ID	(Ethics Commissi	on Filers)
	Sch: 33/65 Rpt: 66/98		ty Republican Pa	rty (CEC)				00035364	•	
4	Date	5 Payee name				•				
	02/11/2025	TICKET SPICE	≣							
6	Amount (\$) \$8.54	7 Payee address; 1200 2ND ST SACRAMENT	City; O, CA 95814	State; Zip Co	ode					
8	PURPOSE OF EXPENDITURE	(a) Category (See C	ategories listed at the top	of this schedule)		Description  Check if travel ou  Check if Austin,  E-COMMERC	TX,	officeholder living		
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officer	nolder name	Office sou	ight			Office h	eld	
	Date	Payee name								
	01/25/2025	TICKET SPICE	≣							
	Amount (\$)	Payee address;	City;	State; Zip Co	ode					
	\$8.08	1200 2ND ST	•	·						
		SACRAMENT	O, CA 95814							
	PURPOSE	(a) Category (See C	ategories listed at the top	of this schedule)	(b)	Description				
	OF EXPENDITURE	Fees	-	ŕ		<b>—</b>			plete Schedule T.	
	2/11 2/13/17 C/12					Check if Austin,			g expense	
						E-COMMERC	,E	FEES		
_	Complete ONLY if direct	Candidate/Officeh	ooldor nama	Office sou	ıaht			Office h	old.	
	expenditure to benefit C/O		loidei Hairie	Office soc	ignt			Office II	siu	
_										
	Date	Payee name	_							
	02/24/2025	TICKET SPICE								
	Amount (\$)	Payee address;	City;	State; Zip Co	ode					
	\$4.19	1200 2ND ST								
		SACRAMENT	O, CA 95814							
	PURPOSE	(a) Category (See C	ategories listed at the top	of this schedule)	(b)	Description				
	OF EXPENDITURE	Fees				<b>—</b>			plete Schedule T.	
						Check if Austin, TE-COMMERC			j expense	
						_ COMMITTO				
_	Complete ONLY if direct	Candidate/Officeh	nolder name	Office sou	l Iaht			Office h	əld	
	expenditure to benefit C/O		iolaer riairie	Office 300	-9·II			Office III		
H										

### SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_		·
1	Total pages Schedule F1: Sch: 34/65 Rpt: 67/98	2 FILER NAME Grayson County Republican Party (CEC) 3 Filer ID (Ethics Commission Filers) 00035364
4	Date	5 Payee name
	02/12/2025	TICKET SPICE
6	Amount (\$) \$3.03	7 Payee address; City; State; Zip Code 1200 2ND ST  SACRAMENTO, CA 95814
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
ľ	OF	
	EXPENDITURE	Fees  Check if travel outside of Texas. Complete Schedule T.  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	Payee name
	01/26/2025	TICKET SPICE
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.76	1200 2ND ST
	, ,	
		SACRAMENTO, CA 95814
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		E-COMMERCE FEES
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/24/2025	TICKET SPICE
	Amount (\$)	Payee address; City; State; Zip Code
	\$8.54	1200 2ND ST
	,	
		SACRAMENTO, CA 95814
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  E-COMMERCE FEES
		E-COIVIIVIENCE FEES
	Complete ONLY if direct	Condidate/Officeholder name Office equality Office hold
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	<u> </u>	_
	Sch: 35/65 Rpt: 68/98	Grayson County Republican Party (CEC) 00035364	
4	Date	5 Payee name	_
	03/03/2025	TICKET SPICE	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$13.84	1200 2ND ST	
		SACRAMENTO, CA 95814	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITORE	Check if Austin, TX, officeholder living expense	
		E-COMMERCE FEES	
_			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
			_
	Date	Payee name	
	03/03/2025	TICKET SPICE	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$12.83	1200 2ND ST	
		SACRAMENTO, CA 95814	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense  E-COMMERCE FEES	
		E-COMMERCE FEES	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
	Data		_
	Date 01/22/2025	Payee name TICKET SPICE	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$8.08	1200 2ND ST	
		SACRAMENTO, CA 95814	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		E-COMMERCE FEES	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
			_

# 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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment		mittee	Gift/Awards/Memor	ials Expense		pens ages	se s/Contract Labor		Travel Out of Dis OTHER (enter a	
_		I			Guide explains	s now to col	mpie	ete this form.	-		
1	Total pages Schedule F1:	l							3	Filer ID	(Ethics Commission Filers)
	Sch: 36/65 Rpt: 69/98		Grayson Co	unty Republi	can Party (Cl	EC)				00035364	
4	Date	5 F	Payee name								
	02/17/2025	-	TICKET SPI	CE							
6	Amount (\$)	7 1	Payee addres	s; City;	State	e; Zip Co	de				
	\$3.03	l	1200 2ND S			•					
	, , , , , , , , , , , , , , , , , , , ,										
			SACRAMEN	ITO, CA 958	14						
8	PURPOSE	(a) (	Category (Se	e Categories listed	at the top of this sc	hodulo)	(b)	Description			
	OF	l	Fees	e categories listed	at the top of this se	ineduic)	` ,	_ :	outsi	de of Texas. Com	plete Schedule T.
	EXPENDITURE							Check if Austin	, TX	officeholder living	g expense
								E-COMMERC	CE	FEES	
9	Complete ONLY if direct expenditure to benefit C/OI		andidate/Offic	eholder name	ı	Office sou	ght			Office h	eld
	Date	F	Payee name								
	02/24/2025	-	TICKET SPI	CE							
	Amount (\$)	F	Payee addres	s; City;	State	e; Zip Co	de				
	\$8.49	]	1200 2ND S	T							
			SACRAMEN	ITO, CA 958	14						
	PURPOSE	(a) (	Category (Se	e Categories listed	at the top of this sc	chedule)	(b)	Description			
	OF	l	Fees					_	outsi	de of Texas. Com	plete Schedule T.
	EXPENDITURE							Check if Austin	, TX	officeholder living	g expense
								E-COMMERC	CE	FEES	
	Complete ONLY if direct		andidate/Offic	eholder name		Office sou	ght			Office he	eld
	expenditure to benefit C/OI	Н									
	Date	-	Payee name								
	02/26/2025	1	TICKET SPI	CE							
		_			Ctoto	a. Zin Co	do				
	Amount (\$)	l	Payee addres		Sidle	e; Zip Co	ue				
	\$8.08	-	1200 2ND S	1							
		L.	SACRAMEN	ITO, CA 958	14						
	PURPOSE	(a) (	Category (Se	e Categories listed	at the top of this sc	hedule)	(b)	Description			
	OF EXPENDITURE		Fees								plete Schedule T.
	LAPENDITORE									officeholder living	g expense
								E-COMMERO	CE	FEES	
	Complete ONLY if direct		andidate/Offic	eholder name		Office sou	ght			Office h	eld
	expenditure to benefit C/OI	H									

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment								
Ļ		<u>-</u>			(=u: 0 : =u )				
1	Total pages Schedule F1:		3	3 Filer ID	(Ethics Commission Filers)				
L	Sch: 37/65 Rpt: 70/98	Grayson County Republican Party (CEC)		00035364					
4	Date	5 Payee name							
	02/22/2025	TICKET SPICE							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
l	\$30.29	1200 2ND ST							
		SACRAMENTO, CA 95814							
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descr	ription						
	OF EXPENDITURE	Fees		utside of Texas. Con					
	LAFENDITORE			TX, officeholder livin	g expense				
		E-CC	OMMERC	E FEES					
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought		Office h	eld				
L									
	Date	Payee name							
	02/26/2025	TICKET SPICE							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$15.79	1200 2ND ST							
		SACRAMENTO, CA 95814							
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descr	ription						
	OF EXPENDITURE	1 003		utside of Texas. Con					
				TX, officeholder livin	g expense				
		E-CC	OMMERC	E FEES					
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office h	old				
	expenditure to benefit C/OI			Office fi	eiu				
⊨	5.								
	Date	Payee name							
	02/12/2025	TICKET SPICE							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$4.19	1200 2ND ST							
		SACRAMENTO, CA 95814							
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Descr							
	EXPENDITURE	1 003		utside of Texas. Con	•				
				TX, officeholder livin	g expense				
				0					
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office h	eld				
	expenditure to benefit C/OI			000 11					
$\vdash$									
I									

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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
OTHER (enter a category not listed above)

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Se				Vages	/Contract Labor		OTHER (ente	a category not liste	d above)
L					istruction Gu	lide explains	s now to co	mpie	ete this form.	_			
1	Total pages Schedule F1:	2	FILER NAMI	E						3	Filer ID	(Ethics Comr	nission Filers)
	Sch: 38/65 Rpt: 71/98		Grayson Co	ounty F	Republica	n Party (C	EC)				00035364		
4	Date	5	Payee name	<u>;</u>						_			
	01/09/2025		TICKET SF										
١	Amount (¢)	7	Dayoo addro	,cc:	City:	Ctat	e; Zip Co	,do					
ľ	Amount (\$)	<b> </b> ′	Payee addre		City;	Sidil	e, zip cc	ue					
	\$4.19		1200 2ND	51									
			SACRAME	NTO,	CA 95814								
8	PURPOSE	(a)	Category (S	See Caten	ories listed at th	he ton of this so	rhedule)	(b)	Description				
	OF	` `	Fees	occ outcg	jones listed at ti	ne top of this se	oricutic)		_ `	outs	de of Texas. Co	omplete Schedule T.	
	EXPENDITURE		. 000						Check if Austin	, TX	officeholder liv	ng expense	
									E-COMMERC	CE	FEES		
9	Complete ONLY if direct		Candidate/Off	icehold	ler name		Office sou	ght			Office	held	
	expenditure to benefit C/OI	Н						•					
⊨	Dete	_											
	Date		Payee name										
L	02/19/2025		TICKET SF	1CE									
	Amount (\$)		Payee addre	ess;	City;	State	e; Zip Co	ode					
	\$3.03		1200 2ND	ST									
			SACRAME	NTO	CA 95814								
⊢	DUDDOCE	(0)						(b)	<u> </u>				
	PURPOSE OF	(a)	Category (S	See Categ	ories listed at th	he top of this so	chedule)	(u)	Description	outo	do of Toyon Co	omplete Schedule T	
	EXPENDITURE		Fees						Check if Austin				
									E-COMMERC			3 - 1	
										_			
⊢	Complete ONLY if direct	<u> </u>	Candidate/Off	icehold	ler name		Office sou	aht			Office	hald	
	expenditure to benefit C/OI		Sandidate/On	icerioiu	iei iiaiiie		Office 300	gni			Office	ileiu	
L	· 	_											
	Date		Payee name	<b>!</b>									
	02/24/2025		TICKET SF	PICE									
	Amount (\$)		Payee addre	ess;	City;	State	e; Zip Co	de					
	\$8.08		1200 2ND	ST									
			CACDAME	NITO	CA 0E014								
			SACRAME	INTO,	CA 93014								
	PURPOSE OF	(a)	Category (S	See Categ	ories listed at th	he top of this so	chedule)	(b)	Description				
	EXPENDITURE		Fees						<u></u>			omplete Schedule T	
									Check if Austin			ng expense	
									E-COMMERO	J⊏	FEES		
L								L					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Off	icehold	ler name		Office sou	ght			Office	held	
L		_											
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### SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 39/65 Rpt: 72/98	Grayson County Republican Party (CEC) 00035364
4	Date	5 Payee name
	03/03/2025	TICKET SPICE
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$6.45	1200 2ND ST
		SACRAMENTO, CA 95814
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		E-COMMERCE FEES
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	01/07/2025	TICKET SPICE
	Amount (\$)	Payee address; City; State; Zip Code
	\$8.54	1200 2ND ST
		SACRAMENTO, CA 95814
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		E-COMMERCE FEES
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	02/24/2025	TICKET SPICE
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.76	1200 2ND ST
		SACRAMENTO, CA 95814
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  E-COMMERCE FEES
		E GOWNEROL I LEG
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 40/65 Rpt: 73/98	Grayson County Republican Party (CEC) 00035364
4	Date	5 Payee name
	02/13/2025	TICKET SPICE
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$4.19	1200 2ND ST
		SACRAMENTO, CA 95814
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  E-COMMERCE FEES
		E-GOWINIERGE FEES
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
"	expenditure to benefit C/O	
⊨		
	Date	Payee name
	03/03/2025	TICKET SPICE
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.94	1200 2ND ST
		SACRAMENTO, CA 95814
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		E-COMMERCE FEES
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	
┕	·	
	Date	Payee name
	02/18/2025	TICKET SPICE
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.79	1200 2ND ST
		SACRAMENTO, CA 95814
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		E-COMMERCE FEES
$\vdash$	Complete ONII V if direct	Condidate/Officeholder name Office cought
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
L		

### 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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 41/65 Rpt: 74/98	Grayson County Republican Party (CEC) 00035364
4	Date	5 Payee name
	02/28/2025	TICKET SPICE
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$8.54	1200 2ND ST
		SACRAMENTO, CA 95814
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		E-COMMERCE FEES
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	01/19/2025	TICKET SPICE
	Amount (\$)	Payee address; City; State; Zip Code
	\$8.54	1200 2ND ST
		SACRAMENTO, CA 95814
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		E-COMMERCE FEES
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	02/24/2025	TICKET SPICE
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.03	1200 2ND ST
		SACRAMENTO, CA 95814
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  E-COMMERCE FEES
		E GOWWIENGET EES
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

### SCHEDULE F1

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 42/65 Rpt: 75/98	Grayson County Republican Party (CEC) 00035364
4	Date	5 Payee name
	02/14/2025	TICKET SPICE
6	Amount (\$)	7 Payee address; City; State; Zip Code
l	\$4.19	1200 2ND ST
		SACRAMENTO, CA 95814
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  E-COMMERCE FEES
		E-GOWINIERGE FEES
9	Commiste ONII V if disport	Condidate Office held
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
L	•	
	Date	Payee name
	03/03/2025	TICKET SPICE
	Amount (\$)	Payee address; City; State; Zip Code
	\$2.68	1200 2ND ST
		SACRAMENTO, CA 95814
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  E-COMMERCE FEES
		E-COMMERCE FEES
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
L		
	Date	Payee name
L	02/25/2025	TICKET SPICE
	Amount (\$)	Payee address; City; State; Zip Code
	\$8.54	1200 2ND ST
		SACRAMENTO, CA 95814
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  E-COMMERCE FEES
1		L-GOIVIIVILITGE FLES
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
$\vdash$		

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica 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: 43/65 Rpt: 76/98	Grayson County Republican Party (CEC) 00035364
4	Date	5 Payee name
	02/23/2025	TICKET SPICE
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5.76	1200 2ND ST
		SACRAMENTO, CA 95814
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense  E-COMMERCE FEES
		E-GOWNVIERGET EES
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Payee name
	02/24/2025	Payee name TICKET SPICE
	Amount (\$)	Payee address; City; State; Zip Code
	\$4.19	1200 2ND ST
		SACRAMENTO, CA 95814
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		E-COMMERCE FEES
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/10/2025	TICKET SPICE
	Amount (\$)	Payee address; City; State; Zip Code
	\$8.08	1200 2ND ST
		SACRAMENTO, CA 95814
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		E-COMMERCE FEES
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	capenditure to benefit C/OI	'

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 44/65 Rpt: 77/98	Grayson County Republican Party (CEC) 00035364
4	Date	5 Payee name
	02/24/2025	TICKET SPICE
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$15.79	1200 2ND ST
		SACRAMENTO, CA 95814
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  E-COMMERCE FEES
		E-GOIWINIERGE FEES
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
⊨	Data	
	Date	Payee name
L	03/06/2025	TICKET SPICE
	Amount (\$)	Payee address; City; State; Zip Code
	\$13.84	1200 2ND ST
		SACRAMENTO, CA 95814
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  E-COMMERCE FEES
		E-COMMERCE FEES
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
⊨	Data	
	Date	Payee name
	02/20/2025	TICKET SPICE
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.03	1200 2ND ST
		SACRAMENTO, CA 95814
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  E-COMMERCE FEES
1		L-GOIVIIVILITGE FELS
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/O	
$\vdash$		
L		

### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 45/65 Rpt: 78/98	Grayson County Republican Party (CEC) 00035364
4	Date	5 Payee name
	02/16/2025	TICKET SPICE
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$15.79	1200 2ND ST
		SACRAMENTO, CA 95814
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  E-COMMERCE FEES
		E-COMMERCE FEES
_		
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/03/2025	TICKET SPICE
	Amount (\$)	Payee address; City; State; Zip Code
	\$13.84	1200 2ND ST
		SACRAMENTO, CA 95814
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		E-COMMERCE FEES
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/03/2025	TICKET SPICE
	Amount (\$)	Payee address; City; State; Zip Code
	\$2.53	1200 2ND ST
		SACRAMENTO, CA 95814
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  E-COMMERCE FEES
		E-COIVIIVIENCE FEES
	Complete ONLY if direct	Condidate/Officeholder name Office cought
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held

### 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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Committee   Legal Services   Salaries/Wages/Contract Labor   OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 46/65 Rpt: 79/98	Grayson County Republican Party (CEC) 00035364
4	Date	5 Payee name
	02/23/2025	TICKET SPICE
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3.03	1200 2ND ST
		SACRAMENTO, CA 95814
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		E-COMMERCE FEES
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	the state of the s
⊨		
	Date	Payee name
L	02/05/2025	TICKET SPICE
	Amount (\$)	Payee address; City; State; Zip Code
	\$4.19	1200 2ND ST
		SACRAMENTO, CA 95814
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		E-COMMERCE FEES
		E GOWNEROET EEG
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨		
	Date	Payee name
	02/24/2025	TICKET SPICE
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.03	1200 2ND ST
l		
		SACRAMENTO, CA 95814
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
1		E-COMMERCE FEES
$ldsymbol{ldsymbol{ldsymbol{eta}}}$	0 1. 0	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
<u> </u>		

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Transportation Equipment & Related Expense Travel in District Travel Out of District

Solicitation/Fundraising Expense

Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 47/65 Rpt: 80/98 Grayson County Republican Party (CEC) 00035364 4 Date Payee name 02/03/2025 TICKET SPICE 6 Amount (\$) Payee address; City; State; Zip Code \$4.19 1200 2ND ST SACRAMENTO, CA 95814 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense **E-COMMERCE FEES** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/17/2025 TICKET SPICE Amount (\$) Payee address; City; State; Zip Code \$15.79 1200 2ND ST SACRAMENTO, CA 95814 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense **E-COMMERCE FEES** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/17/2025 TICKET SPICE Amount (\$) Payee address; City; State; Zip Code \$15.79 1200 2ND ST SACRAMENTO, CA 95814 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense E-COMMERCE FEES Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica 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: 48/65 Rpt: 81/98	Grayson County Republican Party (CEC) 00035364
4	Date	5 Payee name
	01/27/2025	TICKET SPICE
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5.76	1200 2ND ST
		SACRAMENTO, CA 95814
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  E-COMMERCE FEES
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Payee name
	02/27/2025	TICKET SPICE
_	Amount (\$)	Payee address; City; State; Zip Code
	\$16.78	1200 2ND ST
		SACRAMENTO, CA 95814
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense  E-COMMERCE FEES
		E-GOWINIERGE FEES
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
-	Date	Payee name
	03/03/2025	TICKET SPICE
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.49	1200 2ND ST
		SACRAMENTO, CA 95814
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		E-COMMERCE FEES
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H		
l		

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	Total pages Cability E4	2 FILED NAME
_	Total pages Schedule F1: Sch: 49/65 Rpt: 82/98	2 FILER NAME Grayson County Republican Party (CEC) 3 Filer ID (Ethics Commission Filers) 00035364
4	Date	5 Payee name
	02/17/2025	TICKET SPICE
6	Amount (\$) \$30.29	7 Payee address; City; State; Zip Code 1200 2ND ST  SACRAMENTO, CA 95814
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense  E-COMMERCE FEES
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/17/2025	TICKET SPICE
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.29	1200 2ND ST
		SACRAMENTO, CA 95814
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		E-COMMERCE FEES
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/18/2025	TICKET SPICE
	Amount (\$)	Payee address; City; State; Zip Code
	\$4.19	1200 2ND ST
		SACRAMENTO, CA 95814
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  E-COMMERCE FEES
		E-COIVIIVIENCE FEES
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

### 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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 50/65 Rpt: 83/98	2 FILER NAME Grayson County Republican Party (CEC)  3 Filer ID (Ethics Commission Filers) 00035364
4	Date 02/06/2025	5 Payee name TICKET SPICE
6	Amount (\$) \$8.08	7 Payee address; City; State; Zip Code 1200 2ND ST SACRAMENTO, CA 95814
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  E-COMMERCE FEES
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 03/03/2025	Payee name TICKET SPICE
	Amount (\$) \$18.77	Payee address; City; State; Zip Code  1200 2ND ST  SACRAMENTO, CA 95814
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  E-COMMERCE FEES
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 01/10/2025	Payee name TICKET SPICE
	Amount (\$) \$4.19	Payee address; City; State; Zip Code 1200 2ND ST
		SACRAMENTO, CA 95814
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  E-COMMERCE FEES
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

### 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

	Credit Card Payment	The Instruction Guide explains how to comple	te this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 51/65 Rpt: 84/98	Grayson County Republican Party (CEC)	00035364
4	Date	5 Payee name	
	03/03/2025	TICKET SPICE	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$9.99	1200 2ND ST	
		SACRAMENTO, CA 95814	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
	LAI LINDITORE		Check if Austin, TX, officeholder living expense
			E-COMMERCE FEES
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
9	expenditure to benefit C/O		Office field
_	Data		
	Date 02/23/2025	Payee name TICKET SPICE	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$3.03	1200 2ND ST	
		04.004.454.50.04.0504.4	
		SACRAMENTO, CA 95814	
	PURPOSE OF	, ,	Description
	EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
			E-COMMERCE FEES
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
	Date	Payee name	
	02/20/2025	TICKET SPICE	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$6.59	1200 2ND ST	
		SACRAMENTO, CA 95814	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
			E-COMMERCE FEES
	Operation Chilly II	Open districts (Office In all)	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held

### 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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 52/65 Rpt: 85/98	Grayson County Republican Party (CEC) 00035364
4	Date	5 Payee name
	01/10/2025	TICKET SPICE
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$8.08	1200 2ND ST
		SACRAMENTO, CA 95814
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  E-COMMERCE FEES
		E-GOWINIERGE I EES
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
"	expenditure to benefit C/O	
⊨		
	Date	Payee name
	02/23/2025	TICKET SPICE
	Amount (\$)	Payee address; City; State; Zip Code
	\$4.19	1200 2ND ST
		SACRAMENTO, CA 95814
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		E-COMMERCE FEES
L	Operation ONLY if allowed	One district Office helds
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
┕		
	Date	Payee name
	02/23/2025	TICKET SPICE
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.03	1200 2ND ST
		SACRAMENTO, CA 95814
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
1		E-COMMERCE FEES
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
$\vdash$		

### 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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 53/65 Rpt: 86/98	Grayson County Republican Party (CEC) 00035364
4	Date	5 Payee name
	02/24/2025	TICKET SPICE
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$15.79	1200 2ND ST
		SACRAMENTO, CA 95814
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  E-COMMERCE FEES
		E GOMMENGET EEG
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	the state of the s
_	Data	
	Date	Payee name
	02/14/2025	TICKET SPICE
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.76	1200 2ND ST
		SACRAMENTO, CA 95814
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		E-COMMERCE FEES
_	Opening the ONII Wife discort	Open Highest (Office health and a second to the second to
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
_		
	Date	Payee name
	02/04/2025	TICKET SPICE
	Amount (\$)	Payee address; City; State; Zip Code
	\$8.08	1200 2ND ST
		SACRAMENTO, CA 95814
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		E-COMMERCE FEES
	Computate ONU V & diver	Condidate/Officeholder name
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 54/65 Rpt: 87/98	Grayson County Republican Party (CEC) 00035364
4	Date	5 Payee name
	02/17/2025	TICKET SPICE
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$8.54	1200 2ND ST
		SACRAMENTO, CA 95814
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		E-COMMERCE FEES
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
⊨	Data	
	Date	Payee name
	02/21/2025	TICKET SPICE
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.76	1200 2ND ST
		SACRAMENTO, CA 95814
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  E-COMMERCE FEES
		E-COMMERCE FEES
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/21/2025	TICKET SPICE
	Amount (\$)	Payee address; City; State; Zip Code
	\$8.54	1200 2ND ST
		SACRAMENTO, CA 95814
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		E-COMMERCE FEES
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
$\vdash$		

### 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

Credit Card Payment	The Instruction Guide explains how to o	complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 55/65 Rpt: 88/98	Grayson County Republican Party (CEC)	00035364
4 Date	5 Payee name	<u> </u>
02/18/2025	TICKET SPICE	
6 Amount (\$)	<b>7</b> Payee address; City; State; Zip C	Code
\$8.49	1200 2ND ST	
	SACRAMENTO, CA 95814	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF	Fees	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
		E-COMMERCE FEES
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ought Office held
experientare to benefit 6/61		
Date	Payee name	
03/03/2025	TICKET SPICE	
Amount (\$)	Payee address; City; State; Zip C	Code
\$18.19	1200 2ND ST	
	SACRAMENTO, CA 95814	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  E-COMMERCE FEES
		L-COMMERCE FEES
Complete ONLY if direct	Candidate/Officeholder name Office so	ought Office held
expenditure to benefit C/OI		Cince Held
Data	Barra marra	
Date 03/03/2025	Payee name TICKET SPICE	
		Neda.
Amount (\$) \$6.59	Payee address; City; State; Zip ( 1200 2ND ST	code
Φ0.59	1200 2ND 31	
	CACDAMENTO CA 05044	
	SACRAMENTO, CA 95814	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Fees	Check if Austin, TX, officeholder living expense
		E-COMMERCE FEES
Complete ONLY if direct	Candidate/Officeholder name Office so	ought Office held
expenditure to benefit C/OI	Н	

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
Ļ	=	
1	Total pages Schedule F1: Sch: 56/65 Rpt: 89/98	2 FILER NAME Grayson County Republican Party (CEC) 3 Filer ID (Ethics Commission Filers) 00035364
4	Date 04/29/2025	5 Payee name TRACTOR SUPPLY
6	Amount (\$) \$43.29	7 Payee address; City; State; Zip Code 3201 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  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  SUPPLIES
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/03/2025	US POST OFFICE
	Amount (\$) \$219.00	Payee address; City; State; Zip Code 701 PEYTON
		SHERMAN, TX 75090
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  POSTAGE
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 02/12/2025	Payee name US POST OFFICE
	Amount (\$) \$36.50	Payee address; City; State; Zip Code 701 PEYTON
		SHERMAN, TX 75090
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  POSTAGE
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### 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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 57/65 Rpt: 90/98	2 FILER NAME Grayson County Republican Party (CEC) 3 Filer ID (Ethics Commission Filers) 00035364
4	Date 03/03/2025	5 Payee name WALMART
6	Amount (\$) \$24.67	7 Payee address; City; State; Zip Code 401 W HWY 82  SHERMAN, TX 75090
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  LRD EXPENSES
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 05/20/2025	Payee name WHITESBORO AREA CHAMBER OF COMMERCE
	Amount (\$) \$52.00	Payee address; City; State; Zip Code 2535 HWY 82E, SUITE C1 WHITESBORO, TX 76273
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  EVENT EXPENSES
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 06/24/2025	Payee name WHITESBORO AREA CHAMBER OF COMMERCE
	Amount (\$) \$160.00	Payee address; City; State; Zip Code 2535 HWY 82E, SUITE C1
		WHITESBORO, TX 76273
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  EVENT EXPENSES
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### 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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
	oroun oura'r aymoni	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 58/65 Rpt: 91/98	Grayson County Republican Party (CEC) 00035364
4	Date	5 Payee name
	06/25/2025	WHITESBORO AREA CHAMBER OF COMMERCE
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$46.80	2535 HWY 82E, SUITE C1
		WHITESBORO, TX 76273
8	PURPOSE	
ľ	OF	(a) Category (See Categories listed at the top of this schedule)  Fivent Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		EVENT EXPENSES
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	the state of the s
⊨	Date	Para area
		Payee name WINRED
	06/18/2025	
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.88	1776 WILSON BLVS STE 350
		ARLINGTON, VA 22209
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		E-COMMERCE FEES
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/15/2025	WINRED
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.64	1776 WILSON BLVS STE 350
		ARLINGTON, VA 22210
$\vdash$	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Fees  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		E-COMMERCE FEES
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
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### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Candidate/Officeholder/Politica			Legal Services	is Expense	Salaries/M		e /Contract Labor		OTHER (enter	istrict a category not listed	d above)
	Credit Card Payment			The Instruction (	Guide explains	how to co	mple	te this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Comm	ission Filers)
	Sch: 59/65 Rpt: 92/98		Grayson Co	unty Republic	an Party (CE	EC)				00035364		
4	Date	5	Payee name									
	06/15/2025	'	WINRED									
6	Amount (\$)	7	Payee addres	ss; City;	State	; Zip Co	de					
	\$2.96		1776 WILSO	ON BLVS STE	350							
		<b> </b>	ARLINGTO	N, VA 22211								
8	PURPOSE	<u> </u>	<u> </u>				(b)	Description				
ľ	OF	l	Fees	e Categories listed a	tne top of this scr	nedule)	(-)	_ `	outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITURE							Check if Austin,	TX,	officeholder livin	g expense	
								E-COMMERC	CE	FEES		
9	Complete ONLY if direct expenditure to benefit C/OH		andidate/Offic	ceholder name	(	Office sou	ght			Office h	eld	
	experionale to belief C/O	<u>'</u>										
	Date		Payee name									
	06/08/2025	'	WINRED									
	Amount (\$)		Payee addres	ss; City;	State	; Zip Co	de					
	\$0.99		1776 WILSO	ON BLVS STE	350							
			ARLINGTO	N, VA 22212								
	PURPOSE	(a)	Category (Se	e Categories listed a	t the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE	ı	Fees					<b>=</b>			nplete Schedule T.	
	EXI ENDITORE							Check if Austin, E-COMMERO		officeholder livin	g expense	
								E-COMMERC	<b>-</b> ⊏	FEES		
_	Complete ONLY if direct	<u> </u>	`andidate/Offi	ceholder name		Office sou	aht			Office h	old.	
	expenditure to benefit C/O		andidate/Onit	cholder name	`	Office 30u	giit			Office fi	eiu	
_	Data											
	Date 05/15/2025	l	Payee name WINRED									
				6''		7: 0						
	Amount (\$)	l	Payee addres	ss;		; Zip Co	ae					
	\$1.64		1770 WILSO	JN BLVS STE	350							
			ADI INICTO									
		_	ARLINGTO	N, VA 22213								
	PURPOSE OF	l		e Categories listed a	the top of this sch	nedule)	(b)	Description	outoi	do of Toyon Cor	nplete Schedule T.	
	EXPENDITURE		Fees					<u> </u>		officeholder livin		
								E-COMMERC			- '	
	Complete ONLY if direct		andidate/Offic	ceholder name	(	Office sou	ght			Office h	eld	
	expenditure to benefit C/OH											

### SCHEDULE F1

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 60/65 Rpt: 93/98	Grayson County Republican Party (CEC) 00035364
4	Date	5 Payee name
	05/15/2025	WINRED
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2.96	1776 WILSON BLVS STE 350
		ARLINGTON, VA 22214
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		E-COMMERCE FEES
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨	Date	Davies were
	05/08/2025	Payee name WINRED
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.99	1776 WILSON BLVS STE 350
		ARLINGTON, VA 22215
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		E-COMMERCE FEES
L	0 1: 0.11.7.7.1.	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	·	
	Date	Payee name
	04/27/2025	WINRED
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.25	1776 WILSON BLVS STE 350
		ARLINGTON, VA 22216
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		E-COMMERCE FEES
L	0 1: 0	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
<u> </u>	The state of the s	
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### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				
_	Total pages Cab - dul - Ed				
1	Total pages Schedule F1: Sch: 61/65 Rpt: 94/98	2 FILER NAME Grayson County Republican Party (CEC) 3 Filer ID (Ethics Commission Filers) 00035364			
Ļ	•				
4	Date	5 Payee name			
L	04/15/2025	WINRED			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$1.64	1776 WILSON BLVS STE 350			
		ARLINGTON, VA 22217			
Ļ					
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description			
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense  E-COMMERCE FEES			
		L-COIVIIVILINGE FEES			
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9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
	experience to beliefit 6/01	·			
	Date	Payee name			
	04/15/2025	WINRED			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$2.96	1776 WILSON BLVS STE 350			
	÷=:30				
		ADLINICTON MA 22219			
		ARLINGTON, VA 22218			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense  E-COMMERCE FEES			
		E-COMMERCE PEES			
<u> </u>	Operation ONE VIII II	Open Highest (Office health an arrange of the seconds)			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
L					
	Date	Payee name			
	04/08/2025	WINRED			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$0.99	1776 WILSON BLVS STE 350			
		ARLINGTON, VA 22219			
_	DUDDOS-	·			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense			
		E-COMMERCE FEES			
	Complete ONLV if direct	Candidate/Officeholder name Office sought Office held			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI				

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

	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: 62/65 Rpt: 95/98	Grayson County Republican Party (CEC) 00035364
4	Date	5 Payee name
	03/15/2025	WINRED
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1.64	1776 WILSON BLVS STE 350
		ARLINGTON, VA 22220
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  E-COMMERCE FEES
		E-GOIWIVIERGET EES
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
_	Data	
	Date	Payee name
	03/15/2025	WINRED
	Amount (\$)	Payee address; City; State; Zip Code
	\$2.96	1776 WILSON BLVS STE 350
		ARLINGTON, VA 22221
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  E-COMMERCE FEES
		E GOWNERGET EES
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
-	Date	Daygo nama
	03/08/2025	Payee name WINRED
	Amount (\$) \$0.99	Payee address; City; State; Zip Code 1776 WILSON BLVS STE 350
	Φ0.99	1770 WILSON BLVS STE 550
		ADLINGTON VA 2000
		ARLINGTON, VA 22222
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Taylor Camplete Capacity Taylor Camplete Capacity Taylor Camplete Capacity Taylor Capacity Taylo
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		E-COMMERCE FEES
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica 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: 63/65 Rpt: 96/98	Grayson County Republican Party (CEC) 00035364
4	Date	5 Payee name
	02/22/2025	WINRED
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$7.88	1776 WILSON BLVS STE 350
		ARLINGTON, VA 22223
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  E-COMMERCE FEES
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
_	Data	Para and
	Date	Payee name WINRED
	02/15/2025	
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.64	1776 WILSON BLVS STE 350
		ARLINGTON, VA 22224
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  E-COMMERCE FEES
		E-GOWINIERGE FEES
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	D :	
	Date	Payee name
	02/15/2025	WINRED
	Amount (\$)	Payee address; City; State; Zip Code
	\$2.96	1776 WILSON BLVS STE 350
		ARLINGTON, VA 22225
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		E-COMMERCE FEES
	Complete ONLY if direct	Condidate/Officeholder name Office country
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

## 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			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
	Sch: 64/65 Rpt: 97/98	Grayson County Republican Party (CEC) 00035364				
4	Date	5 Payee name				
	02/08/2025	WINRED				
6	Amount (\$) \$0.99	7 Payee address; City; State; Zip Code 1776 WILSON BLVS STE 350 ARLINGTON, VA 22226				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  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	Payee name				
	01/22/2025	WINRED				
Amount (\$) Payee address; City; State; Zip Code						
	\$7.88	1776 WILSON BLVS STE 350  ARLINGTON, VA 22227				
	PURPOSE OF EXPENDITURE	1 663	outside of Texas. Complete Schedule T. TX, officeholder living expense CE FEES			
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	01/15/2025	WINRED				
	Amount (\$) \$1.64	Payee address; City; State; Zip Code 1776 WILSON BLVS STE 350				
		ARLINGTON, VA 22228				
	PURPOSE OF EXPENDITURE	1 003	outside of Texas. Complete Schedule T. TX, officeholder living expense CE FEES			
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held			

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commit Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Political Committee		Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form.					Travel Out of District OTHER (enter a category not listed above)				
				The instruction Gu	iue explains r	IOW (O COI	mpie	ete triis form.				
1	Total pages Schedule F1: Sch: 65/65 Rpt: 98/98	2		unty Republicar	n Party (CE)	C)			ı	Filer ID 00035364	(Ethics Com	mission Filers)
<u> </u>	<u> </u>	-		-,,	(	,			<u> </u>			
4	Date 01/15/2025		Payee name WINRED									
6	Amount (\$)	7	Payee addres	s; City;	State:	Zip Co	de					
	\$2.96	1776 WILSON BLVS STE 350										
	,											
			ARLINGTO	N, VA 22229								
8	PURPOSE	(a)	Category (Se	e Categories listed at th	e top of this sche	edule)	(b)	Description				
		OF Fees					Check if travel outside of Texas. Complete Schedule T.					
	LAFENDITORE	Check if Austin, TX, officeholder living expense										
								E-COMMERO	ĴΕ	FEES		
9	Complete ONLY if direct		Candidate/Offic	eholder name	0	Office sou	ght			Office h	eld	
L	expenditure to benefit C/OH											
	Date		Payee name									
	01/08/2025		WINRED									
	Amount (\$)		Payee addres	s; City;	State;	Zip Co	de					
	\$0.99 1776 WILSON BLVS STE 350											
			ARLINGTO	N, VA 22230								
	PURPOSE	(a)	Category (Se	e Categories listed at th	e top of this sche	edule)	(b)	Description				
OF EXPENDITURE			Fees				Check if travel outside of Texas. Complete Schedule T.					
							Check if Austin, TX, officeholder living expense  E-COMMERCE FEES					
								L-COMMERC	JĖ	ı LLJ		
	Complete ONLY if direct	<u> </u>	Candidate/Offic	ceholder name		Office sou	aht			Office h	eld	
	expenditure to benefit C/OI	CHOIGGI HAIHE	O	moc sou(	Aiir			Onice II	-Ciu			