

# COUNTY EXECUTIVE COMMITTEE CAMPAIGN FINANCE REPORT

FORM CEC  
COVER SHEET PG 1

<b>The CEC Instruction Guide explains how to complete this form.</b>		<b>1 Filer ID</b> (Ethics Commission Filers) 00035364	<b>2 Total pages filed:</b> 98
<b>3 COMMITTEE NAME</b> Grayson County Republican Party (CEC)		<b>OFFICE USE ONLY</b>	
		Date Received ELECTRONICALLY FILED 07/14/2025	
		Date Hand-delivered or Date Postmarked	
		Receipt #	Amount
		Date Processed	
		Date Imaged	
<b>4 COMMITTEE ADDRESS</b>	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
	P.O. Box 3122  Sherman, TX 75091		
<b>5 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR	FIRST	MI
		Shawn D.	
	NICKNAME	LAST	SUFFIX
		Nesmith	
<b>6 CAMPAIGN TREASURER STREET ADDRESS</b> <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
	701 Mohawk Drive  Tioga, TX 76271		
<b>7 CAMPAIGN TREASURER MAILING ADDRESS</b>	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
	701 Mohawk Drive  Tioga, TX 76271		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE	PHONE NUMBER	EXTENSION
	(972)	251-3058	
<b>9 REPORT TYPE</b>	<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Final Report
	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> 10th day after campaign treasurer termination
	<input type="checkbox"/> Runoff		
<b>10 PERIOD COVERED</b>	Month Day Year	THROUGH	Month Day Year
	01/01/2025		06/30/2025
<b>11 ELECTION</b>	ELECTION DATE	ELECTION TYPE	
	Month Day Year 11/04/2025	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff <input type="checkbox"/> Other
		<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special

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# COUNTY EXECUTIVE COMMITTEE REPORT: PURPOSE & TOTALS

FORM CEC  
COVER SHEET PG 2

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

<b>15 CONTRIBUTION TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b> <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 37,122.97
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 32,909.48
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 91,139.22
OUTSTANDING LOAN TOTALS	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 0.00

**16 AFFIDAVIT**

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

Shawn D. Nesmith  
\_\_\_\_\_  
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

**SUBTOTALS - CEC****FORM CEC**  
**COVER SHEET PG 3**  
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<b>17 COMMITTEE NAME</b> Grayson County Republican Party (CEC)		<b>18 Filer ID</b> 00035364	(Ethics Commission Filers)
<b>19 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	37,122.97
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$	
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	32,909.48
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
10.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/30 Rpt: 4/98
<b>2</b> FILER NAME Grayson County Republican Party (CEC)		<b>3</b> Filer ID (Ethics Commission Filers) 00035364
<b>4</b> Date 01/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) ALEXANDER, MARY	<b>7</b> Amount of Contribution (\$) \$400.00
<b>6</b> Contributor address; City; State; Zip Code  COLLINSVILLE, TX 76233		
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 03/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) ALEXANDER, MARY	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code  COLLINSVILLE, TX 76233		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) ALEXANDER, ROB	Amount of Contribution (\$) \$310.00
Contributor address; City; State; Zip Code  SHERMAN, TX 75092		
Principal occupation / Job title (See Instructions) DIRECTOR		Employer (See Instructions) ASSA ALBOY
Date 02/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) ANDERSON, ERIN	Amount of Contribution (\$) \$60.00
Contributor address; City; State; Zip Code  DALLAS, TX 75252		
Principal occupation / Job title (See Instructions) JOURNALIST		Employer (See Instructions) TEXAS SCORECARD
Date 02/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) ARTHUR, ART	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code  DENISON, TX 75021		
Principal occupation / Job title (See Instructions) COMMISSIONER PCT 2		Employer (See Instructions) GRAYSON COUNTY

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 2/30 Rpt: 5/98
2 FILER NAME Grayson County Republican Party (CEC)		3 Filer ID (Ethics Commission Filers) 00035364
4 Date 02/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) ASHMORE, KELLY	7 Amount of Contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code  SHERMAN, TX 75092	
8 Principal occupation / Job title (See Instructions) DISTRICT CLERK		9 Employer (See Instructions) GRAYSON COUNTY
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Arthur, Art	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code  Denison, TX 75021	
Principal occupation / Job title (See Instructions) Commissioner		Employer (See Instructions) Grayson County
Date 02/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) BAKER, MARC	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  PLANO, TX 75023	
Principal occupation / Job title (See Instructions) OWNER		Employer (See Instructions) ASCENT ROOFING & RESTORTION
Date 03/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) BAKER, MARC	Amount of Contribution (\$) \$115.00
	Contributor address; City; State; Zip Code  SHERMAN, TX 75092	
Principal occupation / Job title (See Instructions) OWNER		Employer (See Instructions) ASCENT ROOFING & RESTORTION
Date 02/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) BARBER, HARRY	Amount of Contribution (\$) \$60.00
	Contributor address; City; State; Zip Code  DENISON, TX 75020	
Principal occupation / Job title (See Instructions) INSTRUCTOR		Employer (See Instructions) COLLEGE

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 3/30 Rpt: 6/98
2 FILER NAME Grayson County Republican Party (CEC)		3 Filer ID (Ethics Commission Filers) 00035364
4 Date 01/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) BARNETT, THOMAS (CLAY) 6 Contributor address; City; State; Zip Code  SHERMAN, TX 75092	7 Amount of Contribution (\$)  \$250.00
8 Principal occupation / Job title (See Instructions) VP		9 Employer (See Instructions) HUITT-ZOLLARS
Date 02/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) BELDEN, MICAH Contributor address; City; State; Zip Code  HOWE, TX 75459	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) MICAH BELDEN, PC
Date 02/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) BELL, RONNIE S. Contributor address; City; State; Zip Code  MCKINNEY, TX 75070	Amount of Contribution (\$)  \$3,000.00
Principal occupation / Job title (See Instructions) PRESIDENT		Employer (See Instructions) SFS, LLC
Date 03/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) BENNIE, WILLIAM Contributor address; City; State; Zip Code  BELLS, TX 75414	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) SHERRIFF		Employer (See Instructions) GRAYSON COUNTY
Date 02/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) BETHEL, ROBIN Contributor address; City; State; Zip Code  SHERMAN, TX 75092	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) INSURANCE AGENT		Employer (See Instructions) STATE FARM

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/30 Rpt: 7/98
<b>2</b> FILER NAME Grayson County Republican Party (CEC)		<b>3</b> Filer ID (Ethics Commission Filers) 00035364
<b>4</b> Date 02/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) BRENNAN, JOHN <hr/> <b>6</b> Contributor address; City; State; Zip Code  SHERMAN, TX 75092	<b>7</b> Amount of Contribution (\$)  \$120.00
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) BRISCOE, JUSTIN <hr/> Contributor address; City; State; Zip Code  DENISON, TX 75021	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) OWNER		Employer (See Instructions) SELF
Date 02/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) BRONSTAD, JANE <hr/> Contributor address; City; State; Zip Code  SHERMAN, TX 75092	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) BROOKS, BRITTON <hr/> Contributor address; City; State; Zip Code  SHERMAN, TX 75090	Amount of Contribution (\$)  \$230.00
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) SELF
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bell, Steve <hr/> Contributor address; City; State; Zip Code  MCKINNEY, TX 75070	Amount of Contribution (\$)  \$260.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/30 Rpt: 8/98
<b>2</b> FILER NAME Grayson County Republican Party (CEC)		<b>3</b> Filer ID (Ethics Commission Filers) 00035364
<b>4</b> Date 02/27/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) CHRISTMAN, TOM <hr/> <b>6</b> Contributor address; City; State; Zip Code  SHERMAN, TX 75021	<b>7</b> Amount of Contribution (\$)  \$3,000.00
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 02/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) CLAYTON, ART <hr/> Contributor address; City; State; Zip Code  SHERMAN, TX 75090	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) GRAYSON CO DISTRICT ATTORNEY
Date 03/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) CLAYTON, ART <hr/> Contributor address; City; State; Zip Code  SHERMAN, TX 75090	Amount of Contribution (\$)  \$225.00
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) SELF
Date 01/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) COLE, BENJAMIN <hr/> Contributor address; City; State; Zip Code  SHERMAN, TX 75092	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) SELF-EMPLOYED		Employer (See Instructions) LONGVIEW STRATEGIES LLC
Date 02/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) COLE, JR <hr/> Contributor address; City; State; Zip Code  SHERMAN, TX 75090	Amount of Contribution (\$)  \$60.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/30 Rpt: 9/98
<b>2</b> FILER NAME Grayson County Republican Party (CEC)		<b>3</b> Filer ID (Ethics Commission Filers) 00035364
<b>4</b> Date 02/27/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) COOPER, STEVEN <hr/> <b>6</b> Contributor address; City; State; Zip Code  DENISON, TX 75020	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) N/A		<b>9</b> Employer (See Instructions) N/A
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) COX, JEREMY <hr/> Contributor address; City; State; Zip Code  SHERMAN, TX 75092	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) LAW ENFORCEMENT		Employer (See Instructions) GRAYSON COUNTY
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) CRABTREE, MARY <hr/> Contributor address; City; State; Zip Code  DENISON, TX 75020	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) OWNER		Employer (See Instructions) SELF
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) CRABTREE, MARY <hr/> Contributor address; City; State; Zip Code  DENISON, TX 75020	Amount of Contribution (\$)  \$160.00
Principal occupation / Job title (See Instructions) OWNER		Employer (See Instructions) SELF
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) CRABTREE, MARY <hr/> Contributor address; City; State; Zip Code  DENISON, TX 75020	Amount of Contribution (\$)  \$210.00
Principal occupation / Job title (See Instructions) OWNER		Employer (See Instructions) SELF

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 7/30 Rpt: 10/98
2 FILER NAME Grayson County Republican Party (CEC)		3 Filer ID (Ethics Commission Filers) 00035364
4 Date 01/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) CRAWLEY, ROBERT	7 Amount of Contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code  DENISON, TX 75021	
8 Principal occupation / Job title (See Instructions) MAYOR		9 Employer (See Instructions) CITY OF DENISON
Date 02/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) CURTIS, MARIE	Amount of Contribution (\$) \$60.00
	Contributor address; City; State; Zip Code  HOWE, TX 75459	
Principal occupation / Job title (See Instructions) PROPERTY MANAGER		Employer (See Instructions) SELF
Date 02/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DAWSEY, BRUCE	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  VAN ALSTYNE, TX 75495	
Principal occupation / Job title (See Instructions) COUNTY JUDGE		Employer (See Instructions) GRAYSON COUNTY
Date 01/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DICKERSON, LISA	Amount of Contribution (\$) \$120.00
	Contributor address; City; State; Zip Code  SHERMAN, TX 75090	
Principal occupation / Job title (See Instructions) BUSINESS OWNER		Employer (See Instructions) SELF
Date 01/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DUNN, RICK	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code  SHERMAN, TX 75092	
Principal occupation / Job title (See Instructions) JUDGE OF COUNTY COURT AT LAW #2		Employer (See Instructions) GRAYSON COUNTY

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 8/30 Rpt: 11/98
2 FILER NAME Grayson County Republican Party (CEC)		3 Filer ID (Ethics Commission Filers) 00035364
4 Date 01/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) FLANDERS, DEBORAH	7 Amount of Contribution (\$)  \$250.00
	6 Contributor address; City; State; Zip Code  SHERMAN, TX 75092	
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 02/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) FOX, CHRISTINA	Amount of Contribution (\$)  \$100.00
	Contributor address; City; State; Zip Code  VAN ALSTYNE, TX 75495	
Principal occupation / Job title (See Instructions) JUDGE		Employer (See Instructions) GRAYSON COUNTY
Date 02/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) GARY, BRIAN	Amount of Contribution (\$)  \$250.00
	Contributor address; City; State; Zip Code  SHERMAN, TX 75092	
Principal occupation / Job title (See Instructions) 397TH DISTRICT JUDGE		Employer (See Instructions) STATE OF TEXAS
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) GASKILL, SUSAN	Amount of Contribution (\$)  \$165.00
	Contributor address; City; State; Zip Code  SAVOY, TX 75479	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 03/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) GEIGER, DEBORAH	Amount of Contribution (\$)  \$40.00
	Contributor address; City; State; Zip Code  SHERMAN, TX 75092	
Principal occupation / Job title (See Instructions) RET. SPECIAL EDUCATION DIRECTOR		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/30 Rpt: 12/98
<b>2</b> FILER NAME Grayson County Republican Party (CEC)		<b>3</b> Filer ID (Ethics Commission Filers) 00035364
<b>4</b> Date 01/25/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GEIGER, DEBORAH	<b>7</b> Amount of Contribution (\$) \$200.00
<b>6</b> Contributor address; City; State; Zip Code  SHERMAN, TX 75092		
<b>8</b> Principal occupation / Job title (See Instructions) RET. SPECIAL EDUCATION DIRECTOR		<b>9</b> Employer (See Instructions) RETIRED
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GEIGER, DEBORAH	Amount of Contribution (\$) \$45.00
Contributor address; City; State; Zip Code  SHERMAN, TX 75092		
Principal occupation / Job title (See Instructions) RET. SPECIAL EDUCATION DIRECTOR		Employer (See Instructions) RETIRED
Date 02/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GOLDEN, LYNDELL	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code  WHITESBORO, TX 76273		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GRIFFIN, COREY	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  MCKINNEY, TX 75072		
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) GRIFFIN SPECTRUM GROUP
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gordon, Cindy	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code  Sherman, TX 75090		
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/30 Rpt: 13/98
<b>2</b> FILER NAME Grayson County Republican Party (CEC)		<b>3</b> Filer ID (Ethics Commission Filers) 00035364
<b>4</b> Date 02/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) HAGENBUCH, BRENT <hr/> <b>6</b> Contributor address; City; State; Zip Code  DENTON, TX 76210	<b>7</b> Amount of Contribution (\$)  \$60.00
<b>8</b> Principal occupation / Job title (See Instructions) DISTRICT COORDINATOR		<b>9</b> Employer (See Instructions) SENATOR BRENT HAGENBUCH
Date 02/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) HALL, CHARLES <hr/> Contributor address; City; State; Zip Code  SHERMAN, TX 75092	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 01/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) HAMPTON, GINNY <hr/> Contributor address; City; State; Zip Code  SHERMAN, TX 75092	Amount of Contribution (\$)  \$120.00
Principal occupation / Job title (See Instructions) JUSTICE OF THE PEACE PCT. #1		Employer (See Instructions) COUNTY OF GRAYSON
Date 02/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) HARDENBURG, LESLIE <hr/> Contributor address; City; State; Zip Code  POTTSBORO, TX 75076	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) GRAYSON COUNTY COMMISSIONER PCT 4		Employer (See Instructions) GRAYSON COUNTY
Date 03/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) HARDENBURG, LESLIE <hr/> Contributor address; City; State; Zip Code  POTTSBORO, TX 75076	Amount of Contribution (\$)  \$450.00
Principal occupation / Job title (See Instructions) GRAYSON COUNTY COMMISSIONER PCT 4		Employer (See Instructions) GRAYSON COUNTY

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/30 Rpt: 14/98
<b>2</b> FILER NAME Grayson County Republican Party (CEC)		<b>3</b> Filer ID (Ethics Commission Filers) 00035364
<b>4</b> Date 03/03/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) HARDENBURG, LESLIE <hr/> <b>6</b> Contributor address; City; State; Zip Code  POTTSBORO, TX 75076	<b>7</b> Amount of Contribution (\$)  \$415.00
<b>8</b> Principal occupation / Job title (See Instructions) GRAYSON COUNTY COMMISSIONER PCT 4		<b>9</b> Employer (See Instructions) GRAYSON COUNTY
Date 01/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) HARRELL, JIMMY <hr/> Contributor address; City; State; Zip Code  SHERMAN, TX 75092	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) RETIRED TEACHER		Employer (See Instructions) RETIRED
Date 02/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) HAWKINS, GAYLA <hr/> Contributor address; City; State; Zip Code  SHERMAN, TX 75090	Amount of Contribution (\$)  \$60.00
Principal occupation / Job title (See Instructions) COUNTY TREASURER		Employer (See Instructions) GRAYSON COUNTY
Date 02/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) HENDERSON, NOLAN <hr/> Contributor address; City; State; Zip Code  WHITEWRIGHT, TX 75491	Amount of Contribution (\$)  \$180.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) HUANG, PAUL <hr/> Contributor address; City; State; Zip Code  RICHARDSON, TX 75080	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) REALTOR		Employer (See Instructions) RICHLAND REAL ESTATE

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 12/30 Rpt: 15/98
<b>2</b> FILER NAME Grayson County Republican Party (CEC)		<b>3</b> Filer ID (Ethics Commission Filers) 00035364
<b>4</b> Date 03/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hardenburg, Matt <hr/> <b>6</b> Contributor address; City; State; Zip Code  Pottsboro, TX 75076	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Commissioner		<b>9</b> Employer (See Instructions) Grayson County
Date 02/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) INTERNATIONAL LEGIONNAIRE <hr/> Contributor address; City; State; Zip Code  DENISON, TX 75020	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) CEO & TEST PILOT		Employer (See Instructions) LEGIONNAIRE INTERNATIONAL
Date 02/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) JOHNSON, TOM <hr/> Contributor address; City; State; Zip Code  SHERMAN, TX 75091	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) REAL ESTATE DEVELOPMENT		Employer (See Instructions) COVENANT DEVELOPMENT
Date 02/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) KOCH, JUSTIN <hr/> Contributor address; City; State; Zip Code  DALLAS, TX 75230	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) CHIEF JUSTICE		Employer (See Instructions) COURT OF APPEALS
Date 01/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) KRAUSE, PETER <hr/> Contributor address; City; State; Zip Code  PLANO, TX 75086	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) INSURANCE		Employer (See Instructions) SELF

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 13/30 Rpt: 16/98
<b>2</b> FILER NAME Grayson County Republican Party (CEC)		<b>3</b> Filer ID (Ethics Commission Filers) 00035364
<b>4</b> Date 03/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) KRAUSE, PETER <hr/> <b>6</b> Contributor address; City; State; Zip Code  PLANO, TX 75086	<b>7</b> Amount of Contribution (\$)  \$205.00
<b>8</b> Principal occupation / Job title (See Instructions) INSURANCE		<b>9</b> Employer (See Instructions) SELF
Date 02/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) LAFOY, DALE <hr/> Contributor address; City; State; Zip Code  SHERMAN, TX 75090	Amount of Contribution (\$)  \$60.00
Principal occupation / Job title (See Instructions) REALTOR		Employer (See Instructions) C21 DEAN GILBERT REALTORS
Date 03/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) LAIRD, GREG <hr/> Contributor address; City; State; Zip Code  DENISON, TX 75020	Amount of Contribution (\$)  \$195.00
Principal occupation / Job title (See Instructions) SR. MANAGER		Employer (See Instructions) WEBSTAIRANT
Date 02/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) LAIRD, TERRI <hr/> Contributor address; City; State; Zip Code  DENISON, TX 75020	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) SR. MANAGER		Employer (See Instructions) WEBSTAIRANT
Date 01/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) LAWSON, BRENT <hr/> Contributor address; City; State; Zip Code  VAN ALSTYNE, TX 75495	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 14/30 Rpt: 17/98
2 FILER NAME Grayson County Republican Party (CEC)		3 Filer ID (Ethics Commission Filers) 00035364
4 Date 06/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) LAWSON, BRENT	7 Amount of Contribution (\$) \$200.00
	6 Contributor address; City; State; Zip Code  VAN ALSTYNE, TX 75495	
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 02/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) LAWSON, BRENT	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code  VAN ALSTYNE, TX 75495	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 01/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) LAWSON, BRENT	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code  VAN ALSTYNE, TX 75495	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) LAYTON, SHANNON	Amount of Contribution (\$) \$120.00
	Contributor address; City; State; Zip Code  SHERMAN, TX 75092	
Principal occupation / Job title (See Instructions) LEADER DEVELOPMENT		Employer (See Instructions) GREYSTAR REAL ESTATE
Date 02/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) LEE, MICHAEL	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  DALLAS, TX 75214	
Principal occupation / Job title (See Instructions) JUSTICE, COURT OF APPEALS		Employer (See Instructions) COURT OF APPEALS

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 15/30 Rpt: 18/98
<b>2</b> FILER NAME Grayson County Republican Party (CEC)		<b>3</b> Filer ID (Ethics Commission Filers) 00035364
<b>4</b> Date 03/03/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) LEE, MICHAEL <hr/> <b>6</b> Contributor address; City; State; Zip Code  DALLAS, TX 75214	<b>7</b> Amount of Contribution (\$)  \$350.00
<b>8</b> Principal occupation / Job title (See Instructions) JUSTICE, COURT OF APPEALS		<b>9</b> Employer (See Instructions) COURT OF APPEALS
Date 02/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) LITTLE, PAM <hr/> Contributor address; City; State; Zip Code  FAIRVIEW, TX 75069	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) MEMBER DISTRICT 12		Employer (See Instructions) STATE BIARD OF EDUCATION
Date 02/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) LUTHER, SHELLEY <hr/> Contributor address; City; State; Zip Code  SHERMAN, TX 75090	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) BUSINESS OWNER		Employer (See Instructions) SELF
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Layton, Shannon <hr/> Contributor address; City; State; Zip Code  SHERMAN, TX 75090	Amount of Contribution (\$)  \$80.00
Principal occupation / Job title (See Instructions) Corp HR		Employer (See Instructions) Greystar
Date 01/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) MARR, JOSH <hr/> Contributor address; City; State; Zip Code  VAN ALSTYNE, TX 75495	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) COMMISSIONER		Employer (See Instructions) GRAYSON COUNTY

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 16/30 Rpt: 19/98
<b>2</b> FILER NAME Grayson County Republican Party (CEC)		<b>3</b> Filer ID (Ethics Commission Filers) 00035364
<b>4</b> Date 03/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) MCCOY, ROBIN	<b>7</b> Amount of Contribution (\$) \$112.88
<b>6</b> Contributor address; City; State; Zip Code  HOWE, TX 75459		
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 02/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) MCCOY, VIVIAN	Amount of Contribution (\$) \$60.00
Contributor address; City; State; Zip Code  HOWE, TX 75459-4633		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) TEXAS SENATE
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) MCDONALD, KARLA	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  HOWE, TX 75459		
Principal occupation / Job title (See Instructions) MAYOR		Employer (See Instructions) CITY OF HOWE
Date 03/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) MCMATH, MARY	Amount of Contribution (\$) \$65.00
Contributor address; City; State; Zip Code  SHERMAN, TX 75092		
Principal occupation / Job title (See Instructions) SELF		Employer (See Instructions) SELF
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) MCNEES, DAVID	Amount of Contribution (\$) \$245.00
Contributor address; City; State; Zip Code  WHITESBORO, TX 76273		
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 17/30 Rpt: 20/98
<b>2</b> FILER NAME Grayson County Republican Party (CEC)		<b>3</b> Filer ID (Ethics Commission Filers) 00035364
<b>4</b> Date 02/25/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) MCQUILLAN, JOHNNA <hr/> <b>6</b> Contributor address; City; State; Zip Code  GUNTER, TX 75058	<b>7</b> Amount of Contribution (\$)  \$250.00
<b>8</b> Principal occupation / Job title (See Instructions) COMMERCIAL CONSTRUCTION CONSULTING		<b>9</b> Employer (See Instructions) JONATHAN PARTNERS, LLC
Date 02/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) MICHAEL, DENNIS <hr/> Contributor address; City; State; Zip Code  SHERMAN, TX 75091-1052	Amount of Contribution (\$)  \$120.00
Principal occupation / Job title (See Instructions) ADMINISTRATIVE ASSISTANT		Employer (See Instructions) CHAPIN TITLE COMPANY
Date 02/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) MOORE, PATRICIA <hr/> Contributor address; City; State; Zip Code  SHERMAN, TX 75091	Amount of Contribution (\$)  \$2,000.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McCoy, Robin <hr/> Contributor address; City; State; Zip Code  Howe, TX 75459	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 02/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) NESMITH, SHAWN <hr/> Contributor address; City; State; Zip Code  TIOGA, TX 76271	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) FERNWAY SOLUTIONS

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 18/30 Rpt: 21/98
<b>2</b> FILER NAME Grayson County Republican Party (CEC)		<b>3</b> Filer ID (Ethics Commission Filers) 00035364
<b>4</b> Date 01/10/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) PAYNE, DEBRA <hr/> <b>6</b> Contributor address; City; State; Zip Code  DENISON, TX 75021	<b>7</b> Amount of Contribution (\$)  \$200.00
<b>8</b> Principal occupation / Job title (See Instructions) N/A		<b>9</b> Employer (See Instructions) N/A
Date 03/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) PUCKETT, KATHRYN <hr/> Contributor address; City; State; Zip Code  HOWE, TX 75459	Amount of Contribution (\$)  \$450.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) PUCKETT, KATHY <hr/> Contributor address; City; State; Zip Code  HOWE, TX 75459	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) REDDIC, TAMMY <hr/> Contributor address; City; State; Zip Code  WHITEWRIGHT, TX 75491	Amount of Contribution (\$)  \$60.00
Principal occupation / Job title (See Instructions) DEPUTY COUNTY CLERK		Employer (See Instructions) GRAYSON COUNTY
Date 02/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) RICHARDS, DIANA <hr/> Contributor address; City; State; Zip Code  SHERMAN, TX 75092	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) HOMEMAKER		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 19/30 Rpt: 22/98
<b>2</b> FILER NAME Grayson County Republican Party (CEC)		<b>3</b> Filer ID (Ethics Commission Filers) 00035364
<b>4</b> Date 03/03/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) RICHARDS, DIANA <hr/> <b>6</b> Contributor address; City; State; Zip Code  SHERMAN, TX 75092	<b>7</b> Amount of Contribution (\$)  \$450.00
<b>8</b> Principal occupation / Job title (See Instructions) HOMEMAKER		<b>9</b> Employer (See Instructions) RETIRED
Date 03/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) RICHARDS, DIANA <hr/> Contributor address; City; State; Zip Code  SHERMAN, TX 75092	Amount of Contribution (\$)  \$60.00
Principal occupation / Job title (See Instructions) HOMEMAKER		Employer (See Instructions) RETIRED
Date 02/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) ROSSINI, GINO J <hr/> Contributor address; City; State; Zip Code  IRVING, TX 75017	Amount of Contribution (\$)  \$60.00
Principal occupation / Job title (See Instructions) JUSTICE		Employer (See Instructions) FIFTH DISTRICT COURT OF APPEALS (STATE OF TEXAS)
Date 02/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) RUSSELL, MARK <hr/> Contributor address; City; State; Zip Code  SHERMAN TX, TX 75090	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Raine, Duane <hr/> Contributor address; City; State; Zip Code  Pottsboro, TX 75076	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 20/30 Rpt: 23/98
<b>2</b> FILER NAME Grayson County Republican Party (CEC)		<b>3</b> Filer ID (Ethics Commission Filers) 00035364
<b>4</b> Date 02/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) SCRANTON, BONNIE <hr/> <b>6</b> Contributor address; City; State; Zip Code  POTTSBORO, TX 75076	<b>7</b> Amount of Contribution (\$)  \$60.00
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) NA
Date 04/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) SELZ, PETER <hr/> Contributor address; City; State; Zip Code  SHERMAN, TX 75092	Amount of Contribution (\$)  \$260.25
Principal occupation / Job title (See Instructions) PHYSICIAN		Employer (See Instructions) YES
Date 02/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) SHAW, MIKE <hr/> Contributor address; City; State; Zip Code  DENISON, TX 75020-4012	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) RETIRED ENGINEER		Employer (See Instructions) N/A
Date 06/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) SHAW, MIKE <hr/> Contributor address; City; State; Zip Code  DENISON, TX 75020	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) SHAW, MIKE <hr/> Contributor address; City; State; Zip Code  DENISON, TX 75020	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 21/30 Rpt: 24/98
<b>2</b> FILER NAME Grayson County Republican Party (CEC)		<b>3</b> Filer ID (Ethics Commission Filers) 00035364
<b>4</b> Date 04/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) SHAW, MIKE <hr/> <b>6</b> Contributor address; City; State; Zip Code  DENISON, TX 75020	<b>7</b> Amount of Contribution (\$)  \$75.00
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 03/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) SHAW, MIKE <hr/> Contributor address; City; State; Zip Code  DENISON, TX 75020	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) SHAW, MIKE <hr/> Contributor address; City; State; Zip Code  DENISON, TX 75020	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 01/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) SHAW, MIKE <hr/> Contributor address; City; State; Zip Code  DENISON, TX 75020	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) SHERMAN, RACHEL <hr/> Contributor address; City; State; Zip Code  SHERMAN, TX 75090	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) INSURANCE BROKERAGE		Employer (See Instructions) ASPECT INSURANCE SERVICES



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 22/30 Rpt: 25/98
<b>2</b> FILER NAME Grayson County Republican Party (CEC)		<b>3</b> Filer ID (Ethics Commission Filers) 00035364
<b>4</b> Date 02/17/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) SHERMAN, RACHEL <hr/> <b>6</b> Contributor address; City; State; Zip Code  SHERMAN, TX 75090	<b>7</b> Amount of Contribution (\$)  \$500.00
<b>8</b> Principal occupation / Job title (See Instructions) INSURANCE BROKERAGE		<b>9</b> Employer (See Instructions) ASPECT INSURANCE SERVICES
Date 06/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) SHERMAN, RACHEL <hr/> Contributor address; City; State; Zip Code  SHERMAN, TX 75090	Amount of Contribution (\$)  \$41.64
Principal occupation / Job title (See Instructions) INSURANCE BROKER BUSINESS OWNER		Employer (See Instructions) ASPECT INSURANCE SERVICES
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) SHERMAN, RACHEL <hr/> Contributor address; City; State; Zip Code  SHERMAN, TX 75090	Amount of Contribution (\$)  \$41.64
Principal occupation / Job title (See Instructions) INSURANCE BROKER BUSINESS OWNER		Employer (See Instructions) ASPECT INSURANCE SERVICES
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) SHERMAN, RACHEL <hr/> Contributor address; City; State; Zip Code  SHERMAN, TX 75090	Amount of Contribution (\$)  \$41.64
Principal occupation / Job title (See Instructions) INSURANCE BROKER BUSINESS OWNER		Employer (See Instructions) ASPECT INSURANCE SERVICES
Date 03/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) SHERMAN, RACHEL <hr/> Contributor address; City; State; Zip Code  SHERMAN, TX 75090	Amount of Contribution (\$)  \$41.64
Principal occupation / Job title (See Instructions) INSURANCE BROKER BUSINESS OWNER		Employer (See Instructions) ASPECT INSURANCE SERVICES

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 23/30 Rpt: 26/98
<b>2</b> FILER NAME Grayson County Republican Party (CEC)		<b>3</b> Filer ID (Ethics Commission Filers) 00035364
<b>4</b> Date 02/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) SHERMAN, RACHEL <hr/> <b>6</b> Contributor address; City; State; Zip Code  SHERMAN, TX 75090	<b>7</b> Amount of Contribution (\$)  \$41.64
<b>8</b> Principal occupation / Job title (See Instructions) INSURANCE BROKER BUSINESS OWNER		<b>9</b> Employer (See Instructions) ASPECT INSURANCE SERVICES
Date 01/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) SHERMAN, RACHEL <hr/> Contributor address; City; State; Zip Code  SHERMAN, TX 75090	Amount of Contribution (\$)  \$41.64
Principal occupation / Job title (See Instructions) INSURANCE BROKER BUSINESS OWNER		Employer (See Instructions) ASPECT INSURANCE SERVICES
Date 01/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) SHOEMAKER, LARRY <hr/> Contributor address; City; State; Zip Code  COLLINSVILLE, TX 76233	Amount of Contribution (\$)  \$120.00
Principal occupation / Job title (See Instructions) RET'D		Employer (See Instructions) RET'D
Date 03/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) SIMS, JAMES <hr/> Contributor address; City; State; Zip Code  MEAD, OK 73449	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) BUSINESS OWNER		Employer (See Instructions) SELF
Date 02/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) SIMS, SHANNON <hr/> Contributor address; City; State; Zip Code  MEAD, OK 73449	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) BUSINESS OWNER		Employer (See Instructions) SELF

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 24/30 Rpt: 27/98
<b>2</b> FILER NAME Grayson County Republican Party (CEC)		<b>3</b> Filer ID (Ethics Commission Filers) 00035364
<b>4</b> Date 02/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) SMITH, JERALEE <hr/> <b>6</b> Contributor address; City; State; Zip Code  BONHAM, TX 75418	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) CUSTOMER SERVICE REP		<b>9</b> Employer (See Instructions) HEB
Date 02/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) SMITH, LINWOOD <hr/> Contributor address; City; State; Zip Code  DENISON, TX 75021	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) PAYROLL & HR OUTSOURCING		Employer (See Instructions) EAGLE EMPLOYER SERVICES, LLC
Date 02/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) SMITH, MICHAEL <hr/> Contributor address; City; State; Zip Code  DENISON, TX 75021	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) HUMAN RESOURCES OUTSOURCING		Employer (See Instructions) EAGLE EMPLOYER SERVICES
Date 02/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) SOKOL, ANGELA <hr/> Contributor address; City; State; Zip Code  SHERMAN, TX 75092	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) HOMEMAKER		Employer (See Instructions) SELF
Date 03/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) SOKOL, ANGELA <hr/> Contributor address; City; State; Zip Code  SHERMAN, TX 75092	Amount of Contribution (\$)  \$620.00
Principal occupation / Job title (See Instructions) HOMEMAKER		Employer (See Instructions) SELF

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 25/30 Rpt: 28/98
<b>2</b> FILER NAME Grayson County Republican Party (CEC)		<b>3</b> Filer ID (Ethics Commission Filers) 00035364
<b>4</b> Date 01/10/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) STAPLES, CHARLES <hr/> <b>6</b> Contributor address; City; State; Zip Code  TIOGA, TX 76271	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) DIRECTOR OF TECHNOLOGY		<b>9</b> Employer (See Instructions) UNITY HUNT
Date 02/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) STEVENS, KEVIN <hr/> Contributor address; City; State; Zip Code  SHERMAN, TX 75090	Amount of Contribution (\$)  \$60.00
Principal occupation / Job title (See Instructions) ENVIRONMENTAL SAFETY AND HEALTH TECH		Employer (See Instructions) TEXAS INSTRUMENTS
Date 03/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) STEVENS, WILLIAM <hr/> Contributor address; City; State; Zip Code  GUNTER, TX 75058	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) GCCDA
Date 02/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) STEVENS, WILLIAM <hr/> Contributor address; City; State; Zip Code  GUNTER, TX 75058	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) SELF
Date 01/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) STONE, DAVID <hr/> Contributor address; City; State; Zip Code  SHERMAN, TX 75090	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) FINANCIAL		Employer (See Instructions) WELLS FARGO

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 26/30 Rpt: 29/98
<b>2</b> FILER NAME Grayson County Republican Party (CEC)		<b>3</b> Filer ID (Ethics Commission Filers) 00035364
<b>4</b> Date 02/23/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) SULLIVAN, DAVID <hr/> <b>6</b> Contributor address; City; State; Zip Code  VAN ALSTYNE, TX 75495	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) ATTORNEY		<b>9</b> Employer (See Instructions) SULLIVAN LAW FIRM, PC
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smith, Gretchen <hr/> Contributor address; City; State; Zip Code  Sherman, TX 75021	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) Payroll		Employer (See Instructions) Eagle Employer Services
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smith, Linwood <hr/> Contributor address; City; State; Zip Code  Denison, TX 75021	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Payroll		Employer (See Instructions) Eagle Employer Services
Date 02/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) TEUBER, KAAREN <hr/> Contributor address; City; State; Zip Code  VAN ALSTYNE, TX 75495	Amount of Contribution (\$)  \$60.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) N/A
Date 02/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) THOMAS, DAN <hr/> Contributor address; City; State; Zip Code  POTTSBOROR, TX 75076	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) FINANCIAL ADVISOR		Employer (See Instructions) PROVISION RETIREMENT

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 27/30 Rpt: 30/98
<b>2</b> FILER NAME Grayson County Republican Party (CEC)		<b>3</b> Filer ID (Ethics Commission Filers) 00035364
<b>4</b> Date 02/14/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) TOWERS, BOB <hr/> <b>6</b> Contributor address; City; State; Zip Code  SHERMAN, TX 75092	<b>7</b> Amount of Contribution (\$)  \$120.00
<b>8</b> Principal occupation / Job title (See Instructions) PATIENT ADVOCATE		<b>9</b> Employer (See Instructions) COMPSPEC
Date 06/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) TOWERS, ROBERT <hr/> Contributor address; City; State; Zip Code  SHERMAN, TX 75092	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) PATIENT ADVOCATE		Employer (See Instructions) COMPSPEC
Date 05/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) TOWERS, ROBERT <hr/> Contributor address; City; State; Zip Code  SHERMAN, TX 75092	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) PATIENT ADVOCATE		Employer (See Instructions) COMPSPEC
Date 04/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) TOWERS, ROBERT <hr/> Contributor address; City; State; Zip Code  SHERMAN, TX 75092	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) PATIENT ADVOCATE		Employer (See Instructions) COMPSPEC
Date 03/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) TOWERS, ROBERT <hr/> Contributor address; City; State; Zip Code  SHERMAN, TX 75092	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) PATIENT ADVOCATE		Employer (See Instructions) COMPSPEC

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 28/30 Rpt: 31/98
<b>2</b> FILER NAME Grayson County Republican Party (CEC)		<b>3</b> Filer ID (Ethics Commission Filers) 00035364
<b>4</b> Date 02/08/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) TOWERS, ROBERT	<b>7</b> Amount of Contribution (\$) \$25.00
<b>6</b> Contributor address; City; State; Zip Code  SHERMAN, TX 75092		
<b>8</b> Principal occupation / Job title (See Instructions) PATIENT ADVOCATE		<b>9</b> Employer (See Instructions) COMPSPEC
Date 01/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) TOWERS, ROBERT	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code  SHERMAN, TX 75092		
Principal occupation / Job title (See Instructions) PATIENT ADVOCATE		Employer (See Instructions) COMPSPEC
Date 02/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) ULTEIG, BETHANY A	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code  TIOGA, TX 76271		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 03/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) WELCH, SHARRON	Amount of Contribution (\$) \$120.00
Contributor address; City; State; Zip Code  WHITESBORO, TX 76273		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) WELCH, WILLIAM	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code  WHITESBORO, TX 76273		
Principal occupation / Job title (See Instructions) GENERAL CONTRACTOR		Employer (See Instructions) WM. C. WELCH CONTRACTORS, INC.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 29/30 Rpt: 32/98
<b>2</b> FILER NAME Grayson County Republican Party (CEC)		<b>3</b> Filer ID (Ethics Commission Filers) 00035364
<b>4</b> Date 02/27/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) WHITMIRE, DORIS <hr/> <b>6</b> Contributor address; City; State; Zip Code  SHERMAN, TX 75092	<b>7</b> Amount of Contribution (\$)  \$200.00
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 02/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) WILLIAMS, MARGARET <hr/> Contributor address; City; State; Zip Code  POTTSBORO, TX 75076	Amount of Contribution (\$)  \$120.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) WRIGHT, LINDSAY <hr/> Contributor address; City; State; Zip Code  COLLINSVILLE, TX 76233	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) COMMISSIONER		Employer (See Instructions) GRAYSON COUNTY
Date 02/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) WYLIE, ANNA <hr/> Contributor address; City; State; Zip Code  DENISON, TX 75021	Amount of Contribution (\$)  \$180.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 03/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) WYNN, KRISTIN <hr/> Contributor address; City; State; Zip Code  FLOWER MOUND, TX 75028	Amount of Contribution (\$)  \$600.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED



# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 30/30 Rpt: 33/98
<b>2</b> FILER NAME Grayson County Republican Party (CEC)		<b>3</b> Filer ID (Ethics Commission Filers) 00035364
<b>4</b> Date 03/03/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) WYNN, KRISTIN <hr/> <b>6</b> Contributor address; City; State; Zip Code  FLOWER MOUND, TX 75028	<b>7</b> Amount of Contribution (\$)  \$200.00
<b>8</b> Principal occupation / Job title (See Instructions) CFO		<b>9</b> Employer (See Instructions) FIRST STAR HR

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/65 Rpt: 34/98	<b>2</b> FILER NAME Grayson County Republican Party (CEC)	<b>3</b> Filer ID (Ethics Commission Filers) 00035364
<b>4</b> Date 02/06/2025	<b>5</b> Payee name A1 WEDDING AND EVENT RENTAL	
<b>6</b> Amount (\$) \$225.51	<b>7</b> Payee address; City; State; Zip Code 3034 WOODLAWN BLVD  DENISON, TX 75020	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense LRD EXPENSES
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 02/18/2025	Payee name A1 WEDDING AND EVENT RENTAL	
Amount (\$) \$477.69	Payee address; City; State; Zip Code 3034 WOODLAWN BLVD  DENISON, TX 75020	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense LRD EXPENSES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 02/27/2025	Payee name A1 WEDDING AND EVENT RENTAL	
Amount (\$) \$590.12	Payee address; City; State; Zip Code 3034 WOODLAWN BLVD  DENISON, TX 75020	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense LRD EXPENSES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 2/65 Rpt: 35/98	<b>2</b> FILER NAME Grayson County Republican Party (CEC)	<b>3</b> Filer ID (Ethics Commission Filers) 00035364
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<b>4</b> Date 02/28/2025	<b>5</b> Payee name A1 WEDDING AND EVENT RENTAL
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<b>6</b> Amount (\$) \$109.11	<b>7</b> Payee address; City; State; Zip Code 3034 WOODLAWN BLVD  DENISON, TX 75020
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense LRD EXPENSES
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 03/03/2025	Payee name ALDI
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Amount (\$) \$35.98	Payee address; City; State; Zip Code 3201 N HWY 75 STE 104  SHERMAN, TX 75090
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense LRD EXPENSES
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/09/2025	Payee name ALEXANDER, STACY
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Amount (\$) \$173.38	Payee address; City; State; Zip Code 2088 OLD SOUTHMAYD RD  SHERMAN, TX 75092
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FESTIVAL EXPENSES
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F1: Sch: 3/65 Rpt: 36/98	<b>2</b>	FILER NAME Grayson County Republican Party (CEC)	<b>3</b>	Filer ID (Ethics Commission Filers) 00035364
<b>4</b>	Date 05/08/2025	<b>5</b>	Payee name ALEXANDER, STACY		
<b>6</b>	Amount (\$) \$69.90	<b>7</b>	Payee address; City; State; Zip Code 2088 OLD SOUTHMAYD RD  SHERMAN, TX 75092		
<b>8</b>	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FESTIVAL EXPENSES		
<b>9</b>	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	
	Date 03/10/2025		Payee name ALL AMERICAN CLASSICS		
	Amount (\$) \$1,190.00		Payee address; City; State; Zip Code PO BOX 8007  HOT SPRINGS, AR 71910		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense LRD EXPENSES		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	
	Date 02/06/2025		Payee name AMAZON		
	Amount (\$) \$27.61		Payee address; City; State; Zip Code 440 TERRY AVE N  SEATTLE, WA 98109		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SUPPLIES		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 4/65 Rpt: 37/98	<b>2</b> FILER NAME Grayson County Republican Party (CEC)	<b>3</b> Filer ID (Ethics Commission Filers) 00035364
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<b>4</b> Date 02/06/2025	<b>5</b> Payee name AMAZON
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<b>6</b> Amount (\$) \$26.34	<b>7</b> Payee address; City; State; Zip Code 440 TERRY AVE N  SEATTLE, WA 98109
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SUPPLIES
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/20/2025	Payee name AMAZON
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Amount (\$) \$76.47	Payee address; City; State; Zip Code 440 TERRY AVE N  SEATTLE, WA 98109
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense LRD EXPENSES
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/20/2025	Payee name AMAZON
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Amount (\$) \$51.96	Payee address; City; State; Zip Code 440 TERRY AVE N  SEATTLE, WA 98109
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense LRD EXPENSES
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 5/65 Rpt: 38/98	<b>2</b> FILER NAME Grayson County Republican Party (CEC)	<b>3</b> Filer ID (Ethics Commission Filers) 00035364
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<b>4</b> Date 02/20/2025	<b>5</b> Payee name AMAZON
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<b>6</b> Amount (\$) \$42.49	<b>7</b> Payee address; City; State; Zip Code 440 TERRY AVE N  SEATTLE, WA 98109
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense LRD EXPENSES
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/20/2025	Payee name AMAZON
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Amount (\$) \$23.36	Payee address; City; State; Zip Code 440 TERRY AVE N  SEATTLE, WA 98109
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense LRD EXPENSES
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/24/2025	Payee name AMAZON
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Amount (\$) \$41.33	Payee address; City; State; Zip Code 440 TERRY AVE N  SEATTLE, WA 98109
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense LRD EXPENSES
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 6/65 Rpt: 39/98	<b>2</b> FILER NAME Grayson County Republican Party (CEC)	<b>3</b> Filer ID (Ethics Commission Filers) 00035364
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<b>4</b> Date 02/24/2025	<b>5</b> Payee name AMAZON
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<b>6</b> Amount (\$) \$37.08	<b>7</b> Payee address; City; State; Zip Code 440 TERRY AVE N  SEATTLE, WA 98109
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense LRD EXPENSES
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/24/2025	Payee name AMAZON
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Amount (\$) \$37.08	Payee address; City; State; Zip Code 440 TERRY AVE N  SEATTLE, WA 98109
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense LRD EXPENSES
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/25/2025	Payee name AMAZON
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Amount (\$) \$148.82	Payee address; City; State; Zip Code 440 TERRY AVE N  SEATTLE, WA 98109
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense LRD EXPENSES
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 7/65 Rpt: 40/98	<b>2</b> FILER NAME Grayson County Republican Party (CEC)	<b>3</b> Filer ID (Ethics Commission Filers) 00035364
<b>4</b> Date 02/25/2025	<b>5</b> Payee name AMAZON	
<b>6</b> Amount (\$) \$28.68	<b>7</b> Payee address; City; State; Zip Code 440 TERRY AVE N  SEATTLE, WA 98109	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense LRD EXPENSES
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 02/28/2025	Payee name AMAZON	
Amount (\$) \$155.10	Payee address; City; State; Zip Code 440 TERRY AVE N  SEATTLE, WA 98109	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense LRD EXPENSES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 02/28/2025	Payee name AMAZON	
Amount (\$) \$95.49	Payee address; City; State; Zip Code 440 TERRY AVE N  SEATTLE, WA 98109	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense LRD EXPENSES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 8/65 Rpt: 41/98	<b>2</b> FILER NAME Grayson County Republican Party (CEC)	<b>3</b> Filer ID (Ethics Commission Filers) 00035364
<b>4</b> Date 02/28/2025	<b>5</b> Payee name AMAZON	
<b>6</b> Amount (\$) \$50.93	<b>7</b> Payee address; City; State; Zip Code 440 TERRY AVE N  SEATTLE, WA 98109	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense LRD EXPENSES
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense LRD EXPENSES
Complete ONLY if direct expenditure to benefit C/OH	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense LRD EXPENSES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 9/65 Rpt: 42/98	<b>2</b> FILER NAME Grayson County Republican Party (CEC)	<b>3</b> Filer ID (Ethics Commission Filers) 00035364
<b>4</b> Date 03/03/2025	<b>5</b> Payee name AMAZON	
<b>6</b> Amount (\$) \$55.24	<b>7</b> Payee address; City; State; Zip Code 440 TERRY AVE N  SEATTLE, WA 98109	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense LRD EXPENSES
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/03/2025	Payee name AMAZON	
Amount (\$) \$41.33	Payee address; City; State; Zip Code 440 TERRY AVE N  SEATTLE, WA 98109	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense LRD EXPENSES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/15/2025	Payee name ATMOS ENERGY	
Amount (\$) \$140.65	Payee address; City; State; Zip Code 5111 N BLUE FLAME RD  SHERMAN, TX 75090	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense HQ GAS
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 10/65 Rpt: 43/98	<b>2</b> FILER NAME Grayson County Republican Party (CEC)	<b>3</b> Filer ID (Ethics Commission Filers) 00035364
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<b>4</b> Date 02/14/2025	<b>5</b> Payee name ATMOS ENERGY
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<b>6</b> Amount (\$) \$207.26	<b>7</b> Payee address; City; State; Zip Code 5111 N BLUE FLAME RD  SHERMAN, TX 75090
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense HQ GAS
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 03/14/2025	Payee name ATMOS ENERGY
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Amount (\$) \$200.75	Payee address; City; State; Zip Code 5111 N BLUE FLAME RD  SHERMAN, TX 75090
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense HQ GAS
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 04/14/2025	Payee name ATMOS ENERGY
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Amount (\$) \$115.58	Payee address; City; State; Zip Code 5111 N BLUE FLAME RD  SHERMAN, TX 75090
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense HQ GAS
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

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

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 13/65 Rpt: 46/98	<b>2</b> FILER NAME Grayson County Republican Party (CEC)	<b>3</b> Filer ID (Ethics Commission Filers) 00035364
<b>4</b> Date 03/03/2025	<b>5</b> Payee name FACEBOOK	
<b>6</b> Amount (\$) \$231.84	<b>7</b> Payee address; City; State; Zip Code 1 HACKER WAY  MENLO PARK, CA 94025	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense HQ SOCIAL MEDIA
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/27/2025	Payee name FLORUS FANTASIES	
Amount (\$) \$626.77	Payee address; City; State; Zip Code 217 N. TRAVIS STREET  SHERMAN, TX 75090	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense LRD EXPENSES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/19/2025	Payee name JACO BOOYENS	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 835 EAST LAMAR BLVD #389  ARLINGTON, TX 76011	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense LRD EXPENSES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 14/65 Rpt: 47/98	<b>2</b> FILER NAME Grayson County Republican Party (CEC)	<b>3</b> Filer ID (Ethics Commission Filers) 00035364
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<b>4</b> Date 01/24/2025	<b>5</b> Payee name KIT.COM
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<b>6</b> Amount (\$) \$52.14	<b>7</b> Payee address; City; State; Zip Code 750 WEST BANNOCK STREET #761  BOISE, ID 83701
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense HQ INTERNET
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/24/2025	Payee name KIT.COM
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Amount (\$) \$52.14	Payee address; City; State; Zip Code 750 WEST BANNOCK STREET #761  BOISE, ID 83701
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense HQ INTERNET
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 03/24/2025	Payee name KIT.COM
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Amount (\$) \$52.14	Payee address; City; State; Zip Code 750 WEST BANNOCK STREET #761  BOISE, ID 83701
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense HQ INTERNET
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel in District                         |
| Contributions/ Donations Made By -<br>Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 15/65 Rpt: 48/98	<b>2</b> FILER NAME Grayson County Republican Party (CEC)	<b>3</b> Filer ID (Ethics Commission Filers) 00035364
<b>4</b> Date 04/24/2025	<b>5</b> Payee name KIT.COM	
<b>6</b> Amount (\$) \$52.14	<b>7</b> Payee address; City; State; Zip Code 750 WEST BANNOCK STREET #761  BOISE, ID 83701	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense HQ INTERNET
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/27/2025	Payee name KIT.COM	
Amount (\$) \$52.14	Payee address; City; State; Zip Code 750 WEST BANNOCK STREET #761  BOISE, ID 83701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense HQ INTERNET
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/24/2025	Payee name KIT.COM	
Amount (\$) \$52.14	Payee address; City; State; Zip Code 750 WEST BANNOCK STREET #761  BOISE, ID 83701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense HQ INTERNET
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 16/65 Rpt: 49/98	<b>2</b> FILER NAME Grayson County Republican Party (CEC)	<b>3</b> Filer ID (Ethics Commission Filers) 00035364
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<b>4</b> Date 01/06/2025	<b>5</b> Payee name LOS HERMANOS PARTNERSHIP LLC
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<b>6</b> Amount (\$) \$2,180.25	<b>7</b> Payee address; City; State; Zip Code 427 N RUSK, SUITE B  SHERMAN, TX 75090
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense HQ RENT/TAXES
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/04/2025	Payee name LOS HERMANOS PARTNERSHIP LLC
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Amount (\$) \$2,180.25	Payee address; City; State; Zip Code 427 N RUSK, SUITE B  SHERMAN, TX 75090
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense HQ RENT/TAXES
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 03/04/2025	Payee name LOS HERMANOS PARTNERSHIP LLC
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Amount (\$) \$2,180.25	Payee address; City; State; Zip Code 427 N RUSK, SUITE B  SHERMAN, TX 75090
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense HQ RENT/TAXES
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 17/65 Rpt: 50/98	<b>2</b> FILER NAME Grayson County Republican Party (CEC)	<b>3</b> Filer ID (Ethics Commission Filers) 00035364
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<b>4</b> Date 04/01/2025	<b>5</b> Payee name LOS HERMANOS PARTNERSHIP LLC
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<b>6</b> Amount (\$) \$2,180.25	<b>7</b> Payee address; City; State; Zip Code 427 N RUSK, SUITE B  SHERMAN, TX 75090
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense HQ RENT/TAXES
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 05/06/2025	Payee name LOS HERMANOS PARTNERSHIP LLC
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Amount (\$) \$2,180.25	Payee address; City; State; Zip Code 427 N RUSK, SUITE B  SHERMAN, TX 75090
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense HQ RENT/TAXES
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 06/06/2025	Payee name LOS HERMANOS PARTNERSHIP LLC
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Amount (\$) \$2,180.25	Payee address; City; State; Zip Code 427 N RUSK, SUITE B  SHERMAN, TX 75090
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense HQ RENT/TAXES
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 18/65 Rpt: 51/98	<b>2</b> FILER NAME Grayson County Republican Party (CEC)	<b>3</b> Filer ID (Ethics Commission Filers) 00035364
<b>4</b> Date 01/14/2025	<b>5</b> Payee name MCCOY, ROBIN	
<b>6</b> Amount (\$) \$112.88	<b>7</b> Payee address; City; State; Zip Code 746 OLD HWY 6  HOWE, TX 75459	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FESTIVAL EXPENSES
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/23/2025	Payee name MUNICIPAL ONLINE PAYME	
Amount (\$) \$1.25	Payee address; City; State; Zip Code PO BOX 1106  SHERMAN, TX 75091	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense HQ UTILITIES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/13/2025	Payee name MUNICIPAL ONLINE PAYME	
Amount (\$) \$1.25	Payee address; City; State; Zip Code PO BOX 1106  SHERMAN, TX 75091	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense HQ UTILITIES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

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

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F1: Sch: 20/65 Rpt: 53/98	<b>2</b>	FILER NAME Grayson County Republican Party (CEC)	<b>3</b>	Filer ID (Ethics Commission Filers) 00035364
<b>4</b>	Date 01/31/2025	<b>5</b>	Payee name OFFICE DEPOT		
<b>6</b>	Amount (\$) \$34.62	<b>7</b>	Payee address; City; State; Zip Code 4015 N HWY 75  SHERMAN, TX 75090		
<b>8</b>	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SUPPLIES		
<b>9</b>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	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		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense LRD EXPENSES		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	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		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense LRD EXPENSES		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 21/65 Rpt: 54/98	<b>2</b> FILER NAME Grayson County Republican Party (CEC)	<b>3</b> Filer ID (Ethics Commission Filers) 00035364
<b>4</b> Date 01/23/2025	<b>5</b> Payee name SHERMAN UTILITY	
<b>6</b> Amount (\$) \$51.06	<b>7</b> Payee address; City; State; Zip Code PO BOX 1106  SHERMAN, TX 75091	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense HQ UTILITIES
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 03/13/2025	Payee name SHERMAN UTILITY	
Amount (\$) \$98.57	Payee address; City; State; Zip Code PO BOX 1106  SHERMAN, TX 75091	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense HQ UTILITIES
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 04/21/2025	Payee name SHERMAN UTILITY	
Amount (\$) \$47.51	Payee address; City; State; Zip Code PO BOX 1106  SHERMAN, TX 75091	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense HQ UTILITIES
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 22/65 Rpt: 55/98	<b>2</b> FILER NAME Grayson County Republican Party (CEC)	<b>3</b> Filer ID (Ethics Commission Filers) 00035364
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<b>4</b> Date 05/19/2025	<b>5</b> Payee name SHERMAN UTILITY
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<b>6</b> Amount (\$) \$47.51	<b>7</b> Payee address; City; State; Zip Code PO BOX 1106  SHERMAN, TX 75091
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense HQ UTILITIES
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 06/16/2025	Payee name SHERMAN UTILITY
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Amount (\$) \$47.51	Payee address; City; State; Zip Code PO BOX 1106  SHERMAN, TX 75091
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense HQ UTILITIES
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 04/25/2025	Payee name SIMS, SHANNON
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Amount (\$) \$117.98	Payee address; City; State; Zip Code 1112 SAND POINT RD  MEAD, OK 73449
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense LRD EXPENSES
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 23/65 Rpt: 56/98	<b>2</b> FILER NAME Grayson County Republican Party (CEC)	<b>3</b> Filer ID (Ethics Commission Filers) 00035364
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<b>4</b> Date 02/18/2025	<b>5</b> Payee name SUMMER ENERGY L SUMMERENEG M WEB
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<b>6</b> Amount (\$) \$26.11	<b>7</b> Payee address; City; State; Zip Code PO BOX 460485  HOUSTON, TX 77056
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense HQ ELECTRICITY
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 03/13/2025	Payee name SUMMER ENERGY
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Amount (\$) \$43.41	Payee address; City; State; Zip Code PO BOX 460485  HOUSTON, TX 77056
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense HQ ELECTRICITY
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 04/21/2025	Payee name SUMMER ENERGY
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Amount (\$) \$37.94	Payee address; City; State; Zip Code PO BOX 460485  HOUSTON, TX 77056
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense HQ ELECTRICITY
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 25/65 Rpt: 58/98	<b>2</b> FILER NAME Grayson County Republican Party (CEC)	<b>3</b> Filer ID (Ethics Commission Filers) 00035364
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<b>4</b> Date 03/03/2025	<b>5</b> Payee name TICKET SPICE
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<b>6</b> Amount (\$) \$8.04	<b>7</b> Payee address; City; State; Zip Code 1200 2ND ST  SACRAMENTO, CA 95814
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/24/2025	Payee name TICKET SPICE
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Amount (\$) \$3.03	Payee address; City; State; Zip Code 1200 2ND ST  SACRAMENTO, CA 95814
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/21/2025	Payee name TICKET SPICE
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Amount (\$) \$8.54	Payee address; City; State; Zip Code 1200 2ND ST  SACRAMENTO, CA 95814
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 26/65 Rpt: 59/98	<b>2</b> FILER NAME Grayson County Republican Party (CEC)	<b>3</b> Filer ID (Ethics Commission Filers) 00035364
<b>4</b> Date 02/21/2025	<b>5</b> Payee name TICKET SPICE	
<b>6</b> Amount (\$) \$8.54	<b>7</b> Payee address; City; State; Zip Code 1200 2ND ST  SACRAMENTO, CA 95814	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/24/2025	Payee name TICKET SPICE	
Amount (\$) \$8.54	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/04/2025	Payee name TICKET SPICE	
Amount (\$) \$4.13	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 27/65 Rpt: 60/98	<b>2</b> FILER NAME Grayson County Republican Party (CEC)	<b>3</b> Filer ID (Ethics Commission Filers) 00035364
<b>4</b> Date 02/24/2025	<b>5</b> Payee name TICKET SPICE	
<b>6</b> Amount (\$) \$3.03	<b>7</b> Payee address; City; State; Zip Code 1200 2ND ST  SACRAMENTO, CA 95814	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/09/2025	Payee name TICKET SPICE	
Amount (\$) \$8.54	Payee address; City; State; Zip Code 1200 2ND ST  SACRAMENTO, CA 95814	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/21/2025	Payee name TICKET SPICE	
Amount (\$) \$4.19	Payee address; City; State; Zip Code 1200 2ND ST  SACRAMENTO, CA 95814	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 28/65 Rpt: 61/98	<b>2</b> FILER NAME Grayson County Republican Party (CEC)	<b>3</b> Filer ID (Ethics Commission Filers) 00035364
<b>4</b> Date 02/10/2025	<b>5</b> Payee name TICKET SPICE	
<b>6</b> Amount (\$) \$88.29	<b>7</b> Payee address; City; State; Zip Code 1200 2ND ST  SACRAMENTO, CA 95814	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/20/2025	Payee name TICKET SPICE	
Amount (\$) \$8.54	Payee address; City; State; Zip Code 1200 2ND ST  SACRAMENTO, CA 95814	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/24/2025	Payee name TICKET SPICE	
Amount (\$) \$5.76	Payee address; City; State; Zip Code 1200 2ND ST  SACRAMENTO, CA 95814	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 29/65 Rpt: 62/98	<b>2</b> FILER NAME Grayson County Republican Party (CEC)	<b>3</b> Filer ID (Ethics Commission Filers) 00035364
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<b>4</b> Date 02/20/2025	<b>5</b> Payee name TICKET SPICE
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<b>6</b> Amount (\$)  \$15.79	<b>7</b> Payee address; City; State; Zip Code 1200 2ND ST  SACRAMENTO, CA 95814
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/24/2025	Payee name TICKET SPICE
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Amount (\$)  \$8.08	Payee address; City; State; Zip Code 1200 2ND ST  SACRAMENTO, CA 95814
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 03/03/2025	Payee name TICKET SPICE
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Amount (\$)  \$7.32	Payee address; City; State; Zip Code 1200 2ND ST  SACRAMENTO, CA 95814
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 30/65 Rpt: 63/98	<b>2</b> FILER NAME Grayson County Republican Party (CEC)	<b>3</b> Filer ID (Ethics Commission Filers) 00035364
<b>4</b> Date 01/24/2025	<b>5</b> Payee name TICKET SPICE	
<b>6</b> Amount (\$) \$4.19	<b>7</b> Payee address; City; State; Zip Code 1200 2ND ST  SACRAMENTO, CA 95814	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/14/2025	Payee name TICKET SPICE	
Amount (\$) \$8.54	Payee address; City; State; Zip Code 1200 2ND ST  SACRAMENTO, CA 95814	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/08/2025	Payee name TICKET SPICE	
Amount (\$) \$8.54	Payee address; City; State; Zip Code 1200 2ND ST  SACRAMENTO, CA 95814	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 31/65 Rpt: 64/98	<b>2</b> FILER NAME Grayson County Republican Party (CEC)	<b>3</b> Filer ID (Ethics Commission Filers) 00035364
<b>4</b> Date 02/21/2025	<b>5</b> Payee name TICKET SPICE	
<b>6</b> Amount (\$) \$3.03	<b>7</b> Payee address; City; State; Zip Code 1200 2ND ST  SACRAMENTO, CA 95814	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/07/2025	Payee name TICKET SPICE	
Amount (\$) \$8.54	Payee address; City; State; Zip Code 1200 2ND ST  SACRAMENTO, CA 95814	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/13/2025	Payee name TICKET SPICE	
Amount (\$) \$5.76	Payee address; City; State; Zip Code 1200 2ND ST  SACRAMENTO, CA 95814	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 32/65 Rpt: 65/98	<b>2</b> FILER NAME Grayson County Republican Party (CEC)	<b>3</b> Filer ID (Ethics Commission Filers) 00035364
<b>4</b> Date 01/28/2025	<b>5</b> Payee name TICKET SPICE	
<b>6</b> Amount (\$) \$8.08	<b>7</b> Payee address; City; State; Zip Code 1200 2ND ST  SACRAMENTO, CA 95814	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/21/2025	Payee name TICKET SPICE	
Amount (\$) \$8.54	Payee address; City; State; Zip Code 1200 2ND ST  SACRAMENTO, CA 95814	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/23/2025	Payee name TICKET SPICE	
Amount (\$) \$4.19	Payee address; City; State; Zip Code 1200 2ND ST  SACRAMENTO, CA 95814	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 33/65 Rpt: 66/98	<b>2</b> FILER NAME Grayson County Republican Party (CEC)	<b>3</b> Filer ID (Ethics Commission Filers) 00035364
<b>4</b> Date 02/11/2025	<b>5</b> Payee name TICKET SPICE	
<b>6</b> Amount (\$) \$8.54	<b>7</b> Payee address; City; State; Zip Code 1200 2ND ST  SACRAMENTO, CA 95814	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/25/2025	Payee name TICKET SPICE	
Amount (\$) \$8.08	Payee address; City; State; Zip Code 1200 2ND ST  SACRAMENTO, CA 95814	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/24/2025	Payee name TICKET SPICE	
Amount (\$) \$4.19	Payee address; City; State; Zip Code 1200 2ND ST  SACRAMENTO, CA 95814	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 34/65 Rpt: 67/98	<b>2</b> FILER NAME Grayson County Republican Party (CEC)	<b>3</b> Filer ID (Ethics Commission Filers) 00035364
<b>4</b> Date 02/12/2025	<b>5</b> Payee name TICKET SPICE	
<b>6</b> Amount (\$) \$3.03	<b>7</b> Payee address; City; State; Zip Code 1200 2ND ST  SACRAMENTO, CA 95814	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/26/2025	Payee name TICKET SPICE	
Amount (\$) \$5.76	Payee address; City; State; Zip Code 1200 2ND ST  SACRAMENTO, CA 95814	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/24/2025	Payee name TICKET SPICE	
Amount (\$) \$8.54	Payee address; City; State; Zip Code 1200 2ND ST  SACRAMENTO, CA 95814	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 35/65 Rpt: 68/98	<b>2</b> FILER NAME Grayson County Republican Party (CEC)	<b>3</b> Filer ID (Ethics Commission Filers) 00035364
<b>4</b> Date 03/03/2025	<b>5</b> Payee name TICKET SPICE	
<b>6</b> Amount (\$) \$13.84	<b>7</b> Payee address; City; State; Zip Code 1200 2ND ST  SACRAMENTO, CA 95814	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/03/2025	Payee name TICKET SPICE	
Amount (\$) \$12.83	Payee address; City; State; Zip Code 1200 2ND ST  SACRAMENTO, CA 95814	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/22/2025	Payee name TICKET SPICE	
Amount (\$) \$8.08	Payee address; City; State; Zip Code 1200 2ND ST  SACRAMENTO, CA 95814	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 36/65 Rpt: 69/98	<b>2</b> FILER NAME Grayson County Republican Party (CEC)	<b>3</b> Filer ID (Ethics Commission Filers) 00035364
<b>4</b> Date 02/17/2025	<b>5</b> Payee name TICKET SPICE	
<b>6</b> Amount (\$) \$3.03	<b>7</b> Payee address; City; State; Zip Code 1200 2ND ST  SACRAMENTO, CA 95814	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/24/2025	Payee name TICKET SPICE	
Amount (\$) \$8.49	Payee address; City; State; Zip Code 1200 2ND ST  SACRAMENTO, CA 95814	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/26/2025	Payee name TICKET SPICE	
Amount (\$) \$8.08	Payee address; City; State; Zip Code 1200 2ND ST  SACRAMENTO, CA 95814	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 37/65 Rpt: 70/98	<b>2</b> FILER NAME Grayson County Republican Party (CEC)	<b>3</b> Filer ID (Ethics Commission Filers) 00035364
<b>4</b> Date 02/22/2025	<b>5</b> Payee name TICKET SPICE	
<b>6</b> Amount (\$) \$30.29	<b>7</b> Payee address; City; State; Zip Code 1200 2ND ST  SACRAMENTO, CA 95814	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/26/2025	Payee name TICKET SPICE	
Amount (\$) \$15.79	Payee address; City; State; Zip Code 1200 2ND ST  SACRAMENTO, CA 95814	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/12/2025	Payee name TICKET SPICE	
Amount (\$) \$4.19	Payee address; City; State; Zip Code 1200 2ND ST  SACRAMENTO, CA 95814	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 38/65 Rpt: 71/98	<b>2</b> FILER NAME Grayson County Republican Party (CEC)	<b>3</b> Filer ID (Ethics Commission Filers) 00035364
<b>4</b> Date 01/09/2025	<b>5</b> Payee name TICKET SPICE	
<b>6</b> Amount (\$) \$4.19	<b>7</b> Payee address; City; State; Zip Code 1200 2ND ST  SACRAMENTO, CA 95814	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/19/2025	Payee name TICKET SPICE	
Amount (\$) \$3.03	Payee address; City; State; Zip Code 1200 2ND ST  SACRAMENTO, CA 95814	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/24/2025	Payee name TICKET SPICE	
Amount (\$) \$8.08	Payee address; City; State; Zip Code 1200 2ND ST  SACRAMENTO, CA 95814	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 39/65 Rpt: 72/98	<b>2</b> FILER NAME Grayson County Republican Party (CEC)	<b>3</b> Filer ID (Ethics Commission Filers) 00035364
<b>4</b> Date 03/03/2025	<b>5</b> Payee name TICKET SPICE	
<b>6</b> Amount (\$) \$6.45	<b>7</b> Payee address; City; State; Zip Code 1200 2ND ST  SACRAMENTO, CA 95814	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/07/2025	Payee name TICKET SPICE	
Amount (\$) \$8.54	Payee address; City; State; Zip Code 1200 2ND ST  SACRAMENTO, CA 95814	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/24/2025	Payee name TICKET SPICE	
Amount (\$) \$5.76	Payee address; City; State; Zip Code 1200 2ND ST  SACRAMENTO, CA 95814	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 40/65 Rpt: 73/98	<b>2</b> FILER NAME Grayson County Republican Party (CEC)	<b>3</b> Filer ID (Ethics Commission Filers) 00035364
<b>4</b> Date 02/13/2025	<b>5</b> Payee name TICKET SPICE	
<b>6</b> Amount (\$) \$4.19	<b>7</b> Payee address; City; State; Zip Code 1200 2ND ST  SACRAMENTO, CA 95814	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/03/2025	Payee name TICKET SPICE	
Amount (\$) \$10.94	Payee address; City; State; Zip Code 1200 2ND ST  SACRAMENTO, CA 95814	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/18/2025	Payee name TICKET SPICE	
Amount (\$) \$15.79	Payee address; City; State; Zip Code 1200 2ND ST  SACRAMENTO, CA 95814	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 41/65 Rpt: 74/98	<b>2</b> FILER NAME Grayson County Republican Party (CEC)	<b>3</b> Filer ID (Ethics Commission Filers) 00035364
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<b>4</b> Date 02/28/2025	<b>5</b> Payee name TICKET SPICE
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<b>6</b> Amount (\$) \$8.54	<b>7</b> Payee address; City; State; Zip Code 1200 2ND ST  SACRAMENTO, CA 95814
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/19/2025	Payee name TICKET SPICE
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Amount (\$) \$8.54	Payee address; City; State; Zip Code 1200 2ND ST  SACRAMENTO, CA 95814
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/24/2025	Payee name TICKET SPICE
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Amount (\$) \$3.03	Payee address; City; State; Zip Code 1200 2ND ST  SACRAMENTO, CA 95814
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 42/65 Rpt: 75/98	<b>2</b> FILER NAME Grayson County Republican Party (CEC)	<b>3</b> Filer ID (Ethics Commission Filers) 00035364
<b>4</b> Date 02/14/2025	<b>5</b> Payee name TICKET SPICE	
<b>6</b> Amount (\$) \$4.19	<b>7</b> Payee address; City; State; Zip Code 1200 2ND ST  SACRAMENTO, CA 95814	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/03/2025	Payee name TICKET SPICE	
Amount (\$) \$2.68	Payee address; City; State; Zip Code 1200 2ND ST  SACRAMENTO, CA 95814	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/25/2025	Payee name TICKET SPICE	
Amount (\$) \$8.54	Payee address; City; State; Zip Code 1200 2ND ST  SACRAMENTO, CA 95814	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 43/65 Rpt: 76/98	<b>2</b> FILER NAME Grayson County Republican Party (CEC)	<b>3</b> Filer ID (Ethics Commission Filers) 00035364
<b>4</b> Date 02/23/2025	<b>5</b> Payee name TICKET SPICE	
<b>6</b> Amount (\$) \$5.76	<b>7</b> Payee address; City; State; Zip Code 1200 2ND ST  SACRAMENTO, CA 95814	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/24/2025	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/10/2025	Payee name TICKET SPICE	
Amount (\$) \$8.08	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 44/65 Rpt: 77/98	<b>2</b> FILER NAME Grayson County Republican Party (CEC)	<b>3</b> Filer ID (Ethics Commission Filers) 00035364
<b>4</b> Date 02/24/2025	<b>5</b> Payee name TICKET SPICE	
<b>6</b> Amount (\$) \$15.79	<b>7</b> Payee address; City; State; Zip Code 1200 2ND ST  SACRAMENTO, CA 95814	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/06/2025	Payee name TICKET SPICE	
Amount (\$) \$13.84	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/20/2025	Payee name TICKET SPICE	
Amount (\$) \$3.03	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 45/65 Rpt: 78/98	<b>2</b> FILER NAME Grayson County Republican Party (CEC)	<b>3</b> Filer ID (Ethics Commission Filers) 00035364
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<b>4</b> Date 02/16/2025	<b>5</b> Payee name TICKET SPICE
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<b>6</b> Amount (\$) \$15.79	<b>7</b> Payee address; City; State; Zip Code 1200 2ND ST  SACRAMENTO, CA 95814
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 03/03/2025	Payee name TICKET SPICE
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Amount (\$) \$13.84	Payee address; City; State; Zip Code 1200 2ND ST  SACRAMENTO, CA 95814
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 03/03/2025	Payee name TICKET SPICE
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Amount (\$) \$2.53	Payee address; City; State; Zip Code 1200 2ND ST  SACRAMENTO, CA 95814
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 46/65 Rpt: 79/98	<b>2</b> FILER NAME Grayson County Republican Party (CEC)	<b>3</b> Filer ID (Ethics Commission Filers) 00035364
<b>4</b> Date 02/23/2025	<b>5</b> Payee name TICKET SPICE	
<b>6</b> Amount (\$) \$3.03	<b>7</b> Payee address; City; State; Zip Code 1200 2ND ST  SACRAMENTO, CA 95814	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/05/2025	Payee name TICKET SPICE	
Amount (\$) \$4.19	Payee address; City; State; Zip Code 1200 2ND ST  SACRAMENTO, CA 95814	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/24/2025	Payee name TICKET SPICE	
Amount (\$) \$3.03	Payee address; City; State; Zip Code 1200 2ND ST  SACRAMENTO, CA 95814	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 47/65 Rpt: 80/98	<b>2</b> FILER NAME Grayson County Republican Party (CEC)	<b>3</b> Filer ID (Ethics Commission Filers) 00035364
<b>4</b> Date 02/03/2025	<b>5</b> Payee name TICKET SPICE	
<b>6</b> Amount (\$) \$4.19	<b>7</b> Payee address; City; State; Zip Code 1200 2ND ST  SACRAMENTO, CA 95814	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/17/2025	Payee name TICKET SPICE	
Amount (\$) \$15.79	Payee address; City; State; Zip Code 1200 2ND ST  SACRAMENTO, CA 95814	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/17/2025	Payee name TICKET SPICE	
Amount (\$) \$15.79	Payee address; City; State; Zip Code 1200 2ND ST  SACRAMENTO, CA 95814	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 48/65 Rpt: 81/98	<b>2</b> FILER NAME Grayson County Republican Party (CEC)	<b>3</b> Filer ID (Ethics Commission Filers) 00035364
<b>4</b> Date 01/27/2025	<b>5</b> Payee name TICKET SPICE	
<b>6</b> Amount (\$) \$5.76	<b>7</b> Payee address; City; State; Zip Code 1200 2ND ST  SACRAMENTO, CA 95814	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/27/2025	Payee name TICKET SPICE	
Amount (\$) \$16.78	Payee address; City; State; Zip Code 1200 2ND ST  SACRAMENTO, CA 95814	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/03/2025	Payee name TICKET SPICE	
Amount (\$) \$9.49	Payee address; City; State; Zip Code 1200 2ND ST  SACRAMENTO, CA 95814	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 49/65 Rpt: 82/98	<b>2</b> FILER NAME Grayson County Republican Party (CEC)	<b>3</b> Filer ID (Ethics Commission Filers) 00035364
<b>4</b> Date 02/17/2025	<b>5</b> Payee name TICKET SPICE	
<b>6</b> Amount (\$) \$30.29	<b>7</b> Payee address; City; State; Zip Code 1200 2ND ST  SACRAMENTO, CA 95814	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/17/2025	Payee name TICKET SPICE	
Amount (\$) \$30.29	Payee address; City; State; Zip Code 1200 2ND ST  SACRAMENTO, CA 95814	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/18/2025	Payee name TICKET SPICE	
Amount (\$) \$4.19	Payee address; City; State; Zip Code 1200 2ND ST  SACRAMENTO, CA 95814	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 51/65 Rpt: 84/98	<b>2</b> FILER NAME Grayson County Republican Party (CEC)	<b>3</b> Filer ID (Ethics Commission Filers) 00035364
<b>4</b> Date 03/03/2025	<b>5</b> Payee name TICKET SPICE	
<b>6</b> Amount (\$) \$9.99	<b>7</b> Payee address; City; State; Zip Code 1200 2ND ST  SACRAMENTO, CA 95814	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/23/2025	Payee name TICKET SPICE	
Amount (\$) \$3.03	Payee address; City; State; Zip Code 1200 2ND ST  SACRAMENTO, CA 95814	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/20/2025	Payee name TICKET SPICE	
Amount (\$) \$6.59	Payee address; City; State; Zip Code 1200 2ND ST  SACRAMENTO, CA 95814	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 52/65 Rpt: 85/98	<b>2</b> FILER NAME Grayson County Republican Party (CEC)	<b>3</b> Filer ID (Ethics Commission Filers) 00035364
<b>4</b> Date 01/10/2025	<b>5</b> Payee name TICKET SPICE	
<b>6</b> Amount (\$) \$8.08	<b>7</b> Payee address; City; State; Zip Code 1200 2ND ST  SACRAMENTO, CA 95814	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/23/2025	Payee name TICKET SPICE	
Amount (\$) \$4.19	Payee address; City; State; Zip Code 1200 2ND ST  SACRAMENTO, CA 95814	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/23/2025	Payee name TICKET SPICE	
Amount (\$) \$3.03	Payee address; City; State; Zip Code 1200 2ND ST  SACRAMENTO, CA 95814	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 53/65 Rpt: 86/98	<b>2</b> FILER NAME Grayson County Republican Party (CEC)	<b>3</b> Filer ID (Ethics Commission Filers) 00035364
<b>4</b> Date 02/24/2025	<b>5</b> Payee name TICKET SPICE	
<b>6</b> Amount (\$) \$15.79	<b>7</b> Payee address; City; State; Zip Code 1200 2ND ST  SACRAMENTO, CA 95814	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/14/2025	Payee name TICKET SPICE	
Amount (\$) \$5.76	Payee address; City; State; Zip Code 1200 2ND ST  SACRAMENTO, CA 95814	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/04/2025	Payee name TICKET SPICE	
Amount (\$) \$8.08	Payee address; City; State; Zip Code 1200 2ND ST  SACRAMENTO, CA 95814	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel in District                         |
| Contributions/ Donations Made By -<br>Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 54/65 Rpt: 87/98	<b>2</b> FILER NAME Grayson County Republican Party (CEC)	<b>3</b> Filer ID (Ethics Commission Filers) 00035364
<b>4</b> Date 02/17/2025	<b>5</b> Payee name TICKET SPICE	
<b>6</b> Amount (\$) \$8.54	<b>7</b> Payee address; City; State; Zip Code 1200 2ND ST  SACRAMENTO, CA 95814	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/21/2025	Payee name TICKET SPICE	
Amount (\$) \$5.76	Payee address; City; State; Zip Code 1200 2ND ST  SACRAMENTO, CA 95814	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/21/2025	Payee name TICKET SPICE	
Amount (\$) \$8.54	Payee address; City; State; Zip Code 1200 2ND ST  SACRAMENTO, CA 95814	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 55/65 Rpt: 88/98	<b>2</b> FILER NAME Grayson County Republican Party (CEC)	<b>3</b> Filer ID (Ethics Commission Filers) 00035364
<b>4</b> Date 02/18/2025	<b>5</b> Payee name TICKET SPICE	
<b>6</b> Amount (\$) \$8.49	<b>7</b> Payee address; City; State; Zip Code 1200 2ND ST  SACRAMENTO, CA 95814	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/03/2025	Payee name TICKET SPICE	
Amount (\$) \$18.19	Payee address; City; State; Zip Code 1200 2ND ST  SACRAMENTO, CA 95814	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/03/2025	Payee name TICKET SPICE	
Amount (\$) \$6.59	Payee address; City; State; Zip Code 1200 2ND ST  SACRAMENTO, CA 95814	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 56/65 Rpt: 89/98	<b>2</b> FILER NAME Grayson County Republican Party (CEC)	<b>3</b> Filer ID (Ethics Commission Filers) 00035364
<b>4</b> Date 04/29/2025	<b>5</b> Payee name TRACTOR SUPPLY	
<b>6</b> Amount (\$) \$43.29	<b>7</b> Payee address; City; State; Zip Code 3201 N HWY 75  SHERMAN, TX 75090	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SUPPLIES
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/03/2025	Payee name US POST OFFICE	
Amount (\$) \$219.00	Payee address; City; State; Zip Code 701 PEYTON  SHERMAN, TX 75090	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense POSTAGE
Complete ONLY if direct expenditure to benefit C/OH	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	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense POSTAGE
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

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

**SCHEDULE F1**

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

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel in District                         |
| Contributions/ Donations Made By -         | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | OTHER (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 58/65 Rpt: 91/98	<b>2</b> FILER NAME Grayson County Republican Party (CEC)	<b>3</b> Filer ID (Ethics Commission Filers) 00035364
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<b>4</b> Date 06/25/2025	<b>5</b> Payee name WHITESBORO AREA CHAMBER OF COMMERCE
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<b>6</b> Amount (\$) \$46.80	<b>7</b> Payee address; City; State; Zip Code 2535 HWY 82E, SUITE C1  WHITESBORO, TX 76273
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a) Category</b> (See Categories listed at the top of this schedule) Event Expense	<b>(b) Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>EVENT EXPENSES</b>
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 06/18/2025	Payee name WINRED
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Amount (\$) \$7.88	Payee address; City; State; Zip Code 1776 WILSON BLVS STE 350  ARLINGTON, VA 22209
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Fees	<b>(b) Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>E-COMMERCE FEES</b>
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 06/15/2025	Payee name WINRED
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Amount (\$) \$1.64	Payee address; City; State; Zip Code 1776 WILSON BLVS STE 350  ARLINGTON, VA 22210
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Fees	<b>(b) Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>E-COMMERCE FEES</b>
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 59/65 Rpt: 92/98	<b>2</b> FILER NAME Grayson County Republican Party (CEC)	<b>3</b> Filer ID (Ethics Commission Filers) 00035364
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<b>4</b> Date 06/15/2025	<b>5</b> Payee name WINRED
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<b>6</b> Amount (\$) \$2.96	<b>7</b> Payee address; City; State; Zip Code 1776 WILSON BLVS STE 350  ARLINGTON, VA 22211
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 06/08/2025	Payee name WINRED
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Amount (\$) \$0.99	Payee address; City; State; Zip Code 1776 WILSON BLVS STE 350  ARLINGTON, VA 22212
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 05/15/2025	Payee name WINRED
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Amount (\$) \$1.64	Payee address; City; State; Zip Code 1776 WILSON BLVS STE 350  ARLINGTON, VA 22213
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 60/65 Rpt: 93/98	<b>2</b> FILER NAME Grayson County Republican Party (CEC)	<b>3</b> Filer ID (Ethics Commission Filers) 00035364
<b>4</b> Date 05/15/2025	<b>5</b> Payee name WINRED	
<b>6</b> Amount (\$) \$2.96	<b>7</b> Payee address; City; State; Zip Code 1776 WILSON BLVS STE 350  ARLINGTON, VA 22214	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/08/2025	Payee name WINRED	
Amount (\$) \$0.99	Payee address; City; State; Zip Code 1776 WILSON BLVS STE 350  ARLINGTON, VA 22215	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/27/2025	Payee name WINRED	
Amount (\$) \$10.25	Payee address; City; State; Zip Code 1776 WILSON BLVS STE 350  ARLINGTON, VA 22216	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 61/65 Rpt: 94/98	<b>2</b> FILER NAME Grayson County Republican Party (CEC)	<b>3</b> Filer ID (Ethics Commission Filers) 00035364
<b>4</b> Date 04/15/2025	<b>5</b> Payee name WINRED	
<b>6</b> Amount (\$) \$1.64	<b>7</b> Payee address; City; State; Zip Code 1776 WILSON BLVS STE 350  ARLINGTON, VA 22217	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/15/2025	Payee name WINRED	
Amount (\$) \$2.96	Payee address; City; State; Zip Code 1776 WILSON BLVS STE 350  ARLINGTON, VA 22218	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/08/2025	Payee name WINRED	
Amount (\$) \$0.99	Payee address; City; State; Zip Code 1776 WILSON BLVS STE 350  ARLINGTON, VA 22219	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 62/65 Rpt: 95/98	<b>2</b> FILER NAME Grayson County Republican Party (CEC)	<b>3</b> Filer ID (Ethics Commission Filers) 00035364
<b>4</b> Date 03/15/2025	<b>5</b> Payee name WINRED	
<b>6</b> Amount (\$) \$1.64	<b>7</b> Payee address; City; State; Zip Code 1776 WILSON BLVS STE 350  ARLINGTON, VA 22220	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 03/15/2025	Payee name WINRED	
Amount (\$) \$2.96	Payee address; City; State; Zip Code 1776 WILSON BLVS STE 350  ARLINGTON, VA 22221	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 03/08/2025	Payee name WINRED	
Amount (\$) \$0.99	Payee address; City; State; Zip Code 1776 WILSON BLVS STE 350  ARLINGTON, VA 22222	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 63/65 Rpt: 96/98	<b>2</b> FILER NAME Grayson County Republican Party (CEC)	<b>3</b> Filer ID (Ethics Commission Filers) 00035364
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<b>4</b> Date 02/22/2025	<b>5</b> Payee name WINRED
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<b>6</b> Amount (\$) \$7.88	<b>7</b> Payee address; City; State; Zip Code 1776 WILSON BLVS STE 350  ARLINGTON, VA 22223
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/15/2025	Payee name WINRED
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Amount (\$) \$1.64	Payee address; City; State; Zip Code 1776 WILSON BLVS STE 350  ARLINGTON, VA 22224
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/15/2025	Payee name WINRED
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Amount (\$) \$2.96	Payee address; City; State; Zip Code 1776 WILSON BLVS STE 350  ARLINGTON, VA 22225
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 64/65 Rpt: 97/98	<b>2</b> FILER NAME Grayson County Republican Party (CEC)	<b>3</b> Filer ID (Ethics Commission Filers) 00035364
<b>4</b> Date 02/08/2025	<b>5</b> Payee name WINRED	
<b>6</b> Amount (\$) \$0.99	<b>7</b> Payee address; City; State; Zip Code 1776 WILSON BLVS STE 350  ARLINGTON, VA 22226	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/22/2025	Payee name WINRED	
Amount (\$) \$7.88	Payee address; City; State; Zip Code 1776 WILSON BLVS STE 350  ARLINGTON, VA 22227	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/15/2025	Payee name WINRED	
Amount (\$) \$1.64	Payee address; City; State; Zip Code 1776 WILSON BLVS STE 350  ARLINGTON, VA 22228	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel in District                         |
| Contributions/ Donations Made By -<br>Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 65/65 Rpt: 98/98	<b>2</b> FILER NAME Grayson County Republican Party (CEC)	<b>3</b> Filer ID (Ethics Commission Filers) 00035364
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<b>4</b> Date 01/15/2025	<b>5</b> Payee name WINRED
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<b>6</b> Amount (\$) \$2.96	<b>7</b> Payee address; City; State; Zip Code 1776 WILSON BLVS STE 350  ARLINGTON, VA 22229
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/08/2025	Payee name WINRED
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Amount (\$) \$0.99	Payee address; City; State; Zip Code 1776 WILSON BLVS STE 350  ARLINGTON, VA 22230
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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