

**COUNTY EXECUTIVE COMMITTEE
CAMPAIGN FINANCE REPORT**

**FORM CEC
COVER SHEET PG 1**

The CEC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00035364	2 Total pages filed: 58
3 COMMITTEE NAME Grayson County Republican Party (CEC)		OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/14/2026 Date Hand-delivered or Date Postmarked Receipt # <input type="text"/> Amount <input type="text"/> Date Processed Date Imaged	
4 COMMITTEE ADDRESS P.O. Box 3122 Sherman, TX 75091			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR 		
	NICKNAME 	LAST Nesmith	SUFFIX
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 701 Mohawk Drive Tioga, TX 76271		APT / SUITE #; CITY; STATE; ZIP CODE
7 CAMPAIGN TREASURER MAILING ADDRESS	STREET OR PO BOX; 701 Mohawk Drive Tioga, TX 76271		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (972) 251-3058		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Final Report <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff		
10 PERIOD COVERED	Month 10/26/2025	Day	Year 12/31/2025
11 ELECTION	ELECTION DATE Month 03/03/2026	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	

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**COUNTY EXECUTIVE COMMITTEE REPORT:
PURPOSE & TOTALS**

**FORM CEC
COVER SHEET PG 2**

12 COMMITTEE NAME Grayson County Republican Party (CEC)		13 FILER ID (Ethics Commission Filer) 00035364
14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Republican B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	
15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 7,964.84
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,933.76
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 85,113.62
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00
16 AFFIDAVIT		
<p>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.</p> <p style="text-align: right;">_____ Shawn D. Nesmith _____ Signature of Campaign Treasurer</p>		
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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17 COMMITTEE NAME Grayson County Republican Party (CEC)	18 Filer ID (Ethics Commission Filers) 00035364
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	
4. <input type="checkbox"/> SCHEDULE E: LOANS	
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	
6. <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	
SUBTOTAL AMOUNT	
\$ 7,964.84	
\$	
\$	
\$	
\$	
\$ 5,933.76	
\$	
\$	
\$	
\$	
\$	
\$	
\$	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/32 Rpt: 4/58
2 FILER NAME Grayson County Republican Party (CEC)		3 Filer ID (Ethics Commission Filers) 00035364
4 Date 11/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALEXANDER, ROB	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code SHERMAN, TX 75092	
8 Principal occupation / Job title (See Instructions) ENGINEER		9 Employer (See Instructions) ASSA ABLOY
Date 12/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALEXANDER, ROB	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code SHERMAN, TX 75092	
Principal occupation / Job title (See Instructions) ENGINEER		Employer (See Instructions) ASSA ABLOY
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALEXANDER, STACEY	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code SHERMAN, TX 75092	
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALLEN, TRACI	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code BELLS, TX 75414	
Principal occupation / Job title (See Instructions) FREIGHT		Employer (See Instructions) SELF
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ARTHUR, ART	Amount of Contribution (\$) \$25.00
	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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/32 Rpt: 5/58
2 FILER NAME Grayson County Republican Party (CEC)		3 Filer ID (Ethics Commission Filers) 00035364
4 Date 10/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ASHMORE, KERYE 6 Contributor address; City; State; Zip Code SHERMAN, TX 75092	7 Amount of Contribution (\$) \$40.00
8 Principal occupation / Job title (See Instructions) ATTORNEY		9 Employer (See Instructions) SELF
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BACA, CARRIE BETH Contributor address; City; State; Zip Code SHERMAN, TX 75092	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BARNETT, THOMAS Contributor address; City; State; Zip Code SHERMAN, TX 75092	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 11/17/2025	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 (\$) \$200.00
Principal occupation / Job title (See Instructions) SHERRIFF		Employer (See Instructions) GRAYSON COUNTY
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BIRDD, JIM Contributor address; City; State; Zip Code DENISON, TX 75020	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) FRAMER		Employer (See Instructions) SELF

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/32 Rpt: 6/58
2 FILER NAME Grayson County Republican Party (CEC)		3 Filer ID (Ethics Commission Filers) 00035364
4 Date 10/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BLACKBURN, KIMBERLY	7 Amount of Contribution (\$) \$5.00
	6 Contributor address; City; State; Zip Code LEONARD, TX 75452	
8 Principal occupation / Job title (See Instructions) TEACHER		9 Employer (See Instructions) WHITEWRIGHT ISD
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BOGGS, DEBRIELLE	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code WHITESBORO, TX 76273	
Principal occupation / Job title (See Instructions) DEPUTY DISTRICT CLERK		Employer (See Instructions) COOKE COUNTY
Date 11/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BOONE, JOHN	Amount of Contribution (\$) \$300.00
	Contributor address; City; State; Zip Code SHERMAN, TX 75092	
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BOWLING, JOHN	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code WHITESBORO, TX 76273	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRAYLES, BRIAN	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code GAINISVILLE, TX 76240	
Principal occupation / Job title (See Instructions) CONCRETE PUMPING		Employer (See Instructions) 4T CONCRETE PUMPING

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/32 Rpt: 7/58
2 FILER NAME Grayson County Republican Party (CEC)		3 Filer ID (Ethics Commission Filers) 00035364
4 Date 11/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BROWN, DIANE 6 Contributor address; City; State; Zip Code WHITESBORO, TX 76273	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BYLER, KAREN Contributor address; City; State; Zip Code SHERMAN, TX 75092	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RN		Employer (See Instructions) N/A
Date 11/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHAMBERLAIN, GEORGE Contributor address; City; State; Zip Code DENISON, TX 75020	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CLAYTON, ART Contributor address; City; State; Zip Code SHERMAN, TX 75090	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) SELF
Date 11/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COPELAND, CHARLIE Contributor address; City; State; Zip Code WHITEWRIGHT, TX 75491	Amount of Contribution (\$) \$52.05
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/32 Rpt: 8/58
2 FILER NAME Grayson County Republican Party (CEC)		3 Filer ID (Ethics Commission Filers) 00035364
4 Date 11/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COPELAND, CHARLIE 6 Contributor address; City; State; Zip Code WHITEWRIGHT, TX 75491	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COULSON, GLENDA Contributor address; City; State; Zip Code WHITESBORO, TX 76273	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COX, BESSIE Contributor address; City; State; Zip Code WHITESBORO, TX 76273	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CRUZ, ADRIANA Contributor address; City; State; Zip Code SHERMAN, TX 75090	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) SHERMAN ISD
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CUNNINGHAM, DAWN Contributor address; City; State; Zip Code DENISON, TX 75020	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) MEDICAL		Employer (See Instructions) CYGNA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/32 Rpt: 9/58
2 FILER NAME Grayson County Republican Party (CEC)		3 Filer ID (Ethics Commission Filers) 00035364
4 Date 10/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVIS, PAMELA 6 Contributor address; City; State; Zip Code GORDONVILLE, TX 76245	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) RN		9 Employer (See Instructions) HCA
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAY, PAIGE Contributor address; City; State; Zip Code GAINISVILLE, TX 76242	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) SELF		Employer (See Instructions) SELF
Date 11/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DENNIS, MICHAEL Contributor address; City; State; Zip Code SHERMAN, TX 75091	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) SELF		Employer (See Instructions) SELF
Date 12/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DENNIS, MICHAEL Contributor address; City; State; Zip Code SHERMAN, TX 75091	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) SELF		Employer (See Instructions) SELF
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DIXON, DERRICA Contributor address; City; State; Zip Code COLLINSVILLE, TX 76233	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) HVAC TECH		Employer (See Instructions) WEBBS ELECTRIC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/32 Rpt: 10/58
2 FILER NAME Grayson County Republican Party (CEC)		3 Filer ID (Ethics Commission Filers) 00035364
4 Date 11/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EK, GIL 6 Contributor address; City; State; Zip Code MCKINNEY, TX 75072	7 Amount of Contribution (\$) \$40.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) USAF
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ELLIOTT, LOYCE Contributor address; City; State; Zip Code WHITESBORO, TX 76273	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ELLSWORTH, CAMI Contributor address; City; State; Zip Code ALLEN, TX 75002	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) EXEC ADMIN		Employer (See Instructions) HEALTH PLAN ALLIANCE
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EVANS, CHRISTY Contributor address; City; State; Zip Code SHERMAN, TX 75092	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) BOHNAM VA		Employer (See Instructions) VA
Date 11/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FAIRHURST, TERRY Contributor address; City; State; Zip Code BELLS, TX 75414	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) HOUSE MOM		Employer (See Instructions) SELF

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/32 Rpt: 11/58
2 FILER NAME Grayson County Republican Party (CEC)		3 Filer ID (Ethics Commission Filers) 00035364
4 Date 10/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FLANDERS, DEBORAH 6 Contributor address; City; State; Zip Code SHERMAN, TX 75092	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FOX, ANDREA Contributor address; City; State; Zip Code BELLS, TX 75414	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FRANKLIN, KEN Contributor address; City; State; Zip Code LEONARD, TX 75452	Amount of Contribution (\$) \$26.03
Principal occupation / Job title (See Instructions) POLICE OFFICER		Employer (See Instructions) CITY OF TRENTON
Date 11/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FULFER, CHERYL Contributor address; City; State; Zip Code MELISSA, TX 75454	Amount of Contribution (\$) \$26.03
Principal occupation / Job title (See Instructions) VP CHARITABLE FUNDING		Employer (See Instructions) PECAN DELUXE CANDY
Date 11/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GESWEIN, CHARLES Contributor address; City; State; Zip Code DENISON, TX 75020	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) ENGINEER		Employer (See Instructions) RAYTHEON

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/32 Rpt: 12/58
2 FILER NAME Grayson County Republican Party (CEC)		3 Filer ID (Ethics Commission Filers) 00035364
4 Date 11/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GLENN, HAYLEY 6 Contributor address; City; State; Zip Code WHITEWRIGHT, TX 75491	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) DRIVER		9 Employer (See Instructions) FEDEX
Date 11/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GODINO, ERIC Contributor address; City; State; Zip Code GARLAND, TX 75040	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) AUDITS		Employer (See Instructions) ZENITH AMERICAN
Date 11/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HALTER, TYLER Contributor address; City; State; Zip Code SHERMAN, TX 75092	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) POLICE		Employer (See Instructions) CITY OF SHERMAN
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HARDENBERG, MATT Contributor address; City; State; Zip Code POTTSBORO, TX 75076	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) COMMISSIONER		Employer (See Instructions) GRAYSON COUNTY
Date 11/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HARRIS, CATHY Contributor address; City; State; Zip Code SHERMAN, TX 75090	Amount of Contribution (\$) \$26.03
Principal occupation / Job title (See Instructions) EDUCATOR		Employer (See Instructions) RES

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 10/32 Rpt: 13/58
2 FILER NAME Grayson County Republican Party (CEC)			3 Filer ID (Ethics Commission Filers) 00035364
4 Date 12/11/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HARRIS, CATHY 6 Contributor address; City; State; Zip Code SHERMAN, TX 75090	7 Amount of Contribution (\$) \$26.03	
8 Principal occupation / Job title (See Instructions) EDUCATOR		9 Employer (See Instructions) RES	
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HEARN, ALAN Contributor address; City; State; Zip Code GUNTER, TX 75058	Amount of Contribution (\$) \$65.00	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED	
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HERSIN, RACHEL Contributor address; City; State; Zip Code VALLEY VIEW, TX 76272	Amount of Contribution (\$) \$25.00	
Principal occupation / Job title (See Instructions) NA		Employer (See Instructions) NA	
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HIATT, MINDY Contributor address; City; State; Zip Code MELISSA, TX 75454	Amount of Contribution (\$) \$25.00	
Principal occupation / Job title (See Instructions) MAKEUP ARTIST		Employer (See Instructions) SELF	
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HORN, DON Contributor address; City; State; Zip Code GUNTER, TX 75056	Amount of Contribution (\$) \$25.00	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/32 Rpt: 14/58
2 FILER NAME Grayson County Republican Party (CEC)		3 Filer ID (Ethics Commission Filers) 00035364
4 Date 11/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HUFSTETLER, TAYLOR 6 Contributor address; City; State; Zip Code WHITEWRIGHT, TX 75491	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) BARISTA		9 Employer (See Instructions) DONUTS
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JENKINSON, LINDA Contributor address; City; State; Zip Code GAINESVILLE, TX 76240	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 11/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JONES, JACK Contributor address; City; State; Zip Code ECTOR, TX 75439	Amount of Contribution (\$) \$26.03
Principal occupation / Job title (See Instructions) TRANSPORTATION OFFICER		Employer (See Instructions) LASALLE CORRECTIONS
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOPLIN, JAKE Contributor address; City; State; Zip Code POTTSBORO, TX 75076	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) BUSINESS A/C		Employer (See Instructions) JOPLINS
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KALBFLEISCH, CARL Contributor address; City; State; Zip Code DENISON, TX 75020	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) IT		Employer (See Instructions) IT

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/32 Rpt: 15/58
2 FILER NAME Grayson County Republican Party (CEC)		3 Filer ID (Ethics Commission Filers) 00035364
4 Date 11/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KELLS, STEFAN 6 Contributor address; City; State; Zip Code DURANT, OK 74701	7 Amount of Contribution (\$) \$26.03
	8 Principal occupation / Job title (See Instructions) ADVISOR	9 Employer (See Instructions) SOSU
Date 11/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KELLS, STEFAN Contributor address; City; State; Zip Code DURANT, OK 74701	Amount of Contribution (\$) \$26.03
	Principal occupation / Job title (See Instructions) ADVISOR	Employer (See Instructions) SOSU
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LANDERS, CINDA Contributor address; City; State; Zip Code DENISON, TX 75020	Amount of Contribution (\$) \$50.00
	Principal occupation / Job title (See Instructions) OFFICE COORDINATOR	Employer (See Instructions) SALVATION ARMY
Date 11/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAWSON, BRENT Contributor address; City; State; Zip Code VAN ALSTYNE, TX 75495	Amount of Contribution (\$) \$200.00
	Principal occupation / Job title (See Instructions) RETIRED	Employer (See Instructions) RETIRED
Date 12/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAWSON, BRENT Contributor address; City; State; Zip Code VAN ALSTYNE, TX 75495	Amount of Contribution (\$) \$200.00
	Principal occupation / Job title (See Instructions) RETIRED	Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/32 Rpt: 16/58
2 FILER NAME Grayson County Republican Party (CEC)		3 Filer ID (Ethics Commission Filers) 00035364
4 Date 11/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAWSON, BRENT 6 Contributor address; City; State; Zip Code VAN ALSTYNE, TX 75495	7 Amount of Contribution (\$) \$300.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAWSON, BRENT Contributor address; City; State; Zip Code VAN ALSTYNE, TX 75495	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAWSON, BRENT Contributor address; City; State; Zip Code VAN ALSTYNE, TX 75495	Amount of Contribution (\$) \$146.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAWSON, SANDRA Contributor address; City; State; Zip Code VAN ALSTYNE, TX 75495	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEE, RICK Contributor address; City; State; Zip Code SHERMAN, TX 75090	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) PRODUCTION MANAGER		Employer (See Instructions) TOWER EXTRUSION

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/32 Rpt: 17/58
2 FILER NAME Grayson County Republican Party (CEC)		3 Filer ID (Ethics Commission Filers) 00035364
4 Date 10/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEONARD, JAN 6 Contributor address; City; State; Zip Code SHONGALOO, LA 71072	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) SELF		9 Employer (See Instructions) SELF
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEONARD, KELBY Contributor address; City; State; Zip Code SADLER, TX 76246	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) ACCOUNTANT		Employer (See Instructions) RSS
Date 11/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LISTER, ROBERT Contributor address; City; State; Zip Code LEONARD, TX 75452	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LLOYD, BRENNAN Contributor address; City; State; Zip Code WHITEWRIGHT, TX 75491	Amount of Contribution (\$) \$20.82
Principal occupation / Job title (See Instructions) GENERAL LABOR		Employer (See Instructions) PQD INTERNATIONAL
Date 11/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LLOYD, LESLEE Contributor address; City; State; Zip Code WHITEWRIGHT, TX 75491	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) TRUCK DRIVER		Employer (See Instructions) SELF

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 15/32 Rpt: 18/58
2 FILER NAME Grayson County Republican Party (CEC)			3 Filer ID (Ethics Commission Filers) 00035364
4 Date 10/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MEALER, CAROL 6 Contributor address; City; State; Zip Code DENISON, TX 75020	7 Amount of Contribution (\$) \$25.00	
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED	
Date 11/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MILLER, TREVOR Contributor address; City; State; Zip Code TOM BEAN, TX 75489	Amount of Contribution (\$) \$30.00	
Principal occupation / Job title (See Instructions) BUILDER		Employer (See Instructions) 1ST TEXAS HOMES	
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MITCHELL, EMILY Contributor address; City; State; Zip Code WHITESBORO, TX 76273	Amount of Contribution (\$) \$25.00	
Principal occupation / Job title (See Instructions) CUSTOMER SERVICE		Employer (See Instructions) AI LITTLE JOHN	
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MOORE, TELISA Contributor address; City; State; Zip Code SHERMAN, TX 75092	Amount of Contribution (\$) \$60.00	
Principal occupation / Job title (See Instructions) SELF		Employer (See Instructions) SELF	
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MOORE, TERRY Contributor address; City; State; Zip Code POTTSBORO, TX 75076	Amount of Contribution (\$) \$50.00	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/32 Rpt: 19/58
2 FILER NAME Grayson County Republican Party (CEC)		3 Filer ID (Ethics Commission Filers) 00035364
4 Date 10/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MYERS, TAMMY 6 Contributor address; City; State; Zip Code DURANT, OK 74101	7 Amount of Contribution (\$) \$75.00
8 Principal occupation / Job title (See Instructions) NA		9 Employer (See Instructions) NA
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NEEL, DIANE Contributor address; City; State; Zip Code SHERMAN, TX 75091	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) SCHOOL SECRETARY		Employer (See Instructions) SHERMAN ISD
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NORRIS, ROSE Contributor address; City; State; Zip Code SHERMAN, TX 75090	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PHLEBOTOMIST		Employer (See Instructions) VA
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ORTEGA, DANIEL Contributor address; City; State; Zip Code WHITESBORO, TX 76273	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) OWENS, JOHN Contributor address; City; State; Zip Code SHERMAN, TX 75092	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/32 Rpt: 20/58
2 FILER NAME Grayson County Republican Party (CEC)		3 Filer ID (Ethics Commission Filers) 00035364
4 Date 10/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PADGETT, CHASE 6 Contributor address; City; State; Zip Code WHITESBORO, TX 76273	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) HVAC		9 Employer (See Instructions) SELF
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PARK, BRAD Contributor address; City; State; Zip Code WHITESBORO, TX 76273	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PECK, MOM Contributor address; City; State; Zip Code WHITEWRIGHT, TX 75491	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) MANAGER		Employer (See Instructions) SMART MOUTH
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PELLEY, ELISABETH Contributor address; City; State; Zip Code COLLINSVILLE, TX 76233	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) CUSTOMER SERVICE		Employer (See Instructions) HOLIDAY FORD
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PEOPLES, CELESTE Contributor address; City; State; Zip Code DENISON, TX 75020	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/32 Rpt: 21/58
2 FILER NAME Grayson County Republican Party (CEC)		3 Filer ID (Ethics Commission Filers) 00035364
4 Date 11/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PETERSON, JAMES 6 Contributor address; City; State; Zip Code DENISON, TX 75020	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 12/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PETERSON, JAMES Contributor address; City; State; Zip Code DENISON, TX 75020	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PHILLIPS, LARRY Contributor address; City; State; Zip Code SHERMAN, TX 75090	Amount of Contribution (\$) \$120.00
Principal occupation / Job title (See Instructions) JUDGE 59TH DISTRICT COURT		Employer (See Instructions) GRAYSON CO TEXAS
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PINKSTON, MENDIE Contributor address; City; State; Zip Code WHITESBORO, TX 76273	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) DENTAL ASSISTANT		Employer (See Instructions) N/A
Date 11/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) REDDIC, TAMMY Contributor address; City; State; Zip Code WHITEWRIGHT, TX 75491	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions) DEPUTY COUNTY CLERK		Employer (See Instructions) GRAYSON COUNTY

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/32 Rpt: 22/58
2 FILER NAME Grayson County Republican Party (CEC)		3 Filer ID (Ethics Commission Filers) 00035364
4 Date 11/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) REDWINE, THOMAS	7 Amount of Contribution (\$) \$200.00
	6 Contributor address; City; State; Zip Code DENISON, TX 75020	
8 Principal occupation / Job title (See Instructions) ATTORNEY		9 Employer (See Instructions) SELF
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) REESE, DAVID	Amount of Contribution (\$) \$80.00
	Contributor address; City; State; Zip Code PROSPER, TX 75078	
Principal occupation / Job title (See Instructions) SELF		Employer (See Instructions) SELF
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) REHDER, RICK	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code SHERMAN, TX 75090	
Principal occupation / Job title (See Instructions) MACHINIST		Employer (See Instructions) PROGRESS RAIL
Date 11/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) REYES, SERJIOALBERTO	Amount of Contribution (\$) \$5.21
	Contributor address; City; State; Zip Code WHITEWRIGHT, TX 75491	
Principal occupation / Job title (See Instructions) DRIVER		Employer (See Instructions) JOTS
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RHODES, NICOLE	Amount of Contribution (\$) \$120.00
	Contributor address; City; State; Zip Code VAN ALSTYNE, TX 75495	
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.			
2 FILER NAME Grayson County Republican Party (CEC)			
4 Date 10/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RICHARDS, DIANA 6 Contributor address; City; State; Zip Code SHERMAN, TX 75092	1 Total pages Schedule A1: Sch: 20/32 Rpt: 23/58	3 Filer ID (Ethics Commission Filers) 00035364
		7 Amount of Contribution (\$) \$52.05	
8 Principal occupation / Job title (See Instructions) VOL. COMMUNICATIONS COORDINATOR		9 Employer (See Instructions) MATTHEWXVIII GROUP MINISTRY	
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RICHARDS, DIANA Contributor address; City; State; Zip Code SHERMAN, TX 75092	Amount of Contribution (\$) \$52.05	
Principal occupation / Job title (See Instructions) VOL. COMMUNICATIONS COORDINATOR		Employer (See Instructions) MATTHEWXVIII GROUP MINISTRY	
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RICHARDS, DIANA Contributor address; City; State; Zip Code SHERMAN, TX 75092	Amount of Contribution (\$) \$10.00	
Principal occupation / Job title (See Instructions) VOL. COMMUNICATIONS COORDINATOR		Employer (See Instructions) MATTHEWXVIII GROUP MINISTRY	
Date 11/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RICHARDSON, ZACH Contributor address; City; State; Zip Code WHITEWRIGHT, TX 75491	Amount of Contribution (\$) \$75.00	
Principal occupation / Job title (See Instructions) MECHANIC		Employer (See Instructions) PCI	
Date 11/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RILEY, AUSTIN Contributor address; City; State; Zip Code TRENTON, TX 75490	Amount of Contribution (\$) \$20.00	
Principal occupation / Job title (See Instructions) DATA ANALYST		Employer (See Instructions) NTMWD	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/32 Rpt: 24/58
2 FILER NAME Grayson County Republican Party (CEC)		3 Filer ID (Ethics Commission Filers) 00035364
4 Date 10/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RILEY, JOSEPH 6 Contributor address; City; State; Zip Code LEONARD, TX 75452	7 Amount of Contribution (\$) \$135.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROSS, AUSTIN Contributor address; City; State; Zip Code DENISON, TX 75021	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) DETECTIVE		Employer (See Instructions) SHERMAN POLICE
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RUSSELL, MARK Contributor address; City; State; Zip Code SHERMAN TX, TX 75090	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SANFORD, JANET Contributor address; City; State; Zip Code ANNA, TX 75409	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SEVARIN, KATHY Contributor address; City; State; Zip Code WHITEWRIGHT, TX 75491	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/32 Rpt: 25/58
2 FILER NAME Grayson County Republican Party (CEC)		3 Filer ID (Ethics Commission Filers) 00035364
4 Date 11/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SHANER, ERIK 6 Contributor address; City; State; Zip Code WHITEWRIGHT, TX 75491	7 Amount of Contribution (\$) \$26.03
8 Principal occupation / Job title (See Instructions) FLIGHT ATTENDANT		9 Employer (See Instructions) SOUTHWEST AIRLINES
Date 11/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SHAVER, CYNTHIA Contributor address; City; State; Zip Code TOM BEAN, TX 75491	Amount of Contribution (\$) \$5.21
Principal occupation / Job title (See Instructions) DEBT COLLECTOR		Employer (See Instructions) CAINE WEINER
Date 11/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SHAW, MIKE 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 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SHAW, MIKE Contributor address; City; State; Zip Code DENISON, TX 75020	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SHAW, MIKE Contributor address; City; State; Zip Code DENISON, TX 75020	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/32 Rpt: 26/58
2 FILER NAME Grayson County Republican Party (CEC)		3 Filer ID (Ethics Commission Filers) 00035364
4 Date 11/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SHERMAN, RACHEL	7 Amount of Contribution (\$) \$41.64
	6 Contributor address; City; State; Zip Code SHERMAN, TX 75090	
8 Principal occupation / Job title (See Instructions) INSURANCE BROKER		9 Employer (See Instructions) ASPECT INSURANCE SERVICES
Date 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SHERMAN, RACHEL	Amount of Contribution (\$) \$41.64
	Contributor address; City; State; Zip Code SHERMAN, TX 75090	
Principal occupation / Job title (See Instructions) INSURANCE BROKER		Employer (See Instructions) ASPECT INSURANCE SERVICES
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SHERMAN, RACHEL	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code SHERMAN, TX 75090	
Principal occupation / Job title (See Instructions) INSURANCE BROKER		Employer (See Instructions) ASPECT INSURANCE SERVICES
Date 11/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SHIPLET, ROBYN	Amount of Contribution (\$) \$46.85
	Contributor address; City; State; Zip Code SHERMAN, TX 75092	
Principal occupation / Job title (See Instructions) PARALEGAL		Employer (See Instructions) HEMBREE BELL LAW FIRM
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SHORES, DEB	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code SHERMAN, TX 75092	
Principal occupation / Job title (See Instructions) ADMIN		Employer (See Instructions) FREEDOM HOMES

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 24/32 Rpt: 27/58
2 FILER NAME Grayson County Republican Party (CEC)			3 Filer ID (Ethics Commission Filers) 00035364
4 Date 11/16/2025	5 Full name of contributor SMITH, MICHAEL 6 Contributor address; City; State; Zip Code DENISON, TX 75021	7 Amount of Contribution (\$) \$20.82	
8 Principal occupation / Job title (See Instructions) PAYROLL		9 Employer (See Instructions) EAGLE EMPLOYER SERVICES, LLC	
Date 12/16/2025	Full name of contributor SMITH, MICHAEL Contributor address; City; State; Zip Code DENISON, TX 75021	Amount of Contribution (\$) \$20.82	
Principal occupation / Job title (See Instructions) PAYROLL		Employer (See Instructions) EAGLE EMPLOYER SERVICES, LLC	
Date 11/01/2025	Full name of contributor SPENCE, RICHARD Contributor address; City; State; Zip Code BELLS, TX 75414	Amount of Contribution (\$) \$52.05	
Principal occupation / Job title (See Instructions) TRANSPORTATION TECH		Employer (See Instructions) RICHARD SPENCE	
Date 10/27/2025	Full name of contributor STAGGS, BRENDA Contributor address; City; State; Zip Code LAKE KIOWA, TX 76240	Amount of Contribution (\$) \$50.00	
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A	
Date 10/27/2025	Full name of contributor STEVENS, JASON Contributor address; City; State; Zip Code COLLINSVILLE, TX 76233	Amount of Contribution (\$) \$25.00	
Principal occupation / Job title (See Instructions) M&O		Employer (See Instructions) MCRAW OIL	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/32 Rpt: 28/58
2 FILER NAME Grayson County Republican Party (CEC)		3 Filer ID (Ethics Commission Filers) 00035364
4 Date 10/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STEVENS, WILLIAM	7 Amount of Contribution (\$) \$40.00
	6 Contributor address; City; State; Zip Code GUNTER, TX 75058	
8 Principal occupation / Job title (See Instructions) ATTORNEY		9 Employer (See Instructions) SELF
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STEWART, LESLI	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code WHITESBORO, TX 76273	
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STIDHAM, CHARLOTTE	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code SHERMAN, TX 75092	
Principal occupation / Job title (See Instructions) CUSTOMER SERVICE		Employer (See Instructions) CYGNA
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STRAKOS, WILLIAM	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code POTTSBORO, TX 75076	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEUBER, KAAREN	Amount of Contribution (\$) \$75.00
	Contributor address; City; State; Zip Code VAN ALSTYNE, TX 75495	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/32 Rpt: 29/58
2 FILER NAME Grayson County Republican Party (CEC)		3 Filer ID (Ethics Commission Filers) 00035364
4 Date 10/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEUBER, KAAREN 6 Contributor address; City; State; Zip Code VAN ALSTYNE, TX 75495	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THOMAS, DAN Contributor address; City; State; Zip Code POTTSBORO, TX 75076	Amount of Contribution (\$) \$26.03
Principal occupation / Job title (See Instructions) ADVISOR		Employer (See Instructions) SELF
Date 11/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THOMAS, DAN Contributor address; City; State; Zip Code POTTSBORO, TX 75076	Amount of Contribution (\$) \$26.03
Principal occupation / Job title (See Instructions) ADVISOR		Employer (See Instructions) SELF
Date 12/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THOMAS, DAN Contributor address; City; State; Zip Code POTTSBORO, TX 75076	Amount of Contribution (\$) \$26.03
Principal occupation / Job title (See Instructions) ADVISOR		Employer (See Instructions) SELF
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THOMAS, DAN Contributor address; City; State; Zip Code POTTSBORO, TX 75076	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) ADVISOR		Employer (See Instructions) SELF

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/32 Rpt: 30/58
2 FILER NAME Grayson County Republican Party (CEC)		3 Filer ID (Ethics Commission Filers) 00035364
4 Date 10/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THOMAS, DAN	7 Amount of Contribution (\$) \$40.00
	6 Contributor address; City; State; Zip Code POTTSBORO, TX 75076	
8 Principal occupation / Job title (See Instructions) ADVISOR		9 Employer (See Instructions) SELF
Date 11/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THOMPSON, HOLLIE	Amount of Contribution (\$) \$26.03
	Contributor address; City; State; Zip Code VAN ALSTYNE, TX 75495	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THOMPSON, JENIFER	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code SHERMAN, TX 75092	
Principal occupation / Job title (See Instructions) ADMIN		Employer (See Instructions) N/A
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THOMPSON, SHERRY	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code POTTSBORO, TX 75076	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THOMPSON, SHERRY	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code POTTSBORO, TX 75076	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/32 Rpt: 31/58
2 FILER NAME Grayson County Republican Party (CEC)		3 Filer ID (Ethics Commission Filers) 00035364
4 Date 10/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THOMPSON, SHERRY 6 Contributor address; City; State; Zip Code POTTSBORO, TX 75076	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TOLDERT, TRAVIS Contributor address; City; State; Zip Code PILOT POINT, TX 76258	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) SALES		Employer (See Instructions) HENTAY
Date 11/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TOWERS, ROBERT 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 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TOWERS, ROBERT 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 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TRAVIS, MICHELLE Contributor address; City; State; Zip Code DENISON, TX 75021	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 29/32 Rpt: 32/58
2 FILER NAME Grayson County Republican Party (CEC)			3 Filer ID (Ethics Commission Filers) 00035364
4 Date 10/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TREVINO, YOLANDA	7 Amount of Contribution (\$) \$25.00	
	6 Contributor address; City; State; Zip Code SHERMAN, TX 75092		
8 Principal occupation / Job title (See Instructions) RECRUITER		9 Employer (See Instructions) N/A	
Date 11/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VANSANT, MELISSA	Amount of Contribution (\$) \$25.00	
	Contributor address; City; State; Zip Code SHERMAN, TX 75092		
Principal occupation / Job title (See Instructions) STUDENT		Employer (See Instructions) N/A	
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WADE, KAREN	Amount of Contribution (\$) \$45.00	
	Contributor address; City; State; Zip Code GAINESVILLE, TX 76240		
Principal occupation / Job title (See Instructions) SELF		Employer (See Instructions) CATERER	
Date 11/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WALSH, DEBRA	Amount of Contribution (\$) \$15.00	
	Contributor address; City; State; Zip Code TOM BEAN, TX 75489		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED	
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WATSON, BRET	Amount of Contribution (\$) \$45.00	
	Contributor address; City; State; Zip Code WHITESBORO, TX 76273		
Principal occupation / Job title (See Instructions) TRUCKING		Employer (See Instructions) N/A	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 30/32 Rpt: 33/58
2 FILER NAME Grayson County Republican Party (CEC)		3 Filer ID (Ethics Commission Filers) 00035364
4 Date 11/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WEEMS, DAVID 6 Contributor address; City; State; Zip Code TOM BEAN, TX 75489	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) SELF		9 Employer (See Instructions) SELF
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WELCH, WILLIAM Contributor address; City; State; Zip Code WHITESBORO, TX 76273	Amount of Contribution (\$) \$15.62
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WELCH, WILLIAM Contributor address; City; State; Zip Code WHITESBORO, TX 76273	Amount of Contribution (\$) \$15.62
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WELCH, WILLIAM Contributor address; City; State; Zip Code WHITESBORO, TX 76273	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILLIAMS, JOSHUA Contributor address; City; State; Zip Code DENISON, TX 75021	Amount of Contribution (\$) \$26.03
Principal occupation / Job title (See Instructions) POLICE OFFICER		Employer (See Instructions) SHERMAN ISD PD

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 31/32 Rpt: 34/58
2 FILER NAME Grayson County Republican Party (CEC)		3 Filer ID (Ethics Commission Filers) 00035364
4 Date 10/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILLIAMS, PAIGE 6 Contributor address; City; State; Zip Code POTTSBORO, TX 75076	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) N/A		9 Employer (See Instructions) N/A
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WOODS, JAMES Contributor address; City; State; Zip Code GAINESVILLE, TX 76240	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) GENERAL FORMAN POWERLINES		Employer (See Instructions) PRIMORIS
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WOOLSON, DEWAYNE Contributor address; City; State; Zip Code WHITESBORO, TX 76233	Amount of Contribution (\$) \$63.00
Principal occupation / Job title (See Instructions) FIRE FIGHTER		Employer (See Instructions) CITY OF PLANO
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WOOSTER, LINDSAY Contributor address; City; State; Zip Code TIOGA, TX 76271	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) MANAGER		Employer (See Instructions) TEXAS OASIS
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WORTH, DEANA Contributor address; City; State; Zip Code HENRIETTA, TX 76365	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) HOUSING SPECIALIST I		Employer (See Instructions) CITY OF WICHITA FALLS

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 32/32 Rpt: 35/58
2 FILER NAME Grayson County Republican Party (CEC)			3 Filer ID (Ethics Commission Filers) 00035364
4 Date 11/01/2025	5 Full name of contributor YOUREE, MARY	6 Contributor address; City; State; Zip Code WHITEWRIGHT, TX 75491	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED	
Date 10/27/2025	Full name of contributor ZALEWSKI, CHANTAL	Contributor address; City; State; Zip Code SHERMAN, TX 75090	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) SUBSTITUTE TEACHER		Employer (See Instructions) N/A	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/23 Rpt: 36/58	2 FILER NAME Grayson County Republican Party (CEC)	3 Filer ID (Ethics Commission Filers) 00035364
4 Date 11/03/2025	5 Payee name AMAZON	
6 Amount (\$) \$14.86	7 Payee address; City; State; Zip Code 440 TERRY AVE N SEATTLE, WA 98109	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/12/2025	Payee name ATLANTIC ENERGY	
Amount (\$) \$73.64	Payee address; City; State; Zip Code PO BOX 7780 SPRING, TX 77387	
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
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/16/2025	Payee name ATLANTIC ENERGY	
Amount (\$) \$40.03	Payee address; City; State; Zip Code PO BOX 7780 SPRING, TX 77387	
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
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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/23 Rpt: 37/58	2 FILER NAME Grayson County Republican Party (CEC)	3 Filer ID (Ethics Commission Filers) 00035364
4 Date 12/10/2025	5 Payee name ATMOS ENERGY	
6 Amount (\$) \$64.86	7 Payee address; City; State; Zip Code 5111 N BLUE FLAME RD SHERMAN, TX 75090	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense HQ Gas
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/04/2025	Payee name AWARDS UNLIMITED	
Amount (\$) \$34.10	Payee address; City; State; Zip Code 1000 N. TRAVIS STE. D SHERMAN, TX 75090	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/03/2025	Payee name BON APPETIT YALL	
Amount (\$) \$756.00	Payee address; City; State; Zip Code 4616 S HWY 75 DENISON, TX 75020	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense LR Dinner 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/23 Rpt: 38/58	2 FILER NAME Grayson County Republican Party (CEC)	3 Filer ID (Ethics Commission Filers) 00035364
4 Date 11/28/2025	5 Payee name GUMROAD, INC.	
6 Amount (\$) \$3.38	7 Payee address; City; State; Zip Code 548 MARKET STREET #4130 SAN FRANCISCO, CA 94104	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name GUMROAD, INC.	Office sought Office held
Date 12/26/2025	Payee name GUMROAD, INC.	
Amount (\$) \$3.38	Payee address; City; State; Zip Code 548 MARKET STREET #4130 SAN FRANCISCO, CA 94104	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name KIT.COM	Office sought Office held
Date 11/24/2025	Payee name KIT.COM	
Amount (\$) \$62.78	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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name KIT.COM	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 - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/23 Rpt: 39/58	2 FILER NAME Grayson County Republican Party (CEC)	3 Filer ID (Ethics Commission Filers) 00035364
4 Date 12/24/2025	5 Payee name KIT.COM	
6 Amount (\$) \$62.78	7 Payee address; City; State; Zip Code 750 WEST BANNOCK STREET #761 BOISE, ID 83701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense HQ Internet
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/05/2025	Payee name LOS HERMANOS PARTNERSHIP LLC	
Amount (\$) \$2,180.00	Payee address; City; State; Zip Code 427 N RUSK, SUITE B SHERMAN, TX 75090	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense HQ Rent/Taxes
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/10/2025	Payee name LOS HERMANOS PARTNERSHIP LLC	
Amount (\$) \$2,180.25	Payee address; City; State; Zip Code 427 N RUSK, SUITE B SHERMAN, TX 75090	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense HQ Rent/Taxes
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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/23 Rpt: 40/58	2 FILER NAME Grayson County Republican Party (CEC)	3 Filer ID (Ethics Commission Filers) 00035364
4 Date 11/24/2025	5 Payee name MUNICIPAL ONLINE PAYME	
6 Amount (\$) \$1.25	7 Payee address; City; PO BOX 1106 SHERMAN, TX 75091	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense HQ Utilities
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/23/2025	Payee name MUNICIPAL ONLINE PAYME	
Amount (\$) \$1.25	Payee address; City; PO BOX 1106 SHERMAN, TX 75091	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense HQ Utilities
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/21/2025	Payee name SHERMAN UTILITY	
Amount (\$) \$49.64	Payee address; City; PO BOX 1106 SHERMAN, TX 75091	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense HQ 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/23 Rpt: 41/58	2 FILER NAME Grayson County Republican Party (CEC)	3 Filer ID (Ethics Commission Filers) 00035364
4 Date 12/22/2025	5 Payee name SHERMAN UTILITY	
6 Amount (\$) \$49.64	7 Payee address; City; PO BOX 1106 SHERMAN, TX 75091	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense HQ Utilities
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 11/03/2025	Payee name TEXAS DMV	Office held
Amount (\$) \$61.03	Payee address; City; 4000 JACKSON AVE AUSTIN, TX 78731	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related 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 Trailer Registration
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 11/20/2025	Payee name TICKET SPICE	Office held
Amount (\$) \$15.90	Payee address; City; 1200 2ND ST SACRAMENTO, CA 95814	State; Zip Code
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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/23 Rpt: 42/58	2 FILER NAME Grayson County Republican Party (CEC)	3 Filer ID (Ethics Commission Filers) 00035364
4 Date 11/28/2025	5 Payee name TICKET SPICE	
6 Amount (\$) \$30.35	7 Payee address; City; State; Zip Code 1200 2ND ST SACRAMENTO, CA 95814	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/31/2025	Payee name TX CUSTOM CREATIONS	
Amount (\$) \$176.38	Payee address; City; State; Zip Code N/A DENISON, TX 75020	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing 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 TSHIRT EXPENSE
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/27/2025	Payee name WINRED	
Amount (\$) \$1.03	Payee address; City; State; Zip Code 1781 WILSON BLVS STE 350 ARLINGTON, VA 22209	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
Complete 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/23 Rpt: 43/58	2 FILER NAME Grayson County Republican Party (CEC)	3 Filer ID (Ethics Commission Filers) 00035364
4 Date 10/30/2025	5 Payee name WINRED	
6 Amount (\$) \$2.05	7 Payee address; City; State; Zip Code 1780 WILSON BLVS STE 350 ARLINGTON, VA 22209	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name WINRED	Office sought Office held
Date 11/01/2025	Payee name WINRED	
Amount (\$) \$1.03	Payee address; City; State; Zip Code 1779 WILSON BLVS STE 350 ARLINGTON, VA 22209	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name WINRED	Office sought Office held
Date 11/01/2025	Payee name WINRED	
Amount (\$) \$0.99	Payee address; City; State; Zip Code 1778 WILSON BLVS STE 350 ARLINGTON, VA 22209	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name WINRED	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 - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/23 Rpt: 44/58	2 FILER NAME Grayson County Republican Party (CEC)	3 Filer ID (Ethics Commission Filers) 00035364
4 Date 11/01/2025	5 Payee name WINRED	
6 Amount (\$) \$2.05	7 Payee address; City; State; Zip Code 1777 WILSON BLVS STE 350 ARLINGTON, VA 22209	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name WINRED	Office sought Office held
Date 11/01/2025	Payee name WINRED	
Amount (\$) \$1.03	Payee address; City; State; Zip Code 1776 WILSON BLVS STE 350 ARLINGTON, VA 22209	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name WINRED	Office sought Office held
Date 11/01/2025	Payee name WINRED	
Amount (\$) \$1.97	Payee address; City; State; Zip Code 1776 WILSON BLVS STE 350 ARLINGTON, VA 22209	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name WINRED	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 - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 10/23 Rpt: 45/58	2 FILER NAME Grayson County Republican Party (CEC)	3 Filer ID (Ethics Commission Filers) 00035364
4 Date 11/01/2025	5 Payee name WINRED	
6 Amount (\$) \$1.03	7 Payee address; City; State; Zip Code 1776 WILSON BLVS STE 350 ARLINGTON, VA 22209	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name WINRED	Office sought Office held
Date 11/01/2025	Payee name WINRED	
Amount (\$) \$1.03	Payee address; City; State; Zip Code 1776 WILSON BLVS STE 350 ARLINGTON, VA 22209	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name WINRED	Office sought Office held
Date 11/01/2025	Payee name WINRED	
Amount (\$) \$1.03	Payee address; City; State; Zip Code 1776 WILSON BLVS STE 350 ARLINGTON, VA 22209	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name WINRED	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 - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 11/23 Rpt: 46/58	2 FILER NAME Grayson County Republican Party (CEC)	3 Filer ID (Ethics Commission Filers) 00035364
4 Date 11/01/2025	5 Payee name WINRED	
6 Amount (\$) \$0.99	7 Payee address; City; State; Zip Code 1776 WILSON BLVS STE 350 ARLINGTON, VA 22209	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name WINRED	Office sought Office held
Date 11/01/2025	Payee name WINRED	
Amount (\$) \$1.03	Payee address; City; State; Zip Code 1776 WILSON BLVS STE 350 ARLINGTON, VA 22209	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name WINRED	Office sought Office held
Date 11/01/2025	Payee name WINRED	
Amount (\$) \$2.96	Payee address; City; State; Zip Code 1776 WILSON BLVS STE 350 ARLINGTON, VA 22209	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name WINRED	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 - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 12/23 Rpt: 47/58	2 FILER NAME Grayson County Republican Party (CEC)	3 Filer ID (Ethics Commission Filers) 00035364
4 Date 11/01/2025	5 Payee name WINRED	
6 Amount (\$) \$1.85	7 Payee address; City; State; Zip Code 1776 WILSON BLVS STE 350 ARLINGTON, VA 22209	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name WINRED	Office sought Office held
Date 11/01/2025	Payee name WINRED	
Amount (\$) \$0.21	Payee address; City; State; Zip Code 1776 WILSON BLVS STE 350 ARLINGTON, VA 22209	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name WINRED	Office sought Office held
Date 11/01/2025	Payee name WINRED	
Amount (\$) \$1.03	Payee address; City; State; Zip Code 1776 WILSON BLVS STE 350 ARLINGTON, VA 22209	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name WINRED	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 - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 13/23 Rpt: 48/58	2 FILER NAME Grayson County Republican Party (CEC)	3 Filer ID (Ethics Commission Filers) 00035364
4 Date 11/01/2025	5 Payee name WINRED	
6 Amount (\$) \$0.82	7 Payee address; City; State; Zip Code 1776 WILSON BLVS STE 350 ARLINGTON, VA 22209	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name WINRED	Office sought Office held
Date 11/01/2025	Payee name WINRED	
Amount (\$) \$1.97	Payee address; City; State; Zip Code 1776 WILSON BLVS STE 350 ARLINGTON, VA 22209	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name WINRED	Office sought Office held
Date 11/01/2025	Payee name WINRED	
Amount (\$) \$2.05	Payee address; City; State; Zip Code 1776 WILSON BLVS STE 350 ARLINGTON, VA 22209	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name WINRED	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 - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 14/23 Rpt: 49/58	2 FILER NAME Grayson County Republican Party (CEC)	3 Filer ID (Ethics Commission Filers) 00035364
4 Date 11/08/2025	5 Payee name WINRED	
6 Amount (\$) \$0.99	7 Payee address; City; State; Zip Code 1776 WILSON BLVS STE 350 ARLINGTON, VA 22209	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name WINRED	Office sought Office held
Date 11/08/2025	Payee name WINRED	
Amount (\$) \$0.99	Payee address; City; State; Zip Code 1776 WILSON BLVS STE 350 ARLINGTON, VA 22209	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name WINRED	Office sought Office held
Date 11/08/2025	Payee name WINRED	
Amount (\$) \$1.18	Payee address; City; State; Zip Code 1776 WILSON BLVS STE 350 ARLINGTON, VA 22209	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name WINRED	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 - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 15/23 Rpt: 50/58	2 FILER NAME Grayson County Republican Party (CEC)	3 Filer ID (Ethics Commission Filers) 00035364
4 Date 11/08/2025	5 Payee name WINRED	
6 Amount (\$) \$1.03	7 Payee address; City; State; Zip Code 1776 WILSON BLVS STE 350 ARLINGTON, VA 22209	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name WINRED	Office sought Office held
Date 11/08/2025	Payee name WINRED	
Amount (\$) \$0.21	Payee address; City; State; Zip Code 1776 WILSON BLVS STE 350 ARLINGTON, VA 22209	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name WINRED	Office sought Office held
Date 11/08/2025	Payee name WINRED	
Amount (\$) \$1.77	Payee address; City; State; Zip Code 1776 WILSON BLVS STE 350 ARLINGTON, VA 22209	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name WINRED	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 - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 16/23 Rpt: 51/58	2 FILER NAME Grayson County Republican Party (CEC)	3 Filer ID (Ethics Commission Filers) 00035364
4 Date 11/08/2025	5 Payee name WINRED	
6 Amount (\$) \$0.99	7 Payee address; City; State; Zip Code 1776 WILSON BLVS STE 350 ARLINGTON, VA 22209	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name WINRED	Office sought Office held
Date 11/11/2025	Payee name WINRED	
Amount (\$) \$1.03	Payee address; City; State; Zip Code 1776 WILSON BLVS STE 350 ARLINGTON, VA 22209	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name WINRED	Office sought Office held
Date 11/15/2025	Payee name WINRED	
Amount (\$) \$2.96	Payee address; City; State; Zip Code 1776 WILSON BLVS STE 350 ARLINGTON, VA 22209	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name WINRED	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 - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 17/23 Rpt: 52/58	2 FILER NAME Grayson County Republican Party (CEC)	3 Filer ID (Ethics Commission Filers) 00035364
4 Date 11/15/2025	5 Payee name WINRED	
6 Amount (\$) \$1.64	7 Payee address; City; State; Zip Code 1776 WILSON BLVS STE 350 ARLINGTON, VA 22209	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name WINRED	Office sought Office held
Date 11/16/2025	Payee name WINRED	
Amount (\$) \$0.82	Payee address; City; State; Zip Code 1776 WILSON BLVS STE 350 ARLINGTON, VA 22209	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name WINRED	Office sought Office held
Date 11/17/2025	Payee name WINRED	
Amount (\$) \$0.62	Payee address; City; State; Zip Code 1776 WILSON BLVS STE 350 ARLINGTON, VA 22209	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name WINRED	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 - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 18/23 Rpt: 53/58	2 FILER NAME Grayson County Republican Party (CEC)	3 Filer ID (Ethics Commission Filers) 00035364
4 Date 11/18/2025	5 Payee name WINRED	
6 Amount (\$) \$7.88	7 Payee address; City; State; Zip Code 1776 WILSON BLVS STE 350 ARLINGTON, VA 22209	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name WINRED	Office sought Office held
Date 11/18/2025	Payee name WINRED	
Amount (\$) \$0.99	Payee address; City; State; Zip Code 1776 WILSON BLVS STE 350 ARLINGTON, VA 22209	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name WINRED	Office sought Office held
Date 11/20/2025	Payee name WINRED	
Amount (\$) \$0.79	Payee address; City; State; Zip Code 1776 WILSON BLVS STE 350 ARLINGTON, VA 22209	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name WINRED	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 - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 19/23 Rpt: 54/58	2 FILER NAME Grayson County Republican Party (CEC)	3 Filer ID (Ethics Commission Filers) 00035364
4 Date 11/27/2025	5 Payee name WINRED	
6 Amount (\$) \$1.03	7 Payee address; City; State; Zip Code 1776 WILSON BLVS STE 350 ARLINGTON, VA 22209	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name WINRED	Office sought Office held
Date 11/29/2025	Payee name WINRED	
Amount (\$) \$0.39	Payee address; City; State; Zip Code 1776 WILSON BLVS STE 350 ARLINGTON, VA 22209	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name WINRED	Office sought Office held
Date 11/30/2025	Payee name WINRED	
Amount (\$) \$2.05	Payee address; City; State; Zip Code 1776 WILSON BLVS STE 350 ARLINGTON, VA 22209	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name WINRED	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 - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 20/23 Rpt: 55/58	2 FILER NAME Grayson County Republican Party (CEC)	3 Filer ID (Ethics Commission Filers) 00035364
4 Date 12/08/2025	5 Payee name WINRED	
6 Amount (\$) \$0.99	7 Payee address; City; State; Zip Code 1776 WILSON BLVS STE 350 ARLINGTON, VA 22209	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name WINRED	Office sought Office held
Date 12/11/2025	Payee name WINRED	
Amount (\$) \$1.03	Payee address; City; State; Zip Code 1776 WILSON BLVS STE 350 ARLINGTON, VA 22209	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name WINRED	Office sought Office held
Date 12/15/2025	Payee name WINRED	
Amount (\$) \$2.96	Payee address; City; State; Zip Code 1776 WILSON BLVS STE 350 ARLINGTON, VA 22209	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name WINRED	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 - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 21/23 Rpt: 56/58	2 FILER NAME Grayson County Republican Party (CEC)	3 Filer ID (Ethics Commission Filers) 00035364
4 Date 12/15/2025	5 Payee name WINRED	
6 Amount (\$) \$1.64	7 Payee address; City; State; Zip Code 1776 WILSON BLVS STE 350 ARLINGTON, VA 22209	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name WINRED	Office sought Office held
Date 12/16/2025	Payee name WINRED	
Amount (\$) \$0.82	Payee address; City; State; Zip Code 1776 WILSON BLVS STE 350 ARLINGTON, VA 22209	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name WINRED	Office sought Office held
Date 12/17/2025	Payee name WINRED	
Amount (\$) \$0.62	Payee address; City; State; Zip Code 1776 WILSON BLVS STE 350 ARLINGTON, VA 22209	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name WINRED	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 - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 22/23 Rpt: 57/58	2 FILER NAME Grayson County Republican Party (CEC)	3 Filer ID (Ethics Commission Filers) 00035364
4 Date 12/18/2025	5 Payee name WINRED	
6 Amount (\$) \$7.88	7 Payee address; City; State; Zip Code 1776 WILSON BLVS STE 350 ARLINGTON, VA 22209	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name WINRED	Office sought Office held
Date 12/18/2025	Payee name WINRED	
Amount (\$) \$0.99	Payee address; City; State; Zip Code 1776 WILSON BLVS STE 350 ARLINGTON, VA 22209	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name WINRED	Office sought Office held
Date 12/20/2025	Payee name WINRED	
Amount (\$) \$0.79	Payee address; City; State; Zip Code 1776 WILSON BLVS STE 350 ARLINGTON, VA 22209	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name WINRED	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 - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 23/23 Rpt: 58/58	2 FILER NAME Grayson County Republican Party (CEC)	3 Filer ID (Ethics Commission Filers) 00035364	
4 Date 12/27/2025	5 Payee name WINRED		
6 Amount (\$) \$1.03	7 Payee address; City; State; Zip Code 1776 WILSON BLVS STE 350 ARLINGTON, VA 22209		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held