

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 # Amount Date Processed Date Imaged
4 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 3122 Sherman, TX 75091		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Shawn D. NICKNAME LAST SUFFIX Nesmith		
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 701 Mohawk Drive Tioga, TX 76271		
7 CAMPAIGN TREASURER MAILING ADDRESS	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 701 Mohawk Drive Tioga, TX 76271		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (972) 251-3058		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Final Report <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff		
10 PERIOD COVERED	Month Day Year 10/26/2025 THROUGH Month Day Year 12/31/2025		
11 ELECTION	ELECTION DATE Month Day Year 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 Filers) 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
	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

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

Shawn D. Nesmith

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - CEC**FORM CEC**
COVER SHEET PG 3
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17 COMMITTEE NAME Grayson County Republican Party (CEC)		18 Filer ID (Ethics Commission Filers) 00035364
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 7,964.84
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	\$ 5,933.76
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
10.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/32 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 <hr/> 6 Contributor address; City; State; Zip Code SHERMAN, TX 75092	7 Amount of Contribution (\$) \$25.00
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 <hr/> Contributor address; City; State; Zip Code SHERMAN, TX 75092	Amount of Contribution (\$) \$25.00
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 <hr/> Contributor address; City; State; Zip Code SHERMAN, TX 75092	Amount of Contribution (\$) \$40.00
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 <hr/> Contributor address; City; State; Zip Code BELLS, TX 75414	Amount of Contribution (\$) \$25.00
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 <hr/> Contributor address; City; State; Zip Code DENISON, TX 75021	Amount of Contribution (\$) \$25.00
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 <hr/> 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 <hr/> 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 <hr/> 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 <hr/> 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 <hr/> 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 6 Contributor address; City; State; Zip Code LEONARD, TX 75452	7 Amount of Contribution (\$) \$5.00
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 Contributor address; City; State; Zip Code WHITESBORO, TX 76273	Amount of Contribution (\$) \$25.00
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 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 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BOWLING, JOHN 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#: _____) BRAYLES, BRIAN Contributor address; City; State; Zip Code GAINISVILLE, TX 76240	Amount of Contribution (\$) \$20.00
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 <hr/> 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 <hr/> 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 <hr/> 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 <hr/> 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 <hr/> 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 <hr/> 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 <hr/> 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 <hr/> 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 <hr/> 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 <hr/> 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 <hr/> 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 <hr/> 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 <hr/> 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 <hr/> 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 <hr/> 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 <hr/> 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 <hr/> 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 <hr/> 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 <hr/> 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 <hr/> 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 <hr/> 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 <hr/> 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 <hr/> 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 <hr/> 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 <hr/> 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 <hr/> 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 <hr/> 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 <hr/> 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 <hr/> 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 <hr/> 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 <hr/> 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 <hr/> 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 <hr/> 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 <hr/> 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 <hr/> 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 <hr/> 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 <hr/> 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 <hr/> 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 <hr/> Contributor address; City; State; Zip Code VAN ALSTYNE, TX 75495	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAWSON, BRENT <hr/> Contributor address; City; State; Zip Code VAN ALSTYNE, TX 75495	Amount of Contribution (\$) \$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 <hr/> 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 <hr/> 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 <hr/> 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 <hr/> 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 <hr/> 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 <hr/> 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 <hr/> 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 <hr/> 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 <hr/> 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 <hr/> 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 <hr/> 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 <hr/> 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 <hr/> 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 <hr/> 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 <hr/> 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 <hr/> 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 <hr/> 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 <hr/> 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 <hr/> 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 <hr/> 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 <hr/> 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 <hr/> 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 <hr/> 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 <hr/> 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 <hr/> Contributor address; City; State; Zip Code DENISON, TX 75020	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

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 <hr/> 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 <hr/> Contributor address; City; State; Zip Code DENISON, TX 75020	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PHILLIPS, LARRY <hr/> 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 <hr/> 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 <hr/> 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 <hr/> 6 Contributor address; City; State; Zip Code DENISON, TX 75020	7 Amount of Contribution (\$) \$200.00
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#: _____) REESE, DAVID <hr/> Contributor address; City; State; Zip Code PROSPER, TX 75078	Amount of Contribution (\$) \$80.00
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#: _____) REHDER, RICK <hr/> Contributor address; City; State; Zip Code SHERMAN, TX 75090	Amount of Contribution (\$) \$50.00
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 <hr/> Contributor address; City; State; Zip Code WHITEWRIGHT, TX 75491	Amount of Contribution (\$) \$5.21
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 <hr/> Contributor address; City; State; Zip Code VAN ALSTYNE, TX 75495	Amount of Contribution (\$) \$120.00
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: 20/32 Rpt: 23/58
2 FILER NAME Grayson County Republican Party (CEC)		3 Filer ID (Ethics Commission Filers) 00035364
4 Date 10/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RICHARDS, DIANA <hr/> 6 Contributor address; City; State; Zip Code SHERMAN, TX 75092	7 Amount of Contribution (\$) \$52.05
8 Principal occupation / Job title (See Instructions) VOL. COMMUNICATIONS COORDINATOR		9 Employer (See Instructions) MATTHEWXXVIII GROUP MINISTRY
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RICHARDS, DIANA <hr/> Contributor address; City; State; Zip Code SHERMAN, TX 75092	Amount of Contribution (\$) \$52.05
Principal occupation / Job title (See Instructions) VOL. COMMUNICATIONS COORDINATOR		Employer (See Instructions) MATTHEWXXVIII GROUP MINISTRY
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RICHARDS, DIANA <hr/> Contributor address; City; State; Zip Code SHERMAN, TX 75092	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) VOL. COMMUNICATIONS COORDINATOR		Employer (See Instructions) MATTHEWXXVIII GROUP MINISTRY
Date 11/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RICHARDSON, ZACH <hr/> 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 <hr/> 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 <hr/> 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 <hr/> 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 <hr/> 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 <hr/> 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 <hr/> 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 <hr/> 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 <hr/> 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 <hr/> Contributor address; City; State; Zip Code DENISON, TX 75020	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SHAW, MIKE <hr/> Contributor address; City; State; Zip Code DENISON, TX 75020	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SHAW, MIKE <hr/> Contributor address; City; State; Zip Code DENISON, TX 75020	Amount of Contribution (\$) \$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 <hr/> 6 Contributor address; City; State; Zip Code SHERMAN, TX 75090	7 Amount of Contribution (\$) \$41.64
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 <hr/> Contributor address; City; State; Zip Code SHERMAN, TX 75090	Amount of Contribution (\$) \$41.64
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 <hr/> Contributor address; City; State; Zip Code SHERMAN, TX 75090	Amount of Contribution (\$) \$30.00
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 <hr/> Contributor address; City; State; Zip Code SHERMAN, TX 75092	Amount of Contribution (\$) \$46.85
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 <hr/> Contributor address; City; State; Zip Code SHERMAN, TX 75092	Amount of Contribution (\$) \$25.00
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 <input type="checkbox"/> out-of-state PAC (ID#: _____) SMITH, MICHAEL <hr/> 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 <input type="checkbox"/> out-of-state PAC (ID#: _____) SMITH, MICHAEL <hr/> 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 <input type="checkbox"/> out-of-state PAC (ID#: _____) SPENCE, RICHARD <hr/> 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 <input type="checkbox"/> out-of-state PAC (ID#: _____) STAGGS, BRENDA <hr/> 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 <input type="checkbox"/> out-of-state PAC (ID#: _____) STEVENS, JASON <hr/> 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 <hr/> 6 Contributor address; City; State; Zip Code GUNTER, TX 75058	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#: _____) STEWART, LESLI <hr/> Contributor address; City; State; Zip Code WHITESBORO, TX 76273	Amount of Contribution (\$) \$25.00
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 <hr/> Contributor address; City; State; Zip Code SHERMAN, TX 75092	Amount of Contribution (\$) \$50.00
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 <hr/> Contributor address; City; State; Zip Code POTTSBORO, TX 75076	Amount of Contribution (\$) \$40.00
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 <hr/> Contributor address; City; State; Zip Code VAN ALSTYNE, TX 75495	Amount of Contribution (\$) \$75.00
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: 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 <hr/> 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 <hr/> 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 <hr/> 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 <hr/> 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 <hr/> 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 <hr/> 6 Contributor address; City; State; Zip Code POTTSBORO, TX 75076	7 Amount of Contribution (\$) \$40.00
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 <hr/> Contributor address; City; State; Zip Code VAN ALSTYNE, TX 75495	Amount of Contribution (\$) \$26.03
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THOMPSON, JENIFER <hr/> Contributor address; City; State; Zip Code SHERMAN, TX 75092	Amount of Contribution (\$) \$50.00
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 <hr/> Contributor address; City; State; Zip Code POTTSBORO, TX 75076	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#: _____) THOMPSON, SHERRY <hr/> Contributor address; City; State; Zip Code POTTSBORO, TX 75076	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: 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 <hr/> 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 <hr/> 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 <hr/> Contributor address; City; State; Zip Code SHERMAN, TX 75092	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) PATIENT ADVOCATE		Employer (See Instructions) COMPSPEC
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TOWERS, ROBERT <hr/> Contributor address; City; State; Zip Code SHERMAN, TX 75092	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) PATIENT ADVOCATE		Employer (See Instructions) COMPSPEC
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TRAVIS, MICHELLE <hr/> 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 <hr/> 6 Contributor address; City; State; Zip Code SHERMAN, TX 75092	7 Amount of Contribution (\$) \$25.00
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 <hr/> Contributor address; City; State; Zip Code SHERMAN, TX 75092	Amount of Contribution (\$) \$25.00
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 <hr/> Contributor address; City; State; Zip Code GAINESVILLE, TX 76240	Amount of Contribution (\$) \$45.00
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 <hr/> Contributor address; City; State; Zip Code TOM BEAN, TX 75489	Amount of Contribution (\$) \$15.00
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#: _____) WATSON, BRET <hr/> Contributor address; City; State; Zip Code WHITESBORO, TX 76273	Amount of Contribution (\$) \$45.00
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 <hr/> 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 <hr/> 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 <hr/> 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 <hr/> 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 <hr/> 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 <input type="checkbox"/> out-of-state PAC (ID#: _____) YOUREE, MARY <hr/> 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 <input type="checkbox"/> out-of-state PAC (ID#: _____) ZALEWSKI, CHANTAL <hr/> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/23 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 <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/12/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$73.64	Payee name ATLANTIC ENERGY 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 <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/16/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$40.03	Payee name ATLANTIC ENERGY 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 <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/23 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 <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/23 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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 <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/05/2025	Candidate/Officeholder 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 <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/10/2025	Candidate/Officeholder 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 <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/23 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; State; Zip Code PO BOX 1106 SHERMAN, TX 75091	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense HQ Utilities
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/23/2025	Candidate/Officeholder name Office sought Office held	
Payee name MUNICIPAL ONLINE PAYME		
Amount (\$) \$1.25	Payee address; City; State; Zip Code PO BOX 1106 SHERMAN, TX 75091	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <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 <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/21/2025	Candidate/Officeholder name Office sought Office held	
Payee name SHERMAN UTILITY		
Amount (\$) \$49.64	Payee address; City; State; Zip Code PO BOX 1106 SHERMAN, TX 75091	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense HQ Utilities
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/23 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; State; Zip Code PO BOX 1106 SHERMAN, TX 75091	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense HQ Utilities
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/03/2025	Payee name TEXAS DMV	
Amount (\$) \$61.03	Payee address; City; State; Zip Code 4000 JACKSON AVE AUSTIN, TX 78731	
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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/20/2025	Payee name TICKET SPICE	
Amount (\$) \$15.90	Payee address; City; State; Zip Code 1200 2ND ST SACRAMENTO, CA 95814	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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 <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 10/23 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held