

# COUNTY EXECUTIVE COMMITTEE CAMPAIGN FINANCE REPORT

FORM CEC  
COVER SHEET PG 1

|  |   |  |  |
|--|---|--|--|
| <b>The CEC Instruction Guide explains how to complete this form.</b>                 |   | <b>1</b> Filer ID (Ethics Commission Filers)<br>00053163 | <b>2</b> Total pages filed:<br>10  |
| <b>3</b> COMMITTEE NAME<br>Grimes County Republican Party (CEC)                      |   | <b>OFFICE USE ONLY</b>                                   |  |
|  |   | Date Received<br>ELECTRONICALLY FILED<br>01/14/2026      |  |
| <b>4</b> COMMITTEE ADDRESS   | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>7506 County Road 204<br><br>Plantersville, TX 77363   |  |  |
|  | Date Hand-delivered or Date Postmarked  |  |  |
|  | Receipt #   | Amount   |  |
|  | Date Processed  |  |  |
|  |   | Date Imaged  |  |
| <b>5</b> CAMPAIGN TREASURER NAME   | MS / MRS / MR FIRST MI<br>Mrs. Sherry L.  |  |  |
|  | NICKNAME LAST SUFFIX<br>Fauth   |  |  |
| <b>6</b> CAMPAIGN TREASURER STREET ADDRESS<br><small>(Residence or Business)</small> | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br>7506 County Road 204<br><br>Plantersville, TX 77363  |  |  |
|  | STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>7506 County Road 204<br><br>Plantersville, TX 77363   |  |  |
| <b>7</b> CAMPAIGN TREASURER MAILING ADDRESS  | STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>7506 County Road 204<br><br>Plantersville, TX 77363   |  |  |
| <b>8</b> CAMPAIGN TREASURER PHONE  | AREA CODE PHONE NUMBER EXTENSION<br>(713) 817-1653  |  |  |
| <b>9</b> REPORT TYPE   | <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Final Report<br><input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination<br><input type="checkbox"/> Runoff |  |  |
|  | <b>10</b> PERIOD COVERED<br>Month Day Year      THROUGH      Month Day Year<br>07/01/2025      12/31/2025   |  |  |
| <b>11</b> ELECTION   | ELECTION DATE<br>Month Day Year<br>03/03/2026   |  | ELECTION TYPE<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other<br><input type="checkbox"/> General <input type="checkbox"/> Special |

**GO TO PAGE 2**

# COUNTY EXECUTIVE COMMITTEE REPORT: PURPOSE & TOTALS

FORM CEC  
COVER SHEET PG 2

|  |   |
|--|---|
| <b>12 COMMITTEE NAME</b><br>Grimes County Republican Party (CEC) | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00053163 |
|--|---|

|   |  |              |
|---|--|--------------|
| <b>14 COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)             | A. Supported |
|   |  | B. Opposed   |
|   | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)       | A. Supported |
|   |  | B. Opposed   |
|   | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.) |              |

|                               |  |    |            |
|-------------------------------|--|----|------------|
| <b>15 CONTRIBUTION TOTALS</b> | <b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b> | \$ | 0.00       |
|                               | <input checked="" type="checkbox"/> check here if this report qualifies for the higher itemization threshold                                 |    |            |
|                               | <b>2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)</b>  | \$ | 0.00       |
| EXPENDITURE TOTALS            | <b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>  | \$ | 0.00       |
|                               | <b>4. TOTAL POLITICAL EXPENDITURES</b>   | \$ | 13,864.58  |
| CONTRIBUTION BALANCE          | <b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>  | \$ | 152,941.43 |
| OUTSTANDING LOAN TOTALS       | <b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>   | \$ | 0.00       |

**16 AFFIDAVIT**

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

Mrs. Sherry L. Fauth  
\_\_\_\_\_  
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

**SUBTOTALS - CEC****FORM CEC**  
**COVER SHEET PG 3**  
3 of 10

|  |   |                                |                            |
|--|---|--------------------------------|----------------------------|
| <b>17 COMMITTEE NAME</b><br>Grimes County Republican Party (CEC) |   | <b>18 Filer ID</b><br>00053163 | (Ethics Commission Filers) |
| <b>19 SCHEDULE SUBTOTALS</b><br>NAME OF SCHEDULE                 |   | SUBTOTAL AMOUNT                |                            |
| 1.   | <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$                             |                            |
| 2.   | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$                             |                            |
| 3.   | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$                             |                            |
| 4.   | <input type="checkbox"/> SCHEDULE E: LOANS  | \$                             |                            |
| 5.   | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS        | \$                             | 13,864.58                  |
| 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 | \$                             |                            |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

|  |  |  |
|--|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 1/7 Rpt: 4/10      | <b>2</b> FILER NAME<br>Grimes County Republican Party (CEC)                              | <b>3</b> Filer ID (Ethics Commission Filers)<br>00053163   |
| <b>4</b> Date<br>10/14/2025                                  | <b>5</b> Payee name<br>Anderson/Shiro Education Foundation                               |  |
| <b>6</b> Amount (\$)<br>\$500.00                             | <b>7</b> Payee address; City; State; Zip Code<br>458 FM 149<br><br>Anderson, TX 77830    |  |
| <b>8</b> PURPOSE OF EXPENDITURE                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Event Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Table sponsorship              |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name  | Office sought Office held  |
| Date<br>11/03/2025   | Payee name<br>Cahill, Diane  |  |
| Amount (\$)<br>\$710.81                                      | Payee address; City; State; Zip Code<br>10206 St John Dr<br><br>Iola, TX 77861           |  |
| PURPOSE OF EXPENDITURE                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Event Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>chair covers for Reagan dinner |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held  |
| Date<br>11/18/2025   | Payee name<br>Cahill, Diane  |  |
| Amount (\$)<br>\$347.32                                      | Payee address; City; State; Zip Code<br>10206 St John Dr<br><br>Iola, TX 77861           |  |
| PURPOSE OF EXPENDITURE                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Event Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>chair covers for Reagan Dinner |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

|  |   |   |
|--|---|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 2/7 Rpt: 5/10      | <b>2</b> FILER NAME<br>Grimes County Republican Party (CEC)                                 | <b>3</b> Filer ID (Ethics Commission Filers)<br>00053163  |
| <b>4</b> Date<br>12/14/2025                                  | <b>5</b> Payee name<br>Cahill, Diane  |   |
| <b>6</b> Amount (\$)<br>\$58.42                              | <b>7</b> Payee address; City; State; Zip Code<br>10206 St John Dr<br><br>Iola, TX 77861     |   |
| <b>8</b> PURPOSE OF EXPENDITURE                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Event Expense    | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Reagan Dinner storage bins, napkins       |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name   | Office sought Office held   |
| Date<br>12/18/2025   | Payee name<br>Cahill, Diane   |   |
| Amount (\$)<br>\$646.85                                      | Payee address; City; State; Zip Code<br>10206 St John Dr<br><br>Iola, TX 77861              |   |
| PURPOSE OF EXPENDITURE                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Event Expense    | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Coffee urns and decorations Reagan Dinner |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held   |
| Date<br>10/28/2025   | Payee name<br>Colon and Company   |   |
| Amount (\$)<br>\$4,500.00                                    | Payee address; City; State; Zip Code<br>3311 Richmond Ave<br>Ste 319<br>Houston, TX 77098   |   |
| PURPOSE OF EXPENDITURE                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Printing Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>GOTV for November election                |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |   |  |
|---|---|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 3/7 Rpt: 6/10 | <b>2</b> FILER NAME<br>Grimes County Republican Party (CEC) | <b>3</b> Filer ID (Ethics Commission Filers)<br>00053163 |
|---|---|--|

|                             |   |
|-----------------------------|---|
| <b>4</b> Date<br>07/01/2025 | <b>5</b> Payee name<br>Grimes County Republican Women |
|-----------------------------|---|

|                                    |  |
|------------------------------------|--|
| <b>6</b> Amount (\$)<br>\$1,500.00 | <b>7</b> Payee address; City; State; Zip Code<br>PO Box 4<br><br>Plantersville, TX 77363 |
|------------------------------------|--|

|                                 |  |  |
|---------------------------------|--|--|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Event Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Constitution Day constitutions and library books |
|---------------------------------|--|--|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

|                    |  |
|--------------------|--|
| Date<br>09/05/2025 | Payee name<br>Grimes County Republican Women |
|--------------------|--|

|                           |   |
|---------------------------|---|
| Amount (\$)<br>\$1,000.00 | Payee address; City; State; Zip Code<br>PO Box 4<br><br>Plantersville, TX 77363 |
|---------------------------|---|

|                               |  |   |
|-------------------------------|--|---|
| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Table Sponsorship |
|-------------------------------|--|---|

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

|                    |                                     |
|--------------------|-------------------------------------|
| Date<br>07/02/2025 | Payee name<br>Hawk Ridge Commercial |
|--------------------|-------------------------------------|

|                         |  |
|-------------------------|--|
| Amount (\$)<br>\$600.00 | Payee address; City; State; Zip Code<br>1278 Game Trail<br><br>New Braunfels, TX 78132 |
|-------------------------|--|

|                               |   |  |
|-------------------------------|---|--|
| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>July rent Headquarters |
|-------------------------------|---|--|

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

|  |  |
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|--|--|

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |   |  |
|---|---|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 4/7 Rpt: 7/10 | <b>2</b> FILER NAME<br>Grimes County Republican Party (CEC) | <b>3</b> Filer ID (Ethics Commission Filers)<br>00053163 |
|---|---|--|

|                             |  |
|-----------------------------|--|
| <b>4</b> Date<br>07/07/2025 | <b>5</b> Payee name<br>Hawk Ridge Commercial |
|-----------------------------|--|

|                                  |   |
|----------------------------------|---|
| <b>6</b> Amount (\$)<br>\$600.00 | <b>7</b> Payee address; City; State; Zip Code<br>1278 Game Trail<br><br>New Braunfels, TX 78132 |
|----------------------------------|---|

|                                 |   |  |
|---------------------------------|---|--|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>HQ Rent July |
|---------------------------------|---|--|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

|                    |                                     |
|--------------------|-------------------------------------|
| Date<br>08/04/2025 | Payee name<br>Hawk Ridge Commercial |
|--------------------|-------------------------------------|

|                         |  |
|-------------------------|--|
| Amount (\$)<br>\$300.00 | Payee address; City; State; Zip Code<br>1278 Game Trail<br><br>New Braunfels, TX 78132 |
|-------------------------|--|

|                        |  |   |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>August HQ rent |
|------------------------|--|---|

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

|                    |                                     |
|--------------------|-------------------------------------|
| Date<br>10/28/2025 | Payee name<br>Hawk Ridge Commercial |
|--------------------|-------------------------------------|

|                         |  |
|-------------------------|--|
| Amount (\$)<br>\$600.00 | Payee address; City; State; Zip Code<br>1278 Game Trail<br><br>New Braunfels, TX 78132 |
|-------------------------|--|

|                        |  |  |
|------------------------|--|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>HQ rent 11/25 |
|------------------------|--|--|

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

|          |  |   |   |          |   |  |
|----------|--|---|---|----------|---|--|
| <b>1</b> | Total pages Schedule F1:<br>Sch: 5/7 Rpt: 8/10 | <b>2</b>  | FILER NAME<br>Grimes County Republican Party (CEC)  | <b>3</b> | Filer ID (Ethics Commission Filers)<br>00053163 |  |
| <b>4</b> | Date<br>12/08/2025                             | <b>5</b>  | Payee name<br>Hawk Ridge Commercial   |          |   |  |
| <b>6</b> | Amount (\$)<br>\$600.00                        | <b>7</b>  | Payee address; City; State; Zip Code<br>1278 Game Trail<br><br>New Braunfels, TX 78132  |          |   |  |
| <b>8</b> | <b>PURPOSE OF EXPENDITURE</b>                  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense           | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>December HQ rent          |          |   |  |
| <b>9</b> |  | Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate/Officeholder name Office sought Office held |   |          |   |  |
|          | Date<br>11/03/2025                             |   | Payee name<br>Lucius, Sheryl  |          |   |  |
|          | Amount (\$)<br>\$110.62                        |   | Payee address; City; State; Zip Code<br>17307 Lively Rd<br><br>Waller, TX 77484   |          |   |  |
|          | <b>PURPOSE OF EXPENDITURE</b>                  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Printing Expense                         | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Post cards for Pct Chairs |          |   |  |
|          |  | Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate/Officeholder name Office sought Office held |   |          |   |  |
|          | Date<br>12/01/2025                             |   | Payee name<br>Padgett, Stephanie  |          |   |  |
|          | Amount (\$)<br>\$42.40                         |   | Payee address; City; State; Zip Code<br>20667 FM 39<br><br>Iola, TX 77861   |          |   |  |
|          | <b>PURPOSE OF EXPENDITURE</b>                  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Event Expense                            | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Christmas party           |          |   |  |
|          |  | Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate/Officeholder name Office sought Office held |   |          |   |  |



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

|  |   |  |
|--|---|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 6/7 Rpt: 9/10      | <b>2</b> FILER NAME<br>Grimes County Republican Party (CEC)   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00053163   |
| <b>4</b> Date<br>10/04/2025                                  | <b>5</b> Payee name<br>Pointer, Alec  |  |
| <b>6</b> Amount (\$)<br>\$348.16                             | <b>7</b> Payee address; City; State; Zip Code<br>8795 CR 121<br><br>Iola, TX 77861                                    |  |
| <b>8</b> PURPOSE OF EXPENDITURE                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Young Republican meeting and PO Box rental | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Young Republicans meeting \$269.16; PO Box rental \$79 |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name   | Office sought Office held  |
| Date<br>08/01/2025   | Payee name<br>Texas State University  |  |
| Amount (\$)<br>\$1,000.00                                    | Payee address; City; State; Zip Code<br>601 University Drive<br><br>San Marcos, TX 78666                              |  |
| PURPOSE OF EXPENDITURE                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Gift/Awards/Memorials Expense              | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Young Republican scholarship                           |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held  |
| Date<br>08/28/2025   | Payee name<br>Wharton Insurance   |  |
| Amount (\$)<br>\$300.00                                      | Payee address; City; State; Zip Code<br>1300 11th Street<br><br>Huntsville, TX 77340                                  |  |
| PURPOSE OF EXPENDITURE                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense             | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Insurance for HQ                                       |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 7/7 Rpt: 10/10            | <b>2</b> FILER NAME<br>Grimes County Republican Party (CEC)                              | <b>3</b> Filer ID (Ethics Commission Filers)<br>00053163   |
| <b>4</b> Date<br>11/08/2025   | <b>5</b> Payee name<br>Yankees Tavern  |  |
| <b>6</b> Amount (\$)<br>\$100.00                                    | <b>7</b> Payee address; City; State; Zip Code<br>10328 FM 244<br><br>Anderson, TX 77830  |  |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Event Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Mix and Mingle |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name  | Office sought  |
|   |  | Office held  |