

**POLITICAL PARTY REPORT REGARDING  
FUNDS FROM CORPORATIONS AND LABOR  
ORGANIZATIONS**

**FORM PTY-CORP  
COVER SHEET PG 1**

Form PTY-CORP Instruction Guide explains how to complete this form.			1 Filer ID (Ethics Commission Filers) <b>23915</b> <b>90489</b>	2 Total pages filed: <b>5</b>		
3 POLITICAL PARTY NAME	Llano County Republican Party			OFFICE USE ONLY		
4 STATE OR COUNTY PARTY	<input type="checkbox"/> State <input checked="" type="checkbox"/> County <b>Llano</b>			Date Received		
5 POLITICAL PARTY TYPE	<input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Other: _____ <small>(Party name)</small>			RECEIVED JAN 21 2026 Texas Ethics Commission		
6 POLITICAL PARTY MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE <b>P.O. Box 262 Kingsland, TX 78639</b>			Date Hand-delivered, or Date Postmarked <b>postmarked 1/16/26</b>		
				Receipt #   Amount \$		
				Date Processed <b>1/23/26</b>		
				Date Imaged		
7 POLITICAL PARTY CHAIR	TITLE	FIRST	MI	NICKNAME	LAST	SUFFIX
	<b>Jessica McRee-Grabert</b>					
8 CHAIR MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE <b>P.O. Box 374 Kingsland, TX 78639</b>					
9 CHAIR STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE <b>117 Sandy Mountain Drive Sunrise Beach TX 78643</b>					
10 CHAIR PHONE	AREA CODE	PHONE NUMBER		EXTENSION		
	<b>(830) 275 2952</b>					
11 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before primary election <input type="checkbox"/> 50th day before general election					
12 PERIOD COVERED	Month	Day	Year	Month	Day	Year
	<b>07 /01 /2025</b>			THROUGH		<b>12 /31 /2025</b>
GOTO PAGE 2						

**POLITICAL PARTY REPORT:  
TOTALS AND SIGNATURE**

**FORM PTY-CORP  
COVER SHEET PG 2**

13 POLITICAL PARTY NAME

Llano County Republican Party

14 Filer ID (Ethics Commission Filers)

90489

15 TOTALS

1. TOTAL CONTRIBUTIONS FROM CORPORATE OR  
LABOR ORGANIZATIONS  
(OTHER THAN LOANS OR GUARANTEES OF LOANS)

\$ 169 00

2. TOTAL EXPENDITURES FROM CORPORATE OR  
LABOR ORGANIZATION CONTRIBUTIONS

\$ 169 00

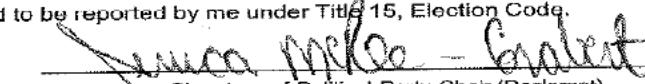
3. TOTAL CONTRIBUTIONS MAINTAINED AS OF THE LAST  
DAY OF REPORTING PERIOD

\$ 0 00

A political party must file a report on Form PTY-CORP for any reporting period during which the party accepts corporate or labor organization contributions, maintains corporate or labor organization contributions, or makes expenditures from corporate or labor organization contributions.

16 SIGNATURE

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.



Signature of Political Party Chair (Declarant)

Please complete either option below:

(1) Affidavit

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

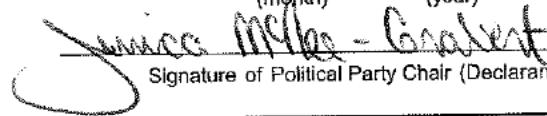
Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Jessica McRae Grubert, and my date of birth is 7/26/43.  
My address is 117 Sandy Mountain Drive (street) Sunrise Beach (city) TX (state) 78643 (zip code) USA (country).

Executed in Llano County, State of Texas, on the 14 day of Jun, 20 26.  
(month) (year)



Signature of Political Party Chair (Declarant)

**SUBTOTALS - PTYCOP****FORM PTY-CORP  
COVER SHEET PG 3**

17 POLITICAL PARTY NAME	18 Filer ID (Ethics Commission Filers)
Llano County Republican Party	
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
2. <input checked="" type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$ 169 00
3. <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: EXPENDITURES MADE FROM CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS	\$ 169 00
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$

**NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM  
CORPORATION OR LABOR ORGANIZATION**

**SCHEDULE C2**

If the requested information is not applicable, DO NOT include this page in the report.

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# EXPENDITURES MADE FROM CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
1	LLANO County Republican Party	90489			
4 Date	5 Payee name				
11/16/25	Salem's Jewelry				
6 Amount (\$)	7 Payee address;	City; State; Zip Code			
169.00	518 US Hwy 281	Marble Falls TX 78657			
<input type="checkbox"/> Check if individual's residence address.					
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
	Fundraising Expense	donated silent auction item			
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b> <table border="0"> <tr> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			
Date	Payee name				
Amount (\$)	Payee address;	City; State; Zip Code			
<input type="checkbox"/> Check if individual's residence address.					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
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Amount (\$)	Payee address;	City; State; Zip Code			
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