

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)

2 Total pages filed:

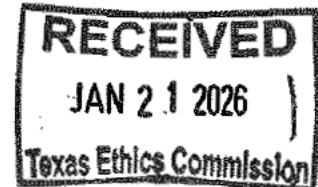
23915

~~90489~~

5

OFFICE USE ONLY

Date Received



Date Hand-delivered or Date Postmarked
postmarked 1/16/26

Receipt #

Amount \$

Date Processed

1/23/26

Date Imaged

3 POLITICAL PARTY NAME

Llano County Republican Party

4 STATE OR COUNTY PARTY

☐ State

☒ County Llano

5 POLITICAL PARTY TYPE

☐ Democratic

☒ Republican

☐ Other: _____

(Party name)

6 POLITICAL PARTY MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

PO. Box 262 Kingsland, TX 78639

☐ Change of Address

7 POLITICAL PARTY CHAIR

TITLE FIRST MI NICKNAME LAST SUFFIX

Jessica McRee-Grabert

8 CHAIR MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

PO. Box 274 Kingsland, TX 78639

☐ Change of Address

9 CHAIR STREET ADDRESS
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

117 Sandy Mountain Drive Sunrise Beach TX 78643

10 CHAIR PHONE

AREA CODE PHONE NUMBER EXTENSION

(830) 275 2952

11 REPORT TYPE

☒ January 15

☐ 8th day before primary election

☐ July 15

☐ 50th day before general election

12 PERIOD COVERED

Month Day Year

07 / 01 / 2025

THROUGH

Month Day Year

12 / 31 / 2025

GO TO 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)**

\$ 169⁰⁰

**2. TOTAL EXPENDITURES FROM CORPORATE OR
LABOR ORGANIZATION CONTRIBUTIONS**

\$ 169⁰⁰

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

\$ 0⁰⁰

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.

Jessica McRee - Grabert
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 McRee - Grabert, and my date of birth is _____

My address is 117 Sandy Mountain Drive Surfside Beach TX 78643 USA
(street) (city) (state) (zip code) (country)

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

Jessica McRee - Grabert
Signature of Political Party Chair (Declarant)

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

17 POLITICAL PARTY NAME

Llano County Republican Party

18 Filer ID (Ethics Commission Filers)

90489

19 SCHEDULE SUBTOTALS
NAME OF SCHEDULESUBTOTAL
AMOUNT1. ☐ SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

\$

2. ☒ SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

\$

169⁰⁰3. ☐ SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

\$

4. ☐ SCHEDULE E: LOANS

\$

5. ☒ SCHEDULE F1: EXPENDITURES MADE FROM CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS

\$

169⁰⁰6. ☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS

\$

7. ☐ 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.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C2: 1	
2 FILER NAME Llano County Republican Party		3 Filer ID (Ethics Commission Filers) 90489	
4 Date 8/27/25	5 Corporation / Labor Organization name Salem's Jewelry	7 Amount of Contribution \$ 169 ⁰⁰	8 In-kind contribution description Jewelry Item donated For silent Auction Fundraiser.
6 Corporation / Labor Organization address; City; State; Zip Code [REDACTED] marble falls TX 78657		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Date	Corporation / Labor Organization name	Amount of Contribution \$	In-kind contribution description
	Corporation / Labor Organization address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Date	Corporation / Labor Organization name	Amount of Contribution \$	In-kind contribution description
	Corporation / Labor Organization address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Date	Corporation / Labor Organization name	Amount of Contribution \$	In-kind contribution description
	Corporation / Labor Organization address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Date	Corporation / Labor Organization name	Amount of Contribution \$	In-kind contribution description
	Corporation / Labor Organization address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	

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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

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

Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	<input type="checkbox"/> Check if individual's residence address.		
	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		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			

Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	<input type="checkbox"/> Check if individual's residence address.		
	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		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

LLANO COUNTY REPUBLICAN PARTY
PO BOX 262
KINGSLAND, TX 78639

RECEIVED
JAN 21 2026
Texas Ethics Commission



AUSTIN TX 786
RIO GRANDE DISTRICT
16 JAN 2026 AM 4 L

Texas Ethics Commission
P.O. BOX 12070
Austin, TX 78711-2070

78711-207070