

**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: 42
3 COMMITTEE NAME Grayson County Republican Party (CEC)		<b>OFFICE USE ONLY</b> Date Received <b>ELECTRONICALLY FILED</b> 02/02/2026  Date Hand-delivered or Date Postmarked  Receipt # <input type="text"/> Amount <input type="text"/>  Date Processed  Date Imaged	
4 COMMITTEE ADDRESS P.O. Box 3122  Sherman, TX 75091			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR  .....		
	NICKNAME  .....	LAST Nesmith	SUFFIX
6 CAMPAIGN TREASURER STREET ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 701 Mohawk Drive  Tioga, TX 76271		APT / SUITE #; CITY; STATE; ZIP CODE
7 CAMPAIGN TREASURER MAILING ADDRESS	STREET OR PO BOX; 701 Mohawk Drive  Tioga, TX 76271		
8 CAMPAIGN TREASURER PHONE	AREA CODE      PHONE NUMBER      EXTENSION (972) 251-3058		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 01/01/2026	Day	Year
	THROUGH		Month 01/22/2026
11 ELECTION	ELECTION DATE Month 03/03/2026	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	

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

**FORM CEC  
COVER SHEET PG 2**

<b>12 COMMITTEE NAME</b> Grayson County Republican Party (CEC)		<b>13 FILER ID</b> (Ethics Commission Filer) 00035364
<b>14 COMMITTEE ACTIVITY</b>  (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.)	
<b>15 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 48,371.94
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 12,134.71
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 121,350.85
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00
<b>16 AFFIDAVIT</b>		
<p>I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.</p> <p style="text-align: right;">_____ Shawn D. Nesmith _____ Signature of Campaign Treasurer</p>		
AFFIX NOTARY STAMP / SEAL ABOVE		
Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.		
_____ Signature of officer administering oath	_____ Printed name of officer administering oath	_____ Title of officer administering oath

**SUBTOTALS - CEC****FORM CEC**  
**COVER SHEET PG 3**  
3 of 42

<b>17</b> COMMITTEE NAME Grayson County Republican Party (CEC)	<b>18</b> Filer ID (Ethics Commission Filers) 00035364
<b>19</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 48,371.94
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	\$ 12,134.71
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

<b>The Instruction Guide explains how to complete this form.</b>			<b>1</b> Total pages Schedule A1: Sch: 1/22 Rpt: 4/42
<b>2</b> FILER NAME Grayson County Republican Party (CEC)			<b>3</b> Filer ID (Ethics Commission Filers) 00035364
<b>4</b> Date 01/18/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALEXANDER, ROB	<b>7</b> Amount of Contribution (\$) \$25.00	
	<b>6</b> Contributor address; City; State; Zip Code  SHERMAN, TX 75092		
<b>8</b> Principal occupation / Job title (See Instructions) ENGINEER		<b>9</b> Employer (See Instructions) ASSA ABLOY	
Date 01/14/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALEXANDER, RON	Amount of Contribution (\$) \$300.00	
	Contributor address; City; State; Zip Code  SHERMAN, TX 75092		
Principal occupation / Job title (See Instructions) ENGINEER		Employer (See Instructions) ASSA ABLOY	
Date 01/14/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALEXANDER, STACY	Amount of Contribution (\$) \$375.00	
	Contributor address; City; State; Zip Code  SHERMAN, TX 75092		
Principal occupation / Job title (See Instructions) HOMEMAKER		Employer (See Instructions) SELF	
Date 01/14/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANDREWS, THERON	Amount of Contribution (\$) \$150.00	
	Contributor address; City; State; Zip Code  SHERMAN, TX 75090		
Principal occupation / Job title (See Instructions) MARKETER		Employer (See Instructions) NONE PROVIDED	
Date 01/14/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ARTHUR, ART	Amount of Contribution (\$) \$1,000.00	
	Contributor address; City; State; Zip Code  DENISON, TX 75021		
Principal occupation / Job title (See Instructions) GRAYSON COUNTY COMMISSIONER PCT 2		Employer (See Instructions) GRAYSON COUNTY	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/22 Rpt: 5/42
<b>2</b> FILER NAME Grayson County Republican Party (CEC)		<b>3</b> Filer ID (Ethics Commission Filers) 00035364
<b>4</b> Date 01/14/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ASHMORE, KELLY ..... <b>6</b> Contributor address; City; State; Zip Code  SHERMAN, TX 75092	<b>7</b> Amount of Contribution (\$) \$150.00
<b>8</b> Principal occupation / Job title (See Instructions) DISTRICT CLERK		<b>9</b> Employer (See Instructions) GRAYSON COUNTY
Date 01/14/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BELL, STEVE ..... Contributor address; City; State; Zip Code  MCKINNEY, TX 75072	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) PRESIDENT		Employer (See Instructions) SFS, LLC
Date 01/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BROOKS, BRITTON ..... Contributor address; City; State; Zip Code  SHERMAN, TX 75092	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) LAWYER		Employer (See Instructions) BRITTON BROOKS
Date 01/14/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BROOKS, BRITTON ..... Contributor address; City; State; Zip Code  SHERMAN, TX 75090	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) SELF
Date 01/14/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BROOKS, EVELYN ..... Contributor address; City; State; Zip Code  FRISCO, TX 75036	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) EDUCATOR/STATE BOARD OF EDUCATION, DISTRICT 14		Employer (See Instructions) NONE PROVIDED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/22 Rpt: 6/42
<b>2</b> FILER NAME Grayson County Republican Party (CEC)		<b>3</b> Filer ID (Ethics Commission Filers) 00035364
<b>4</b> Date 01/14/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BUTLER, RON ..... <b>6</b> Contributor address; City; State; Zip Code  DENISON, TX 75021	<b>7</b> Amount of Contribution (\$) \$150.00
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 01/21/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BYRD, STEVE ..... Contributor address; City; State; Zip Code  VAN ALSTYNE, TX 75495	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 01/14/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CASTILLO, LEONORA ..... Contributor address; City; State; Zip Code  POTTSBORO, TX 75076	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) REALTOR		Employer (See Instructions) BETTERHOMES&GARDENS
Date 01/14/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CASTILLO, LEONORA ..... Contributor address; City; State; Zip Code  POTTSBORO, TX 75076	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) REALTOR		Employer (See Instructions) BETTERHOMES&GARDENS
Date 01/14/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CLAYTON, ART ..... Contributor address; City; State; Zip Code  SHERMAN, TX 75090	Amount of Contribution (\$) \$900.00
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) SELF

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>			<b>1</b> Total pages Schedule A1: Sch: 4/22 Rpt: 7/42
<b>2</b> FILER NAME Grayson County Republican Party (CEC)			<b>3</b> Filer ID (Ethics Commission Filers) 00035364
<b>4</b> Date 01/14/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CONWAY, MICHAEL	<b>6</b> Contributor address; City; State; Zip Code  CROSS ROADS, TX 76227	<b>7</b> Amount of Contribution (\$) \$75.00
<b>8</b> Principal occupation / Job title (See Instructions) SALES		<b>9</b> Employer (See Instructions) NONE PROVIDED	
Date 01/14/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CRABTREE, MARY		Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code  DENISON, TX 75020		
Principal occupation / Job title (See Instructions) RETAIL		Employer (See Instructions) NONE PROVIDED	
Date 01/14/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CRAWLEY, ROBERT		Amount of Contribution (\$) \$125.00
	Contributor address; City; State; Zip Code  DENISON, TX 75021		
Principal occupation / Job title (See Instructions) BANKING		Employer (See Instructions) NONE PROVIDED	
Date 01/14/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CURTIS, MARIE		Amount of Contribution (\$) \$75.00
	Contributor address; City; State; Zip Code  HOWE, TX 75459		
Principal occupation / Job title (See Instructions) PROPERTY MANAGER		Employer (See Instructions) NONE PROVIDED	
Date 01/14/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAWSEY, BRUCE		Amount of Contribution (\$) \$300.00
	Contributor address; City; State; Zip Code  VAN ALSTYNE, TX 75495		
Principal occupation / Job title (See Instructions) COUNTY JUDGE		Employer (See Instructions) GRAYSON COUNTY	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/22 Rpt: 8/42
<b>2</b> FILER NAME Grayson County Republican Party (CEC)		<b>3</b> Filer ID (Ethics Commission Filers) 00035364
<b>4</b> Date 01/14/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DENMAN, LINDA	<b>7</b> Amount of Contribution (\$) \$300.00
	<b>6</b> Contributor address; City; State; Zip Code  DENISON, TX 75021	
<b>8</b> Principal occupation / Job title (See Instructions) EXECUTIVE ADMINISTRATOR		<b>9</b> Employer (See Instructions) NONE PROVIDED
Date 01/14/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DUNN JR, JAMES	Amount of Contribution (\$) \$300.00
	Contributor address; City; State; Zip Code  SHERMAN, TX 75092	
Principal occupation / Job title (See Instructions) COUNTY COURT AT LAW #2 JUDGE		Employer (See Instructions) GRAYSON COUNTY
Date 01/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EUDY, RANDALL	Amount of Contribution (\$) \$52.05
	Contributor address; City; State; Zip Code  SHERMAN, TX 75092	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 01/21/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FITCH, KENT	Amount of Contribution (\$) \$0.00
	Contributor address; City; State; Zip Code  POTTSBORO, TX 75076	
Principal occupation / Job title (See Instructions) PILOT		Employer (See Instructions) NONE PROVIDED
Date 01/21/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FITCH, KENT	Amount of Contribution (\$) \$1,200.00
	Contributor address; City; State; Zip Code  POTTSBORO, TX 75076	
Principal occupation / Job title (See Instructions) PILOT		Employer (See Instructions) NONE PROVIDED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/22 Rpt: 9/42
<b>2</b> FILER NAME Grayson County Republican Party (CEC)		<b>3</b> Filer ID (Ethics Commission Filers) 00035364
<b>4</b> Date 01/14/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FLANDERS, DEBORAH	<b>7</b> Amount of Contribution (\$) \$300.00
	<b>6</b> Contributor address; City; State; Zip Code  SHERMAN, TX 75092	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 01/14/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FOX, CHRISTINA	Amount of Contribution (\$) \$600.00
	Contributor address; City; State; Zip Code  VAN ALSTYNE, TX 75495	
Principal occupation / Job title (See Instructions) JUDGE		Employer (See Instructions) GRAYSON COUNTY
Date 01/14/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GOLDEN, GREG	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  WHITESBORO, TX 76273	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 01/09/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HAGENBUCH, BRENT	Amount of Contribution (\$) \$425.00
	Contributor address; City; State; Zip Code  DENTON, TX 76210	
Principal occupation / Job title (See Instructions) DISTRICT COORDINATOR		Employer (See Instructions) SENATOR BRENT HAGENBUCH
Date 01/09/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HAMPTON, GINNY	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code  SHERMAN, TX 75092	
Principal occupation / Job title (See Instructions) JUSTICE OF THE PEACE PCT. #1		Employer (See Instructions) COUNTY OF GRAYSON

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>			<b>1</b> Total pages Schedule A1: Sch: 7/22 Rpt: 10/42
<b>2</b> FILER NAME Grayson County Republican Party (CEC)			<b>3</b> Filer ID (Ethics Commission Filers) 00035364
<b>4</b> Date 01/14/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HAMPTON, GINNY ..... <b>6</b> Contributor address; City; State; Zip Code  SHERMAN, TX 75092	<b>7</b> Amount of Contribution (\$)  \$150.00	
<b>8</b> Principal occupation / Job title (See Instructions) JUSTICE OF THE PEACE		<b>9</b> Employer (See Instructions) GRAYSON COUNTY	
Date 01/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HAMPTON, MICHAEL ..... Contributor address; City; State; Zip Code  SHERMAN, TX 75091	Amount of Contribution (\$)  \$728.71	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED	
Date 01/14/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HARDENBURG, MATTHEW ..... Contributor address; City; State; Zip Code  POTTSBORO, TX 75076	Amount of Contribution (\$)  \$300.00	
Principal occupation / Job title (See Instructions) GRAYSON COUNTY COMMISSIONER PCT 4		Employer (See Instructions) GRAYSON COUNTY	
Date 01/14/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HAWKINS, GAYLA ..... Contributor address; City; State; Zip Code  SHERMAN, TX 75090	Amount of Contribution (\$)  \$75.00	
Principal occupation / Job title (See Instructions) GRAYSON COUNTY TREASURER		Employer (See Instructions) GRAYSON COUNTY	
Date 01/14/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HAYES, RANDY ..... Contributor address; City; State; Zip Code  HOWE, TX 75459	Amount of Contribution (\$)  \$75.00	
Principal occupation / Job title (See Instructions) DESIGN ENGINEER/TEACHER HOWE ISD		Employer (See Instructions) NONE PROVIDED	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>			<b>1</b> Total pages Schedule A1: Sch: 8/22 Rpt: 11/42
<b>2</b> FILER NAME Grayson County Republican Party (CEC)			<b>3</b> Filer ID (Ethics Commission Filers) 00035364
<b>4</b> Date 01/17/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HILL, JOHN ..... <b>6</b> Contributor address; City; State; Zip Code  SHERMAN, TX 75092	<b>7</b> Amount of Contribution (\$)  \$416.41	
<b>8</b> Principal occupation / Job title (See Instructions) DISTRICT ATTORNEY		<b>9</b> Employer (See Instructions) TEXAS	
Date 01/14/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HUANG, PAUL ..... Contributor address; City; State; Zip Code  RICHARDSON, TX 75080	Amount of Contribution (\$)  \$150.00	
Principal occupation / Job title (See Instructions) REALTOR		Employer (See Instructions) RICHLAND REAL ESTATE	
Date 01/21/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HUNT, GLENN ..... Contributor address; City; State; Zip Code  DALLAS, TX 75313	Amount of Contribution (\$)  \$155.15	
Principal occupation / Job title (See Instructions) DATA ANALYST		Employer (See Instructions) NONE PROVIDED	
Date 01/14/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) IVEY, JR., HOYT ..... Contributor address; City; State; Zip Code  SHERMAN, TX 75090	Amount of Contribution (\$)  \$125.00	
Principal occupation / Job title (See Instructions) WAREHOUSE SUPERVISOR		Employer (See Instructions) NONE PROVIDED	
Date 01/14/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KALBFLEISCH, MANDE ..... Contributor address; City; State; Zip Code  DENISON, TX 75020-2696	Amount of Contribution (\$)  \$300.00	
Principal occupation / Job title (See Instructions) BUSINESS OWNER		Employer (See Instructions) SELF	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>				<b>1</b> Total pages Schedule A1: Sch: 9/22 Rpt: 12/42
<b>2</b> FILER NAME Grayson County Republican Party (CEC)				<b>3</b> Filer ID (Ethics Commission Filers) 00035364
<b>4</b> Date 01/14/2026	<b>5</b> Full name of contributor KAUFFMAN, WANDA	<b>6</b> Contributor address; City; State; Zip Code  DENISON, TX 75021	<b>7</b> Amount of Contribution (\$)  \$250.00	
	<b>8</b> Principal occupation / Job title (See Instructions) PROGRAM DIRECTOR			
<b>9</b> Employer (See Instructions) NONE PROVIDED				
<b>Date</b> 01/17/2026	<b>Full name of contributor</b> KENNEDY, BILL	<b>Contributor address; City; State; Zip Code</b>  SHERMAN, TX 75092	<b>Amount of Contribution (\$)</b>  \$1,249.22	
	<b>Principal occupation / Job title (See Instructions)</b> ATTORNEY			
<b>Employer (See Instructions)</b> BILL KENNEDY LAW				
<b>Date</b> 01/17/2026	<b>Full name of contributor</b> KENNEDY, KELLY	<b>Contributor address; City; State; Zip Code</b>  SHERMAN, TX 75092	<b>Amount of Contribution (\$)</b>  \$1,041.02	
	<b>Principal occupation / Job title (See Instructions)</b> SAHM			
<b>Employer (See Instructions)</b> KELLY KENNEDY				
<b>Date</b> 01/14/2026	<b>Full name of contributor</b> KOCH, JUSTIN	<b>Contributor address; City; State; Zip Code</b>  DALLAS, TX 75230	<b>Amount of Contribution (\$)</b>  \$125.00	
	<b>Principal occupation / Job title (See Instructions)</b> CHIEF JUSTICE			
<b>Employer (See Instructions)</b> FIFTH DISTRICT COURT OF APPEALS (STATE OF TEXAS)				
<b>Date</b> 01/17/2026	<b>Full name of contributor</b> KRAUSE, PETER	<b>Contributor address; City; State; Zip Code</b>  PLANO, TX 75086	<b>Amount of Contribution (\$)</b>  \$104.10	
	<b>Principal occupation / Job title (See Instructions)</b> OWNER			
<b>Employer (See Instructions)</b> THE INSURANCE HOUSE				

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/22 Rpt: 13/42
<b>2</b> FILER NAME Grayson County Republican Party (CEC)		<b>3</b> Filer ID (Ethics Commission Filers) 00035364
<b>4</b> Date 01/14/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KRAUSE, PETER	<b>7</b> Amount of Contribution (\$) \$125.00
	<b>6</b> Contributor address; City; State; Zip Code  PLANO, TX 75023	
<b>8</b> Principal occupation / Job title (See Instructions) INSURANCE BROKER		<b>9</b> Employer (See Instructions) NONE PROVIDED
Date 01/14/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KRUEGER, ADRIANA	Amount of Contribution (\$) \$75.00
	Contributor address; City; State; Zip Code  SHERMAN, TX 75090	
Principal occupation / Job title (See Instructions) DIETITIAN		Employer (See Instructions) NONE PROVIDED
Date 01/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAWSON, BRENT	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code  VAN ALSTYNE, TX 75495	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 01/21/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEE, MICHAEL	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code  DALLAS, TX 75214	
Principal occupation / Job title (See Instructions) JUSTICE		Employer (See Instructions) COURT OF APPEALS
Date 01/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LUTHER, SHELLEY	Amount of Contribution (\$) \$832.81
	Contributor address; City; State; Zip Code  SHERMAN, TX 75090	
Principal occupation / Job title (See Instructions) BUSINESS OWNER		Employer (See Instructions) SELF

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/22 Rpt: 14/42
<b>2</b> FILER NAME Grayson County Republican Party (CEC)		<b>3</b> Filer ID (Ethics Commission Filers) 00035364
<b>4</b> Date 01/14/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LUTHER, SHELLEY	<b>7</b> Amount of Contribution (\$) \$3,000.00
	<b>6</b> Contributor address; City; State; Zip Code  SHERMAN, TX 75090	
<b>8</b> Principal occupation / Job title (See Instructions) SALON OWNER		<b>9</b> Employer (See Instructions) SELF
<b>Date</b> 01/14/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) LYNCH, ALTON	<b>Amount of Contribution (\$)</b> \$150.00
	<b>Contributor address; City; State; Zip Code</b>  DENISON, TX 75021	
<b>Principal occupation / Job title (See Instructions)</b> LIFE INSURANCE AGENCY		<b>Employer (See Instructions)</b> NONE PROVIDED
<b>Date</b> 01/14/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) MARR, JOSH	<b>Amount of Contribution (\$)</b> \$300.00
	<b>Contributor address; City; State; Zip Code</b>  VAN ALSTYNE, TX 75495	
<b>Principal occupation / Job title (See Instructions)</b> COUNTY COMMISSIONER		<b>Employer (See Instructions)</b> GRAYSON COUNTY
<b>Date</b> 01/14/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) MARR, REGGIE	<b>Amount of Contribution (\$)</b> \$150.00
	<b>Contributor address; City; State; Zip Code</b>  HOWE, TX 75459	
<b>Principal occupation / Job title (See Instructions)</b> RETIRED		<b>Employer (See Instructions)</b> RETIRED
<b>Date</b> 01/14/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) MARSHALL, JULIE	<b>Amount of Contribution (\$)</b> \$150.00
	<b>Contributor address; City; State; Zip Code</b>  WHITEWRIGHT, TX 75491	
<b>Principal occupation / Job title (See Instructions)</b> DENTAL HYGIENIST		<b>Employer (See Instructions)</b> NONE PROVIDED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 12/22 Rpt: 15/42
<b>2</b> FILER NAME Grayson County Republican Party (CEC)		<b>3</b> Filer ID (Ethics Commission Filers) 00035364
<b>4</b> Date 01/14/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCCOY, ROBIN ..... <b>6</b> Contributor address; City; State; Zip Code  HOWE, TX 75459	<b>7</b> Amount of Contribution (\$) \$75.00
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 01/14/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCGOWAN, JODY ..... Contributor address; City; State; Zip Code  DENISON, TX 75020	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) SELF EMPLOYED		Employer (See Instructions) SELF
Date 01/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MILLER, MARITA ..... Contributor address; City; State; Zip Code  SHERMAN, TX 75092	Amount of Contribution (\$) \$520.51
Principal occupation / Job title (See Instructions) SELF		Employer (See Instructions) SELF
Date 01/14/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MILLER, MARITA ..... Contributor address; City; State; Zip Code  SHERMAN, TX 75092	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions) REAL ESTATE INVESTOR		Employer (See Instructions) NONE PROVIDED
Date 01/14/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MILLER, SID ..... Contributor address; City; State; Zip Code  STEPHENVILLE, TX 76401	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) COMMISSIONER		Employer (See Instructions) GRAYSON COUNTY

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 13/22 Rpt: 16/42
<b>2</b> FILER NAME Grayson County Republican Party (CEC)		<b>3</b> Filer ID (Ethics Commission Filers) 00035364
<b>4</b> Date 01/14/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MONK, ROBERT	<b>7</b> Amount of Contribution (\$) \$150.00
	<b>6</b> Contributor address; City; State; Zip Code  SHERMAN, TX 75090	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MOORE, PATRICIA	Amount of Contribution (\$) \$2,000.00
	Contributor address; City; State; Zip Code  SHERMAN, TX 75091	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 01/14/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MORMAN, CYNTHIA	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code  DENISON, TX 75021	
Principal occupation / Job title (See Instructions) SENIOR FINANCIAL ANALYST - RETIRED		Employer (See Instructions) NONE PROVIDED
Date 01/14/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MORMAN, CYNTHIA	Amount of Contribution (\$) \$600.00
	Contributor address; City; State; Zip Code  DENISON, TX 75021	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 01/14/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NESMITH, SHAWN	Amount of Contribution (\$) \$75.00
	Contributor address; City; State; Zip Code  TIOGA, TX 76271	
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) HANKINSEASTUP

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 14/22 Rpt: 17/42
<b>2</b> FILER NAME Grayson County Republican Party (CEC)		<b>3</b> Filer ID (Ethics Commission Filers) 00035364
<b>4</b> Date 01/14/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) OVERBEY, TIM ..... <b>6</b> Contributor address; City; State; Zip Code  SHERMAN, TX 75092	<b>7</b> Amount of Contribution (\$) \$250.00
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 01/14/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) OWEN, SARAH ..... Contributor address; City; State; Zip Code  WHITEWRIGHT, TX 75491	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) PUBLISHER		Employer (See Instructions) NONE PROVIDED
Date 01/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PETERSON, JAMES ..... Contributor address; City; State; Zip Code  DENISON, TX 75020	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 01/14/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PETERSON, JAMES ..... Contributor address; City; State; Zip Code  DENISON, TX 75020	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 01/14/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PHILLIPS, ROBIN ..... Contributor address; City; State; Zip Code  SHERMAN, TX 75090	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) REALTOR		Employer (See Instructions) PARAGON REALTORS

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 15/22 Rpt: 18/42
<b>2</b> FILER NAME Grayson County Republican Party (CEC)		<b>3</b> Filer ID (Ethics Commission Filers) 00035364
<b>4</b> Date 01/21/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PRESTON, MELINDA ..... <b>6</b> Contributor address; City; State; Zip Code  FRISCO, TX 75033	<b>7</b> Amount of Contribution (\$) \$75.00
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 01/14/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) REDDIC, TAMMY ..... Contributor address; City; State; Zip Code  WHITEWRIGHT, TX 75491	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) DEPUTY COUNTY CLERK		Employer (See Instructions) GRAYSON COUNTY
Date 01/14/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RENTFRO, JOHN ..... Contributor address; City; State; Zip Code  SHERMAN, TX 75092	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) ART SALES		Employer (See Instructions) NONE PROVIDED
Date 01/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RICHARDS, DIANA ..... Contributor address; City; State; Zip Code  SHERMAN, TX 75092	Amount of Contribution (\$) \$52.05
Principal occupation / Job title (See Instructions) VOL. COMMUNICATIONS COORD		Employer (See Instructions) MATTHEWXVIII GROUP MINISTRY
Date 01/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RICHARDS, DIANA ..... Contributor address; City; State; Zip Code  SHERMAN, TX 75092	Amount of Contribution (\$) \$335.00
Principal occupation / Job title (See Instructions) VOL. COMMUNICATIONS COORD		Employer (See Instructions) MATTHEWXVIII GROUP MINISTRY

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 16/22 Rpt: 19/42
<b>2</b> FILER NAME Grayson County Republican Party (CEC)		<b>3</b> Filer ID (Ethics Commission Filers) 00035364
<b>4</b> Date 01/14/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROSSINI, GINO ..... <b>6</b> Contributor address; City; State; Zip Code  IRVING, TX 75061	<b>7</b> Amount of Contribution (\$) \$75.00
<b>8</b> Principal occupation / Job title (See Instructions) JUSTICE		<b>9</b> Employer (See Instructions) FIFTH DISTRICT COURT OF APPEALS (STATE OF TEXAS)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SHAW, MIKE ..... Contributor address; City; State; Zip Code  DENISON, TX 75020	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SHERMAN, RACHEL ..... Contributor address; City; State; Zip Code  SHERMAN, TX 75090	Amount of Contribution (\$) \$41.64
Principal occupation / Job title (See Instructions) INSURANCE BROKER BUSINESS OWNER		Employer (See Instructions) ASPECT INSURANCE SERVICES
Date 01/14/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SHERMAN, RACHEL ..... Contributor address; City; State; Zip Code  SHERMAN, TX 75090	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) INSURANCE BROKER		Employer (See Instructions) SELF
Date 01/14/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SHOEMAKER, LARRY ..... Contributor address; City; State; Zip Code  COLLINSVILLE, TX 76233	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 17/22 Rpt: 20/42
<b>2</b> FILER NAME Grayson County Republican Party (CEC)		<b>3</b> Filer ID (Ethics Commission Filers) 00035364
<b>4</b> Date 01/14/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SILEVEN, DAVID	<b>7</b> Amount of Contribution (\$) \$300.00
	<b>6</b> Contributor address; City; State; Zip Code  VAN ALSTYNE, TX 75495	
<b>8</b> Principal occupation / Job title (See Instructions) VICE PRESIDENT SOFTWARE SERVICES		<b>9</b> Employer (See Instructions) NONE PROVIDED
Date 01/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SIMON, JOHN	Amount of Contribution (\$) \$900.00
	Contributor address; City; State; Zip Code  WHITEWRIGHT, TX 75491	
Principal occupation / Job title (See Instructions) ENGINEER		Employer (See Instructions) SELF
Date 01/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SIMON, JOHN	Amount of Contribution (\$) \$1,100.00
	Contributor address; City; State; Zip Code  WHITEWRIGHT, TX 75491	
Principal occupation / Job title (See Instructions) ENGINEER		Employer (See Instructions) SELF
Date 01/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SIMON, JOHN	Amount of Contribution (\$) \$235.00
	Contributor address; City; State; Zip Code  WHITEWRIGHT, TX 75491	
Principal occupation / Job title (See Instructions) ENGINEER		Employer (See Instructions) SELF
Date 01/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SIMS, JAMES	Amount of Contribution (\$) \$676.66
	Contributor address; City; State; Zip Code  MEAD, OK 73449	
Principal occupation / Job title (See Instructions) POOL REPAIR		Employer (See Instructions) SELF EMPLOYED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>			
<b>2 FILER NAME</b> Grayson County Republican Party (CEC)			
<b>4 Date</b> 01/14/2026	<b>5 Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) SIMS, SHANNON  <b>6 Contributor address; City; State; Zip Code</b>  MEAD, OK 73449	<b>1 Total pages Schedule A1:</b> Sch: 18/22 Rpt: 21/42	<b>3 Filer ID (Ethics Commission Filers)</b> 00035364
		<b>7 Amount of Contribution (\$)</b> \$300.00	
<b>8 Principal occupation / Job title (See Instructions)</b> PHYSICAL THERAPIST		<b>9 Employer (See Instructions)</b> NONE PROVIDED	
<b>Date</b> 01/14/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) SMITH, HOWARD  <b>Contributor address; City; State; Zip Code</b>  DENISON, TX 75021	<b>Amount of Contribution (\$)</b> \$75.00	
<b>Principal occupation / Job title (See Instructions)</b> BUSINESS OWNER		<b>Employer (See Instructions)</b> NONE PROVIDED	
<b>Date</b> 01/16/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) SMITH, MICHAEL  <b>Contributor address; City; State; Zip Code</b>  DENISON, TX 75021	<b>Amount of Contribution (\$)</b> \$20.82	
<b>Principal occupation / Job title (See Instructions)</b> PAYROLL		<b>Employer (See Instructions)</b> EAGLE EMPLOYER SERVICES, LLC	
<b>Date</b> 01/14/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) SMITH, MICHAEL  <b>Contributor address; City; State; Zip Code</b>  DENISON, TX 75021	<b>Amount of Contribution (\$)</b> \$1,200.00	
<b>Principal occupation / Job title (See Instructions)</b> PAYROLL		<b>Employer (See Instructions)</b> EAGLE EMPLOYER SERVICES, LLC	
<b>Date</b> 01/14/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) STEVENS, KEVIN  <b>Contributor address; City; State; Zip Code</b>  SHERMAN, TX 75090	<b>Amount of Contribution (\$)</b> \$75.00	
<b>Principal occupation / Job title (See Instructions)</b> ESH		<b>Employer (See Instructions)</b> NONE PROVIDED	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 19/22 Rpt: 22/42
<b>2</b> FILER NAME Grayson County Republican Party (CEC)		<b>3</b> Filer ID (Ethics Commission Filers) 00035364
<b>4</b> Date 01/14/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TAYLOR, LINDA	<b>7</b> Amount of Contribution (\$) \$75.00
	<b>6</b> Contributor address; City; State; Zip Code  SHERMAN, TX 75090	
<b>8</b> Principal occupation / Job title (See Instructions) TEACHER		<b>9</b> Employer (See Instructions) NONE PROVIDED
Date 01/14/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TAYLOR, ZACHARY	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code  MCKINNEY, TX 75071	
Principal occupation / Job title (See Instructions) CAMPAIGN STAFFER		Employer (See Instructions) NONE PROVIDED
Date 01/14/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TAYLOR, ZACHARY	Amount of Contribution (\$) \$300.00
	Contributor address; City; State; Zip Code  MCKINNEY, TX 75071	
Principal occupation / Job title (See Instructions) CAMPAIGN STAFFER		Employer (See Instructions) NONE PROVIDED
Date 01/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEAMANN, SHAWN	Amount of Contribution (\$) \$936.91
	Contributor address; City; State; Zip Code  SHERMAN, TX 75092	
Principal occupation / Job title (See Instructions) OWNER		Employer (See Instructions) SHAWN TEAMANN
Date 01/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THOMAS, DAN	Amount of Contribution (\$) \$416.41
	Contributor address; City; State; Zip Code  POTTSBORO, TX 75076	
Principal occupation / Job title (See Instructions) FINANCIAL ADVISOR		Employer (See Instructions) SELF

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 20/22 Rpt: 23/42
<b>2</b> FILER NAME Grayson County Republican Party (CEC)		<b>3</b> Filer ID (Ethics Commission Filers) 00035364
<b>4</b> Date 01/14/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THOMAS, DAN ..... <b>6</b> Contributor address; City; State; Zip Code  POTTSBORO, TX 75076	<b>7</b> Amount of Contribution (\$) \$2,000.00
<b>8</b> Principal occupation / Job title (See Instructions) SELF		<b>9</b> Employer (See Instructions) SELF
Date 01/21/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THOMASON, SALLY ..... Contributor address; City; State; Zip Code  POTTSBORO, TX 75076	Amount of Contribution (\$) \$225.00
Principal occupation / Job title (See Instructions) SELF EMPLOYED MEDIA		Employer (See Instructions) NONE PROVIDED
Date 01/21/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THOMPSON, SHERRY ..... Contributor address; City; State; Zip Code  POTTSBORO, TX 75076	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TOWERS, ROBERT ..... Contributor address; City; State; Zip Code  SHERMAN, TX 75092	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) PATIENT ADVOCATE		Employer (See Instructions) COMPSPEC
Date 01/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TRAVIS, MICHELLE ..... Contributor address; City; State; Zip Code  TEXAS, TX 75021	Amount of Contribution (\$) \$20.82
Principal occupation / Job title (See Instructions) CPR INSTRUCTOR		Employer (See Instructions) SELF

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>			<b>1</b> Total pages Schedule A1: Sch: 21/22 Rpt: 24/42
<b>2</b> FILER NAME Grayson County Republican Party (CEC)			<b>3</b> Filer ID (Ethics Commission Filers) 00035364
<b>4</b> Date 01/14/2026	<b>5</b> Full name of contributor TRAVIS, MICHELLE .....  <b>6</b> Contributor address; City; State; Zip Code  DENISON, TX 75021-4018	<b>7</b> Amount of Contribution (\$)  \$150.00	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED	
Date 01/14/2026	Full name of contributor ULTEIG, BETHANY .....  Contributor address; City; State; Zip Code  TIOGA, TX 76271	Amount of Contribution (\$)  \$150.00	
Principal occupation / Job title (See Instructions) REAL ESTATE INVESTOR		Employer (See Instructions) NONE PROVIDED	
Date 01/14/2026	Full name of contributor VEALE, DARREN .....  Contributor address; City; State; Zip Code  SHERMAN, TX 75090	Amount of Contribution (\$)  \$26.03	
Principal occupation / Job title (See Instructions) ACCOUNTANT		Employer (See Instructions) MODERN EXPLORATION, INC	
Date 01/14/2026	Full name of contributor VEALE, DARREN .....  Contributor address; City; State; Zip Code  SHERMAN, TX 75090	Amount of Contribution (\$)  \$125.00	
Principal occupation / Job title (See Instructions) ACCOUNTANT		Employer (See Instructions) SELF	
Date 01/17/2026	Full name of contributor WATERS, JULIA .....  Contributor address; City; State; Zip Code  SHERMAN, TX 75092	Amount of Contribution (\$)  \$175.00	
Principal occupation / Job title (See Instructions) ADMIN		Employer (See Instructions) GRAYSON CO	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 22/22 Rpt: 25/42
<b>2</b> FILER NAME Grayson County Republican Party (CEC)		<b>3</b> Filer ID (Ethics Commission Filers) 00035364
<b>4</b> Date 01/17/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WELCH, WILLIAM ..... <b>6</b> Contributor address; City; State; Zip Code  WHITESBORO, TX 76273	<b>7</b> Amount of Contribution (\$) \$15.62
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 01/14/2026	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 (\$) \$250.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 01/14/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WRIGHT, LINDSAY ..... Contributor address; City; State; Zip Code  COLLINSVILLE, TX 76233	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) COMMISSIONER		Employer (See Instructions) NONE PROVIDED
Date 01/14/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WYLINE, ANNA ..... Contributor address; City; State; Zip Code  DENISON, TX 75021	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 01/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WYSOCKI, ASHLEY ..... Contributor address; City; State; Zip Code  DALLAS, TX 75248	Amount of Contribution (\$) \$4,000.00
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) SELF

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/17 Rpt: 26/42	2 FILER NAME Grayson County Republican Party (CEC)	3 Filer ID (Ethics Commission Filers) 00035364
4 Date 01/02/2026	5 Payee name A1 WEDDING AND EVENT RENTAL	
6 Amount (\$) \$246.62	7 Payee address; City; State; Zip Code 3034 WOODLAWN BLVD  DENISON, TX 75020	
8 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 LRD EXPENSES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 01/22/2026	Payee name ALEXANDER, STACY	
Amount (\$) \$304.29	Payee address; City; State; Zip Code 2088 OLD SOUTHMAYD RD  SHERMAN, TX 75092	
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 EVENT EXPENSES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 01/12/2026	Payee name AMAZON	
Amount (\$) \$29.72	Payee address; City; State; Zip Code 440 TERRY AVE N  SEATTLE, WA 98109	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SUPPLIES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/17 Rpt: 27/42	2 FILER NAME Grayson County Republican Party (CEC)	3 Filer ID (Ethics Commission Filers) 00035364
4 Date 01/14/2026	5 Payee name AMAZON	
6 Amount (\$) \$21.16	7 Payee address; City; State; Zip Code 440 TERRY AVE N  SEATTLE, WA 98109	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  SUPPLIES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 01/21/2026	Payee name AMAZON	
Amount (\$) \$583.31	Payee address; City; State; Zip Code 440 TERRY AVE N  SEATTLE, WA 98109	
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  LRD EXPENSES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 01/09/2026	Payee name ATLANTIC ENERGY	
Amount (\$) \$38.54	Payee address; City; State; Zip Code PO BOX 7780  SPRING, TX 77387	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  HQ ELECTRICITY
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/17 Rpt: 28/42	2 FILER NAME Grayson County Republican Party (CEC)	3 Filer ID (Ethics Commission Filers) 00035364
4 Date 01/15/2026	5 Payee name ATMOS ENERGY	
6 Amount (\$) \$162.07	7 Payee address; City; State; Zip Code 5111 N BLUE FLAME RD  SHERMAN, TX 75090	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense HQ GAS
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 01/05/2026	Payee name BON APPETIT YALL	
Amount (\$) \$2,268.00	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 LRD EXPENSES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 01/12/2026	Payee name BON APPETIT YALL	
Amount (\$) \$1,999.20	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 LRD EXPENSES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/17 Rpt: 29/42	2 FILER NAME Grayson County Republican Party (CEC)	3 Filer ID (Ethics Commission Filers) 00035364	
4 Date 01/14/2026	5 Payee name BON APPETIT YALL		
6 Amount (\$) \$624.75	7 Payee address; City; 4616 S HWY 75  DENISON, TX 75020	State; Zip Code	
8 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 LRD EXPENSES	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 01/20/2026	Payee name BON APPETIT YALL		
Amount (\$) \$199.92	Payee address; City; 4616 S HWY 75  DENISON, TX 75020	State; Zip Code	
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 LRD EXPENSES	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 01/20/2026	Payee name BON APPETIT YALL		
Amount (\$) \$49.98	Payee address; City; 4616 S HWY 75  DENISON, TX 75020	State; Zip Code	
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 LRD EXPENSES	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/17 Rpt: 30/42	2 FILER NAME Grayson County Republican Party (CEC)	3 Filer ID (Ethics Commission Filers) 00035364
4 Date 01/20/2026	5 Payee name CITY OF SHERMAN	
6 Amount (\$) \$312.50	7 Payee address; City; PO BOX 1106  SHERMAN, TX 75091	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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 LRD EXPENSES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 01/02/2026	Payee name FACEBOOK	
Amount (\$) \$200.00	Payee address; City; 1 HACKER WAY  MENLO PARK, CA 94025	
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 SOCIAL MEDIA
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 01/22/2026	Payee name MUNICIPAL ONLINE PAYME	
Amount (\$) \$1.25	Payee address; City; PO BOX 1106  SHERMAN, TX 75091	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense HQ UTILITIES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/17 Rpt: 31/42	2 FILER NAME Grayson County Republican Party (CEC)	3 Filer ID (Ethics Commission Filers) 00035364
4 Date 01/20/2026	5 Payee name OFFICE DEPOT	
6 Amount (\$) \$285.10	7 Payee address; City; 4015 N HWY 75  SHERMAN, TX 75090	
8 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 LRD EXPENSES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 01/20/2026	Payee name PARISH-SMITH, SARA	
Amount (\$) \$3,000.00	Payee address; City; 6301 RIVERSIDE DR  IRVING, TX 75039	
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 LRD EXPENSES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 01/21/2026	Payee name SHERMAN UTILITY	
Amount (\$) \$49.64	Payee address; City; PO BOX 1106  SHERMAN, TX 75091	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense HQ UTILITIES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/17 Rpt: 32/42	2 FILER NAME Grayson County Republican Party (CEC)	3 Filer ID (Ethics Commission Filers) 00035364
4 Date 01/14/2026	5 Payee name TICKET SPICE	
6 Amount (\$) \$976.74	7 Payee address; City; State; Zip Code 1200 2ND ST  SACRAMENTO, CA 95814	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 01/21/2026	Payee name TICKET SPICE	
Amount (\$) \$79.76	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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 01/20/2026	Payee name TX CUSTOM CREATIONS	
Amount (\$) \$42.50	Payee address; City; State; Zip Code N/A  DENISON, TX 75020	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TSHIRT EXPENSE
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/17 Rpt: 33/42	2 FILER NAME Grayson County Republican Party (CEC)	3 Filer ID (Ethics Commission Filers) 00035364
4 Date 01/01/2026	5 Payee name WINRED	
6 Amount (\$) \$2.05	7 Payee address; City; State; Zip Code 1781 WILSON BLVS STE 350  ARLINGTON, VA 22209	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name WINRED	Office sought Office held
Date 01/08/2026	Payee name WINRED	
Amount (\$) \$0.99	Payee address; City; State; Zip Code 1780 WILSON BLVS STE 350  ARLINGTON, VA 22209	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name WINRED	Office sought Office held
Date 01/14/2026	Payee name WINRED	
Amount (\$) \$1.03	Payee address; City; State; Zip Code 1779 WILSON BLVS STE 350  ARLINGTON, VA 22209	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name WINRED	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/17 Rpt: 34/42	2 FILER NAME Grayson County Republican Party (CEC)	3 Filer ID (Ethics Commission Filers) 00035364
4 Date 01/15/2026	5 Payee name WINRED	
6 Amount (\$) \$2.96	7 Payee address; City; State; Zip Code 1778 WILSON BLVS STE 350  ARLINGTON, VA 22209	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name WINRED	Office sought Office held
Date 01/15/2026	Payee name WINRED	
Amount (\$) \$1.64	Payee address; City; State; Zip Code 1777 WILSON BLVS STE 350  ARLINGTON, VA 22209	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name WINRED	Office sought Office held
Date 01/16/2026	Payee name WINRED	
Amount (\$) \$0.82	Payee address; City; State; Zip Code 1776 WILSON BLVS STE 350  ARLINGTON, VA 22209	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name WINRED	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 10/17 Rpt: 35/42	2 FILER NAME Grayson County Republican Party (CEC)	3 Filer ID (Ethics Commission Filers) 00035364
4 Date 01/17/2026	5 Payee name WINRED	
6 Amount (\$) \$0.62	7 Payee address; City; State; Zip Code 1776 WILSON BLVS STE 350  ARLINGTON, VA 22209	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name WINRED	Office sought Office held
Date 01/17/2026	Payee name WINRED	
Amount (\$) \$16.41	Payee address; City; State; Zip Code 1776 WILSON BLVS STE 350  ARLINGTON, VA 22209	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name WINRED	Office sought Office held
Date 01/17/2026	Payee name WINRED	
Amount (\$) \$35.46	Payee address; City; State; Zip Code 1776 WILSON BLVS STE 350  ARLINGTON, VA 22209	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name WINRED	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 11/17 Rpt: 36/42	2 FILER NAME Grayson County Republican Party (CEC)	3 Filer ID (Ethics Commission Filers) 00035364
4 Date 01/17/2026	5 Payee name WINRED	
6 Amount (\$) \$49.22	7 Payee address; City; State; Zip Code 1776 WILSON BLVS STE 350  ARLINGTON, VA 22209	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name WINRED	Office sought Office held
Date 01/17/2026	Payee name WINRED	
Amount (\$) \$157.60	Payee address; City; State; Zip Code 1776 WILSON BLVS STE 350  ARLINGTON, VA 22209	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name WINRED	Office sought Office held
Date 01/17/2026	Payee name WINRED	
Amount (\$) \$26.66	Payee address; City; State; Zip Code 1776 WILSON BLVS STE 350  ARLINGTON, VA 22209	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name WINRED	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 12/17 Rpt: 37/42	2 FILER NAME Grayson County Republican Party (CEC)	3 Filer ID (Ethics Commission Filers) 00035364
4 Date 01/17/2026	5 Payee name WINRED	
6 Amount (\$) \$41.02	7 Payee address; City; State; Zip Code 1776 WILSON BLVS STE 350  ARLINGTON, VA 22209	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name WINRED	Office sought Office held
Date 01/17/2026	Payee name WINRED	
Amount (\$) \$32.81	Payee address; City; State; Zip Code 1776 WILSON BLVS STE 350  ARLINGTON, VA 22209	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name WINRED	Office sought Office held
Date 01/17/2026	Payee name WINRED	
Amount (\$) \$36.91	Payee address; City; State; Zip Code 1776 WILSON BLVS STE 350  ARLINGTON, VA 22209	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name WINRED	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 13/17 Rpt: 38/42	2 FILER NAME Grayson County Republican Party (CEC)	3 Filer ID (Ethics Commission Filers) 00035364
4 Date 01/17/2026	5 Payee name WINRED	
6 Amount (\$) \$43.34	7 Payee address; City; State; Zip Code 1776 WILSON BLVS STE 350  ARLINGTON, VA 22209	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name WINRED	Office sought Office held
Date 01/17/2026	Payee name WINRED	
Amount (\$) \$28.71	Payee address; City; State; Zip Code 1776 WILSON BLVS STE 350  ARLINGTON, VA 22209	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name WINRED	Office sought Office held
Date 01/17/2026	Payee name WINRED	
Amount (\$) \$98.50	Payee address; City; State; Zip Code 1776 WILSON BLVS STE 350  ARLINGTON, VA 22209	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name WINRED	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 14/17 Rpt: 39/42	2 FILER NAME Grayson County Republican Party (CEC)	3 Filer ID (Ethics Commission Filers) 00035364
4 Date 01/17/2026	5 Payee name WINRED	
6 Amount (\$) \$0.82	7 Payee address; City; State; Zip Code 1776 WILSON BLVS STE 350  ARLINGTON, VA 22209	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name WINRED	Office sought Office held
Date 01/17/2026	Payee name WINRED	
Amount (\$) \$20.51	Payee address; City; State; Zip Code 1776 WILSON BLVS STE 350  ARLINGTON, VA 22209	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name WINRED	Office sought Office held
Date 01/17/2026	Payee name WINRED	
Amount (\$) \$13.20	Payee address; City; State; Zip Code 1776 WILSON BLVS STE 350  ARLINGTON, VA 22209	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name WINRED	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 15/17 Rpt: 40/42	2 FILER NAME Grayson County Republican Party (CEC)	3 Filer ID (Ethics Commission Filers) 00035364
4 Date 01/17/2026	5 Payee name WINRED	
6 Amount (\$) \$9.26	7 Payee address; City; State; Zip Code 1776 WILSON BLVS STE 350  ARLINGTON, VA 22209	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name WINRED	Office sought Office held
Date 01/17/2026	Payee name WINRED	
Amount (\$) \$6.90	Payee address; City; State; Zip Code 1776 WILSON BLVS STE 350  ARLINGTON, VA 22209	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name WINRED	Office sought Office held
Date 01/17/2026	Payee name WINRED	
Amount (\$) \$4.10	Payee address; City; State; Zip Code 1776 WILSON BLVS STE 350  ARLINGTON, VA 22209	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name WINRED	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 16/17 Rpt: 41/42	2 FILER NAME Grayson County Republican Party (CEC)	3 Filer ID (Ethics Commission Filers) 00035364
4 Date 01/18/2026	5 Payee name WINRED	
6 Amount (\$) \$7.88	7 Payee address; City; State; Zip Code 1776 WILSON BLVS STE 350  ARLINGTON, VA 22209	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name WINRED	Office sought Office held
Date 01/18/2026	Payee name WINRED	
Amount (\$) \$0.99	Payee address; City; State; Zip Code 1776 WILSON BLVS STE 350  ARLINGTON, VA 22209	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name WINRED	Office sought Office held
Date 01/18/2026	Payee name WINRED	
Amount (\$) \$16.41	Payee address; City; State; Zip Code 1776 WILSON BLVS STE 350  ARLINGTON, VA 22209	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name WINRED	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 17/17 Rpt: 42/42	2 FILER NAME Grayson County Republican Party (CEC)	3 Filer ID (Ethics Commission Filers) 00035364
4 Date 01/20/2026	5 Payee name WINRED	
6 Amount (\$) \$0.79	7 Payee address; City; State; Zip Code 1776 WILSON BLVS STE 350  ARLINGTON, VA 22209	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name WINRED	Office sought Office held
Date 01/20/2026	Payee name WINRED	
Amount (\$) \$2.05	Payee address; City; State; Zip Code 1776 WILSON BLVS STE 350  ARLINGTON, VA 22209	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name WINRED	Office sought Office held