



# 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 Filers) 00035364
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<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported Republican
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

<b>15 CONTRIBUTION TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b> <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)	\$ 4,392.34
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 5,233.51
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 120,509.68
OUTSTANDING LOAN TOTALS	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 0.00

**16 AFFIDAVIT**

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

Shawn D. Nesmith  
\_\_\_\_\_  
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

**SUBTOTALS - CEC****FORM CEC**  
**COVER SHEET PG 3**  
3 of 16

<b>17 COMMITTEE NAME</b> Grayson County Republican Party (CEC)		<b>18 Filer ID</b> (Ethics Commission Filers) 00035364
<b>19 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,392.34
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 5,233.51
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: 1/5 Rpt: 4/16
<b>2</b> FILER NAME Grayson County Republican Party (CEC)		<b>3</b> Filer ID (Ethics Commission Filers) 00035364
<b>4</b> Date 02/18/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) ALEXANDER, ROB <hr/> <b>6</b> Contributor address; City; State; Zip Code  SHERMAN, TX 75092	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) ENGINEER		<b>9</b> Employer (See Instructions) ASSA ABLOY
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) BELL, STEVE <hr/> Contributor address; City; State; Zip Code  MCKINNEY, TX 75072	Amount of Contribution (\$)  \$541.33
Principal occupation / Job title (See Instructions) PRESIDENT CEO		Employer (See Instructions) SFS, LLC
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) BELL, STEVE <hr/> Contributor address; City; State; Zip Code  MCKINNEY, TX 75072	Amount of Contribution (\$)  \$580.00
Principal occupation / Job title (See Instructions) PRESIDENT CEO		Employer (See Instructions) SFS, LLC
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) BENNIE, TONY <hr/> Contributor address; City; State; Zip Code  BELLS, TX 75414	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) GRAYSON COUNTY		Employer (See Instructions) SHERRIF
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) CRABTREE, MARY <hr/> Contributor address; City; State; Zip Code  DENISON, TX 75020	Amount of Contribution (\$)  \$625.00
Principal occupation / Job title (See Instructions) CRABTREE'S AMISH FURNITURE		Employer (See Instructions) OWNER

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/5 Rpt: 5/16
<b>2</b> FILER NAME Grayson County Republican Party (CEC)		<b>3</b> Filer ID (Ethics Commission Filers) 00035364
<b>4</b> Date 01/30/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DENNIS, MICHAEL <hr/> <b>6</b> Contributor address; City; State; Zip Code  SHERMAN, TX 75091	<b>7</b> Amount of Contribution (\$)  \$20.00
<b>8</b> Principal occupation / Job title (See Instructions) SELF		<b>9</b> Employer (See Instructions) SELF
Date 02/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) LAWSON, BRENT <hr/> Contributor address; City; State; Zip Code  VAN ALSTYNE, TX 75495	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) LOFTIS, BRIENNE <hr/> Contributor address; City; State; Zip Code  PLANO, TX 75075	Amount of Contribution (\$)  \$270.00
Principal occupation / Job title (See Instructions) UNITY SEARCH		Employer (See Instructions) CONSULTANT
Date 02/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) MICHAEL, DENNIS <hr/> Contributor address; City; State; Zip Code  SHERMAN, TX 75091	Amount of Contribution (\$)  \$26.03
Principal occupation / Job title (See Instructions) JUSTICE OF THE PEACE		Employer (See Instructions) GRAYSON COUNTY
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) PETERSON, JIM <hr/> Contributor address; City; State; Zip Code  DENISON, TX 75020	Amount of Contribution (\$)  \$225.00
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: 3/5 Rpt: 6/16
<b>2</b> FILER NAME Grayson County Republican Party (CEC)		<b>3</b> Filer ID (Ethics Commission Filers) 00035364
<b>4</b> Date 01/30/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) RICHARDS, DIANA <hr/> <b>6</b> Contributor address; City; State; Zip Code  SHERMAN, TX 75092	<b>7</b> Amount of Contribution (\$)  \$52.05
<b>8</b> Principal occupation / Job title (See Instructions) VOL. COMMUNICATIONS COORDINATOR		<b>9</b> Employer (See Instructions) MATTHEWXVIII GROUP MINISTRY
Date 02/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) SHAW, MIKE <hr/> Contributor address; City; State; Zip Code  DENISON, TX 75020	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) SHERMAN, RACHEL <hr/> Contributor address; City; State; Zip Code  SHERMAN, TX 75090	Amount of Contribution (\$)  \$41.64
Principal occupation / Job title (See Instructions) INSURANCE BROKER BUSINESS OWNER		Employer (See Instructions) ASPECT INSURANCE SERVICES
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) SMITH, DANNY <hr/> Contributor address; City; State; Zip Code  SHERMAN, TX 75090	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) SMITH, DANNY <hr/> Contributor address; City; State; Zip Code  SHERMAN, TX 75090	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/5 Rpt: 7/16
<b>2</b> FILER NAME Grayson County Republican Party (CEC)		<b>3</b> Filer ID (Ethics Commission Filers) 00035364
<b>4</b> Date 01/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) SMITH, LINWWOD <hr/> <b>6</b> Contributor address; City; State; Zip Code  DENISON, TX 75021	<b>7</b> Amount of Contribution (\$)  \$197.79
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 02/16/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) SMITH, MICHAEL <hr/> Contributor address; City; State; Zip Code  DENISON, TX 75021	Amount of Contribution (\$)  \$20.82
Principal occupation / Job title (See Instructions) PAYROLL		Employer (See Instructions) EAGLE EMPLOYER SERVICES, LLC
Date 01/27/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) THOMAS, DAN <hr/> Contributor address; City; State; Zip Code  POTTSBORO, TX 75076	Amount of Contribution (\$)  \$26.03
Principal occupation / Job title (See Instructions) ADVISOR		Employer (See Instructions) SELF
Date 02/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) TOWERS, ROBERT <hr/> Contributor address; City; State; Zip Code  SHERMAN, TX 75092	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) PATIENT ADVOCATE		Employer (See Instructions) COMPSPEC
Date 02/14/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) VEALE, DARREN <hr/> 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

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/5 Rpt: 8/16
<b>2</b> FILER NAME Grayson County Republican Party (CEC)		<b>3</b> Filer ID (Ethics Commission Filers) 00035364
<b>4</b> Date 02/17/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) WELCH, WILLIAM	<b>7</b> Amount of Contribution (\$)  \$15.62
	<b>6</b> Contributor address; City; State; Zip Code  WHITESBORO, TX 76273	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F1: Sch: 1/8 Rpt: 9/16	<b>2</b>	FILER NAME Grayson County Republican Party (CEC)	<b>3</b>	Filer ID (Ethics Commission Filers) 00035364
<b>4</b>	Date 01/26/2026	<b>5</b>	Payee name ALL AMERICAN CLASSICS		
<b>6</b>	Amount (\$) \$216.08	<b>7</b>	Payee address; City; State; Zip Code PO BOX 8007  HOT SPRINGS, AR 71910		
<b>8</b>	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</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		
<b>9</b>	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	
	Date 02/12/2026		Payee name ATLANTIC ENERGY		
	Amount (\$) \$32.16		Payee address; City; State; Zip Code PO BOX 7780  SPRING, TX 77387		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense HQ ELECTRICITY		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	
	Date 02/13/2026		Payee name ATMOS ENERGY		
	Amount (\$) \$162.18		Payee address; City; State; Zip Code 5111 N BLUE FLAME RD  SHERMAN, TX 75090		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</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		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F1: Sch: 2/8 Rpt: 10/16	<b>2</b>	FILER NAME Grayson County Republican Party (CEC)	<b>3</b>	Filer ID (Ethics Commission Filers) 00035364
<b>4</b>	Date 01/27/2026	<b>5</b>	Payee name FACEBOOK		
<b>6</b>	Amount (\$) \$141.09	<b>7</b>	Payee address; City; State; Zip Code 1 HACKER WAY  MENLO PARK, CA 94025		
<b>8</b>	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</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		
<b>9</b>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held			
	Date 02/17/2026		Payee name FLORAS FANTASIES		
	Amount (\$) \$2,134.54		Payee address; City; State; Zip Code 217 N. TRAVIS STREET  SHERMAN, TX 75090		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</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 <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held			
	Date 01/30/2026		Payee name GUMROAD, INC.		
	Amount (\$) \$3.38		Payee address; City; State; Zip Code 548 MARKET STREET #4130  SAN FRANCISCO, CA 94104		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held			

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 3/8 Rpt: 11/16	<b>2</b> FILER NAME Grayson County Republican Party (CEC)	<b>3</b> Filer ID (Ethics Commission Filers) 00035364
<b>4</b> Date 01/26/2026	<b>5</b> Payee name KIT.COM	
<b>6</b> Amount (\$) \$62.78	<b>7</b> Payee address; City; State; Zip Code 750 WEST BANNOCK STREET #761  BOISE, ID 83701	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense HQ INTERNET
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/23/2026	Payee name LAWSON, SANDRA	
Amount (\$) \$200.00	Payee address; City; State; Zip Code PO BOX 1903  VAN ALSTYNE, TX 75495	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</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 02/09/2026	Payee name LOS HERMANOS PARTNERSHIP LLC	
Amount (\$) \$2,180.25	Payee address; City; State; Zip Code 427 N RUSK, SUITE B  SHERMAN, TX 75090	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense HQ RENT/TAXES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 4/8 Rpt: 12/16	<b>2</b> FILER NAME Grayson County Republican Party (CEC)	<b>3</b> Filer ID (Ethics Commission Filers) 00035364
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<b>4</b> Date 02/20/2026	<b>5</b> Payee name MUNICIPAL ONLINE PAYME
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<b>6</b> Amount (\$) \$1.25	<b>7</b> Payee address; City; State; Zip Code PO BOX 1106  SHERMAN, TX 75091
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</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
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/20/2026	Payee name SHERMAN UTILITY
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Amount (\$) \$49.64	Payee address; City; State; Zip Code PO BOX 1106  SHERMAN, TX 75091
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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
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/23/2026	Payee name WINRED
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Amount (\$) \$21.33	Payee address; City; State; Zip Code 1781 WILSON BLVS STE 350  ARLINGTON, VA 22209
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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
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F1: Sch: 5/8 Rpt: 13/16	<b>2</b>	FILER NAME Grayson County Republican Party (CEC)	<b>3</b>	Filer ID (Ethics Commission Filers) 00035364
<b>4</b>	Date 01/23/2026	<b>5</b>	Payee name WINRED		
<b>6</b>	Amount (\$) \$7.79	<b>7</b>	Payee address; City; State; Zip Code 1780 WILSON BLVS STE 350  ARLINGTON, VA 22209		
<b>8</b>	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</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		
<b>9</b>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Date 01/27/2026		Candidate/Officeholder name Office sought Office held		
	Amount (\$) \$1.03		Payee name WINRED  Payee address; City; State; Zip Code 1779 WILSON BLVS STE 350  ARLINGTON, VA 22209		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Date 01/30/2026		Candidate/Officeholder name Office sought Office held		
	Amount (\$) \$2.05		Payee name WINRED  Payee address; City; State; Zip Code 1778 WILSON BLVS STE 350  ARLINGTON, VA 22209		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH			

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F1: Sch: 6/8 Rpt: 14/16	<b>2</b> FILER NAME Grayson County Republican Party (CEC)	<b>3</b> Filer ID (Ethics Commission Filers) 00035364
<b>4</b>	Date 02/08/2026	<b>5</b> Payee name WINRED	
<b>6</b>	Amount (\$) \$0.99	<b>7</b> Payee address; City; State; Zip Code 1777 WILSON BLVS STE 350  ARLINGTON, VA 22209	
<b>8</b>	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</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
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Candidate/Officeholder name	Office sought	Office held
	Date 02/14/2026	Payee name WINRED	
	Amount (\$) \$1.03	Payee address; City; State; Zip Code 1776 WILSON BLVS STE 350  ARLINGTON, VA 22209	
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Candidate/Officeholder name	Office sought	Office held
	Date 02/15/2026	Payee name WINRED	
	Amount (\$) \$2.96	Payee address; City; State; Zip Code 1776 WILSON BLVS STE 350  ARLINGTON, VA 22209	
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-COMMERCE FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Candidate/Officeholder name	Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 7/8 Rpt: 15/16	<b>2</b> FILER NAME Grayson County Republican Party (CEC)	<b>3</b> Filer ID (Ethics Commission Filers) 00035364
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<b>4</b> Date 02/15/2026	<b>5</b> Payee name WINRED
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<b>6</b> Amount (\$) \$1.64	<b>7</b> Payee address; City; State; Zip Code 1776 WILSON BLVS STE 350  ARLINGTON, VA 22209
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</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
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/16/2026	Payee name WINRED
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Amount (\$) \$0.82	Payee address; City; State; Zip Code 1776 WILSON BLVS STE 350  ARLINGTON, VA 22209
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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
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/17/2026	Payee name WINRED
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Amount (\$) \$0.62	Payee address; City; State; Zip Code 1776 WILSON BLVS STE 350  ARLINGTON, VA 22209
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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
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 8/8 Rpt: 16/16	<b>2</b> FILER NAME Grayson County Republican Party (CEC)	<b>3</b> Filer ID (Ethics Commission Filers) 00035364
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<b>4</b> Date 02/17/2026	<b>5</b> Payee name WINRED
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<b>6</b> Amount (\$) \$1.03	<b>7</b> Payee address; City; State; Zip Code 1776 WILSON BLVS STE 350  ARLINGTON, VA 22209
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>E-COMMERCE FEES</b>
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/18/2026	Payee name WINRED
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Amount (\$) \$7.88	Payee address; City; State; Zip Code 1776 WILSON BLVS STE 350  ARLINGTON, VA 22209
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>E-COMMERCE FEES</b>
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/18/2026	Payee name WINRED
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Amount (\$) \$0.99	Payee address; City; State; Zip Code 1776 WILSON BLVS STE 350  ARLINGTON, VA 22209
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>E-COMMERCE FEES</b>
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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