

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed: **10**

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Mr. Kirk D
Grisham

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

4255 SH 30 West Houston TX 77056

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(936)

661-0634

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Mr. Kevin
Markham

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

8243 SH 75 South Houston TX

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(936)

661-0244

9 REPORT TYPE

- ☒ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (Officeholder Only)
☐ July 15 ☐ 8th day before election ☐ Exceeded Modified Reporting Limit ☐ Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

Month

Day

Year

12 / 1 / 2025 THROUGH 1 / 15 / 2026

11 ELECTION

ELECTION DATE

ELECTION TYPE

Month Day Year

☒ Primary

☐ Runoff

☐ Other Description

3 / 3 / 2026

☐ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Commissioner Pct 2

14 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

| | | |
|---------------------------------------|---|--|
| 15 C/OH NAME <u>Kirk D Grisham</u> | | 16 Filer ID (Ethics Commission Filers) |
| 17 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ <u>5900.00</u> |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE | \$ |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ <u>5563.27</u> |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ <u>4500.00</u> |

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

Kirk D Grisham

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

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

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

OR

(2) Unsworn Declaration

My name is Kirk D. Grisham, and my date of birth is 12-6-1970.
My address is 4255 SH 30 WEST, Humble, TX, 77340, USA.
(street) (city) (state) (zip code) (country)
Executed in Walker County, State of TEXAS, on the 15 day of January, 2026.
(month) (year)
Kirk D Grisham
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

| | | |
|---|---|--|
| 19 FILER NAME <i>Kirk D. Grisham</i> | | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ <i>5900.00</i> |
| 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 | \$ <i>4500.00</i> |
| 5. | <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ <i>5563.27</i> |
| 6. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 9. | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ |
| 10. | <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 11. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 12. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 2 |
| 2 FILER NAME Kirk D Grisham | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 12/14/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donald Peck | 7 Amount of contribution (\$) 500.00 |
| 6 Contributor address; City; State; Zip Code 1016 FM 405 Huntsville TX 77320 | | |
| 8 Principal occupation / Job title (See Instructions) Rancher | | 9 Employer (See Instructions) Self |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sidney Grisham | Amount of contribution (\$) 1000.00 |
| Contributor address; City; State; Zip Code PO BOX 276 Huntsville TX 77342 | | |
| Principal occupation / Job title (See Instructions) Rancher | | Employer (See Instructions) Self |
| Date 12/26/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mik Grisham | Amount of contribution (\$) 500.00 |
| Contributor address; City; State; Zip Code 288 FM 3147 HIASCO TX 76058 | | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 1/8/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kevin Morkhann | Amount of contribution (\$) 500.00 |
| Contributor address; City; State; Zip Code 8243 SH 75 Saddle Huntsville TX 77340 | | |
| Principal occupation / Job title (See Instructions) Home Builder | | Employer (See Instructions) Self |
| | | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements. | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 2 |
| 2 FILER NAME Kirk D. Grisham | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 1/12/2026 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sidney Grisham 6 Contributor address; City; State; Zip Code PO Box 276 Humboldt TX 77342 | 7 Amount of contribution (\$) 1000.00 |
| 8 Principal occupation / Job title (See Instructions) Rancher | | 9 Employer (See Instructions) Self |
| Date 1/12/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jerry Ellis Contributor address; City; State; Zip Code 80 Ellis Rd Humboldt TX 77340 | Amount of contribution (\$) 2000.00 |
| Principal occupation / Job title (See Instructions) Rancher | | Employer (See Instructions) Self |
| Date 1/14/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniel Bayes Contributor address; City; State; Zip Code 1624 Greenhills Humboldt TX 77340 | Amount of contribution (\$) 400.00 |
| Principal occupation / Job title (See Instructions) Director | | Employer (See Instructions) Bayes Achievement Center |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code | Amount of contribution (\$) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

1

2 FILER NAME

KIRK D GRIKHAM

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan

12/1/2025

7 Name of lender

☐ out-of-state PAC (ID#: _____)

KIRK D. GRIKHAM

9 Loan Amount (\$)

1000.00

6 Is lender a financial institution?

Y ☒ N

8 Lender address; City; State; Zip Code

4255 S H 30 W Huntville TX 77340

10 Interest rate

NA

11 Maturity date

NA

12 Principal occupation / Job title (See Instructions)

Contractor

13 Employer (See Instructions)

Self

14 Description of Collateral

☒ none

15

☒ Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address; City; State; Zip Code

☒ not applicable

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

12/18/2025

Name of lender

☐ out-of-state PAC (ID#: _____)

KIRK D. GRIKHAM

Loan Amount (\$)

3500.00

Is lender a financial institution?

Y ☒ N

Lender address; City; State; Zip Code

4255 S H 30 W Huntville TX 77340

Interest rate

NA

Maturity date

NA

Principal occupation / Job title (See Instructions)

Contractor

Employer (See Instructions)

Self

Description of Collateral

☒ none

☒ Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

☒ not applicable

Principal Occupation (See Instructions)

Contractor

Employer (See Instructions)

Self

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
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.

| | | |
|--|---|--|
| 1 Total pages Schedule F1: | 2 FILER NAME Kirk D. Grisham | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 12/24/2025 | 5 Payee name XX2 Signs | |
| 6 Amount (\$) 2459.98 | 7 Payee address: [REDACTED] City: HOUSTON State: TX Zip Code: 77032 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising | (b) Description Signs |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Candidate / Officeholder name | | |
| Office sought | | |
| Office held | | |
| Date 12/26/2025 | Payee name Advantage Specialties | |
| Amount (\$) 526.69 | Payee address: [REDACTED] City: Huntsville State: TX Zip Code: 77340 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising | Description tshirts |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Candidate / Officeholder name | | |
| Office sought | | |
| Office held | | |
| Date 1/2/2026 | Payee name Home Depot | |
| Amount (\$) 236.34 | Payee address: [REDACTED] City: Huntsville State: TX Zip Code: 77340 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising | Description Sign backer boards |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Candidate / Officeholder name | | |
| Office sought | | |
| Office held | | |

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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.

| | | | | | |
|---|--|---|--|---|--|
| 1 Total pages Schedule F1: | | 2 FILER NAME <i>Kirk D. Grisham</i> | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date <i>12/15/2025</i> | | 5 Payee name <i>Vista Print</i> | | | |
| 6 Amount (\$) <i>72.51</i> | | 7 Payee address; <i>Online; vistaprint.com</i> | | City; State; Zip Code | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) <i>Advertising</i> | | (b) Description <i>Business Contact Card</i> | |
| | | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date <i>12/11/2025</i> | | Payee name <i>WC Republican Party</i> | | | |
| Amount (\$) <i>750.00</i> | | Payee address; <i>(201 University Ave</i> | | City; State; Zip Code <i>Huntsville TX 77340</i> | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) <i>Fees</i> | | Description <i>Register to be on ballot</i> | |
| | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date <i>12/17/2025</i> | | Payee name <i>Harkland Clark</i> | | | |
| Amount (\$) <i>45.01</i> | | Payee address; <i>15955 La Cadera Pl</i> | | City; State; Zip Code <i>San Antonio TX 78256</i> | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) <i>Accounting / Banking</i> | | Description <i>checks</i> | |
| | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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.

| | | | |
|--|---|---------------------------------|---------------------------------------|
| 1 Total pages Schedule F1: | 2 FILER NAME Kirk D. Grisham | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 11/9/2026 | 5 Payee name xy2 Signs | | |
| 6 Amount (\$) 1472.74 | 7 Payee address; 1021 Aldine Border Rd | City; Humble Houston | State; Zip Code TX 77032 |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising | (b) Description Signs | |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | |
| Candidate / Officeholder name Office sought Office held | | | |
| Date | Payee name | | |
| Amount (\$) | Payee address; | City; | State; Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | |
| Candidate / Officeholder name Office sought Office held | | | |
| Date | Payee name | | |
| Amount (\$) | Payee address; | City; | State; Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | |
| Candidate / Officeholder name Office sought Office held | | | |

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