

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 Filer)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME MS / MRS / MR Mr. FIRST Kirk MI D NICKNAME LAST Grisham SUFFIX			FILED FOR RECORD OFFICE USE ONLY Date Received 11/10 O'CLOCK AM Kari French, Walker County, Texas Deputy of gk	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address ADDRESS / PO BOX: 1255 SH 30 West Hintersville TX 7744			APT / SUITE #: CITY: STATE: ZIP CODE (434) 661-0634	
5 CANDIDATE/ OFFICEHOLDER PHONE AREA CODE (434) PHONE NUMBER 661-0634 EXTENSION			Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME MS / MRS / MR Mr. FIRST Kevin MI NICKNAME LAST Markham SUFFIX			Receipt #	Amount \$
			Date Processed	
			Date Imaged	
7 CAMPAIGN TREASURER ADDRESS STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: 8243 SH 75 South Hintersville			STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE AREA CODE (434) PHONE NUMBER 661-0244 EXTENSION				
9 REPORT TYPE <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)				
10 PERIOD COVERED Month 12 Day 1 Year 2025 THROUGH			Month 1 Day 15 Year 2026	
11 ELECTION ELECTION DATE Month 3 Day 13 Year 2026			ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> 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.				
<input type="checkbox"/> Additional Pages		COMMITTEE TYPE COMMITTEE NAME <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS		

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME

Kirk D Grisham

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)

\$

5900.00

**EXPENDITURE
TOTALS**

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$

4. **TOTAL POLITICAL EXPENDITURES**

\$

5563.77

**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

\$

4500.00

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.



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 4225 SH 30 West, Humble, TX, 77340, USA.

(street)

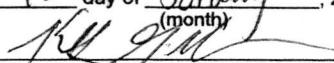
(city)

(state)

(zip code)

(country)

Executed in Walker County, State of Texas, on the 15 day of January, 2026.



Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME	<i>KinCP. Grishan</i>	
20 Filer ID (Ethics Commission Filers)		
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5900.00	
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	\$ 4500.00	
5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 563.27	
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.

<p>The Instruction Guide explains how to complete this form.</p>			<p>1 Total pages Schedule A1: <u>2</u></p>
<p>2 FILER NAME <u>Kirk D Grisham</u></p>			<p>3 Filer ID (Ethics Commission Filers)</p>
<p>4 Date <u>12/14/2025</u></p>	<p>5 Full name of contributor <u>Donald Peck</u></p>	<p><input type="checkbox"/> out-of-state PAC (ID#:</p>	<p>7 Amount of contribution (\$) <u>500.00</u></p>
	<p>6 Contributor address; <u>Box FM 405</u></p>	<p>City: <u>Huntsville</u> State: <u>TX</u> Zip Code <u>77320</u></p>	
<p>8 Principal occupation / Job title (See Instructions) <u>Rancher</u></p>		<p>9 Employer (See Instructions) <u>Self</u></p>	
<p>Date <u>12/15/2025</u></p>	<p>Full name of contributor <u>Sidney Grisham</u></p>	<p><input type="checkbox"/> out-of-state PAC (ID#:</p>	<p>Amount of contribution (\$) <u>1000.00</u></p>
	<p>Contributor address; <u>Po Box 276</u></p>	<p>City: <u>Huntsville</u> State: <u>TX</u> Zip Code <u>77342</u></p>	
<p>Principal occupation / Job title (See Instructions) <u>Rancher</u></p>		<p>Employer (See Instructions) <u>Self</u></p>	
<p>Date <u>12/26/2025</u></p>	<p>Full name of contributor <u>Milk Grisham</u></p>	<p><input type="checkbox"/> out-of-state PAC (ID#:</p>	<p>Amount of contribution (\$) <u>500.00</u></p>
	<p>Contributor address; <u>288 FM 3141</u></p>	<p>City: <u>Huntsville</u> State: <u>TX</u> Zip Code <u>76055</u></p>	
<p>Principal occupation / Job title (See Instructions) <u>Retired</u></p>		<p>Employer (See Instructions)</p>	
<p>Date <u>1/8/2026</u></p>	<p>Full name of contributor <u>Kevin Mukham</u></p>	<p><input type="checkbox"/> out-of-state PAC (ID#:</p>	<p>Amount of contribution (\$) <u>500.00</u></p>
	<p>Contributor address; <u>8243 SH 75 South Huntsville TX 77340</u></p>		
<p>Principal occupation / Job title (See Instructions) <u>Home Builder</u></p>		<p>Employer (See Instructions) <u>Self</u></p>	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule A1: <u>2</u></p>
<p>2 FILER NAME <u>Kirk D. Grisham</u></p>		<p>3 Filer ID (Ethics Commission Filers)</p>
<p>4 Date <u>1/12/2026</u></p>	<p>5 Full name of contributor <u>Sidney Grisham</u></p> <p>6 Contributor address; <u>POBOX 276</u> City; <u>Hinburn TX</u> State; <u>77342</u> Zip Code</p>	<p>7 Amount of contribution (\$) <u>1000.00</u></p>
<p>8 Principal occupation / Job title (See Instructions) <u>Rancher</u></p>		<p>9 Employer (See Instructions) <u>Self</u></p>
<p>Date</p>	<p>Full name of contributor <u>Jerry Ellison</u></p> <p>Contributor address; <u>80 Ellison Rd</u> City; <u>Hinburn TX</u> State; <u>77340</u> Zip Code</p>	<p>Amount of contribution (\$) <u>2000.00</u></p>
<p>Principal occupation / Job title (See Instructions) <u>Rancher</u></p>		<p>Employer (See Instructions) <u>Self</u></p>
<p>Date <u>1/14/2026</u></p>	<p>Full name of contributor <u>Daniel Bayes</u></p> <p>Contributor address; <u>624 Greenhur</u> City; <u>Hinburn TX</u> State; <u>77340</u> Zip Code</p>	<p>Amount of contribution (\$) <u>400.00</u></p>
<p>Principal occupation / Job title (See Instructions) <u>Director</u></p>		<p>Employer (See Instructions) <u>Bayes Achievement Center</u></p>
<p>Date</p>	<p>Full name of contributor</p> <p>Contributor address;</p>	<p>Amount of contribution (\$)</p>
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>

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 Grisham

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan

12/11/2025

7 Name of lender

out-of-state PAC (ID#:

Kirk D. Grisham

9 Loan Amount (\$)

1000.00

6 Is lender a financial institution?

Y N

8 Lender address:

City:

State:

Zip Code

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 (\$)

not applicable

18 Guarantor address:

City:

State:

Zip Code

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. Grisham

Loan Amount (\$)

3500.00

Is lender a financial institution?

Y N

Lender address:

City:

State:

Zip Code

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 (\$)

not applicable

Guarantor address:

City:

State:

Zip Code

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 <i>KIRK D. Grisham</i>	3 Filer ID (Ethics Commission Filers)	
4 Date <i>12/24/2025</i>	5 Payee name <i>XX2 Signs</i>		
6 Amount (\$) <i>2459.98</i>	7 Payee address: <i>1021 Alain Bender Rd</i>	City: <i>Houston</i> State: <i>TX</i> Zip Code <i>77032</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>	(b) Description <i>Signs</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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date <i>12/26/2025</i>	Payee name <i>Advantage Specialties</i>		
Amount (\$) <i>526.69</i>	Payee address: <i>52 SH 97</i>	City: <i>Humble</i> State: <i>TX</i> Zip Code <i>77340</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>tshirts</i>	
	<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 <i>1/21/2026</i>	Payee name <i>Home Depot</i>		
Amount (\$) <i>236.34</i>	Payee address: <i>213 145 Franklin Rd N</i>	City: <i>Austin</i> State: <i>TX</i> Zip Code <i>77340</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>Sign backer boards</i>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <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
<input type="checkbox"/> Check if individual's residence address.		
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 <u>ONLY</u> 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>Houston TX 77340</i>
<input type="checkbox"/> Check if individual's residence address.		
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 <u>ONLY</u> 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 Catedra Plaza</i>	City; State; Zip Code <i>San Antonio TX 78254</i>
<input type="checkbox"/> Check if individual's residence address.		
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 <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Kirk D. Grishan</i>	3 Filer ID (Ethics Commission Filers)		
4 Date <i>11/9/2026</i>	5 Payee name <i>XYZ Signs</i>			
6 Amount (\$) <i>1472.74</i>	7 Payee address; <i>1021 Aldine Bender Rd.</i>	City: <i>Houston</i> State: <i>TX</i> Zip Code <i>77032</i>		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>	(b) Description <i>Signs</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 <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
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				