

FORM C/OH
COVER SHEET PG 1

Revised 1/1/2026

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: 1		2 FILER NAME Grady Trey Spikes		3 Filer ID (Ethics Commission Filers)				
4 Date 10/27/2025		5 Payee name Conroe Noon Lions Club						
6 Amount (\$) 1,000.00		7 Payee address; City; State; Zip Code 1106 Wilson Road, Conroe, Texas 77304 <small>Check if individual's residence address.</small>						
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other		(b) Description Membership					
	(c) <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>							
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table border="0" style="width:100%"><tr><td style="width:50%">Candidate / Officeholder name</td><td style="width:25%">Office sought</td><td style="width:25%">Office held</td></tr></table>						Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held						
Date 11/14/2025		Payee name Montgomery County Republican Party						
Amount (\$) 1,100.00		Payee address; City; State; Zip Code 18001 Hwy 105 W, Ste. 101 Montgomery, Texas 77304 <small>Check if individual's residence address.</small>						
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other		Description primary election filing fee					
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>							
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table border="0" style="width:100%"><tr><td style="width:50%">Candidate / Officeholder name</td><td style="width:25%">Office sought</td><td style="width:25%">Office held</td></tr></table>						Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held						
Date		Payee name						
Amount (\$)		Payee address; City; State; Zip Code <small>Check if individual's residence address.</small>						
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description					
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>							
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table border="0" style="width:100%"><tr><td style="width:50%">Candidate / Officeholder name</td><td style="width:25%">Office sought</td><td style="width:25%">Office held</td></tr></table>						Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held						

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME
Grady Trey Spikes

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)

\$

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 2,100.00

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

\$ 3,144.17

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

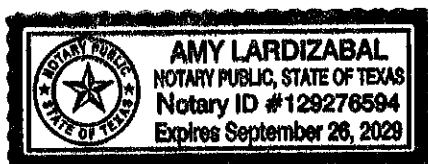
\$

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 G. Trey Spikes this the 14th day of January, 2020, 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 _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)