

APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA

PG 1

See CTA Instruction Guide for detailed instructions.					1 Total pages filed:
2 CANDIDATE NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY Filer ID # FILED Date Received KELLY RATLIFF COUNTY CLERK DEC 08 2025 12:05 pm HUTCHINSON COUNTY, TEXAS By K Ratliff DEPUTY Date Hand Delivered or Postmarked	
	NICKNAME	LAST	SUFFIX		
3 CANDIDATE MAILING ADDRESS	ADDRESS / PO BOX,	APT / SUITE #:	CITY,	STATE,	ZIP CODE
4 CANDIDATE PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
5 OFFICE HELD (if any)					
6 OFFICE SOUGHT (if known)	Hutchinson County Justice of the Peace Precinct 1				
7 CAMPAIGN TREASURER NAME	MS/MRS/MR	FIRST	MI	NICKNAME	LAST
		Gracey	L		Durham
8 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	STREET ADDRESS: APT / SUITE #: CITY: STATE: ZIP CODE				
9 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
10 CANDIDATE SIGNATURE	<p>I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.</p> <p>I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.</p> <p>I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.</p>				
	Gracey Durham			12/08/2025	
	Signature of Candidate			Date Signed	
GO TO PAGE 2					

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:		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST <i>Gracey</i>	MI <i>L</i>	OFFICE USE ONLY Date Received FILED KELLY RATLIFF COUNTY CLERK JAN 14 2026 1:00 PM HUTCHINSON COUNTY, TEXAS BY K. Ratliff DEPUTY Date Hand-delivered or Date Postmarked		
	NICKNAME	LAST <i>Durham</i>	SUFFIX			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE: ZIP CODE		
<input type="checkbox"/> Change of Address						
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
<input type="checkbox"/>						
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST <i>Gracey</i>	MI <i>L</i>	Receipt # <input type="text"/> Amount \$ <input type="text"/> Date Processed Date Imaged		
	NICKNAME	LAST <i>Durham</i>	SUFFIX			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #:			CITY: STATE: ZIP CODE		
<input type="checkbox"/>						
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
<input type="checkbox"/>						
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 <i>12</i>	Day <i>08</i>	Year <i>2025</i>	Month <i>01</i>	Day <i>14</i>	Year <i>2026</i>
11 ELECTION	ELECTION DATE <i>03/03/2026</i>	Month <i>03</i>	Day <i>03</i>	Year <i>2026</i>	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) <i>Precinct 1 Hutchinson County Justice of the Peace</i>		
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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME				
		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	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)	\$ 20,500.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 14,629.92
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS		

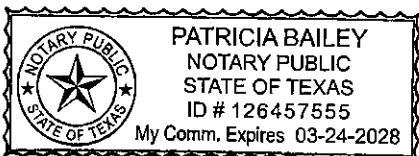
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Gracey Durham this the 14th day of January,
20 26, to certify which, witness my hand and seal of office.

Patricia Bailey
Signature of officer administering oath

Patricia Bailey
Printed name of officer administering oath

Notary
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)

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

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
Gracey Durham	
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 20,500.00
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	\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 14,544.92
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 checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 85.06
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 FILER NAME <i>Gracey Durham</i>			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <i>Lynn Cooper</i>	<input type="checkbox"/> out-of-state PAC (ID#:)	7 Amount of contribution (\$) <i>\$20,500.00</i>
	6 Contributor address; <i>8575 SH-136 Fritch, TX 79036</i>	City; State; Zip Code	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date	Full name of contributor	<input type="checkbox"/> out-of-state PAC (ID#:)	Amount of contribution (\$)
	Contributor address;	City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor	<input type="checkbox"/> out-of-state PAC (ID#:)	Amount of contribution (\$)
	Contributor address;	City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor	<input type="checkbox"/> out-of-state PAC (ID#:)	Amount of contribution (\$)
	Contributor address;	City; State; Zip Code	
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.			

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
Gracey Durham			
4 Date	5 Payee name		
12/17/2025	Hutchinson County Tax Office Stinnett, TX 79083		
6 Amount (\$)	7 Payee address:	City: State: Zip Code	
\$25.00	P.O. Box 989	Stinnett TX 79083	
<input type="checkbox"/> Reimbursement from political contributions intended			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	Advertising Expense	Voter list	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9	Candidate / Officeholder name	Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date	Payee name		
Jason Richardson - HutchCoPdcst			
Amount (\$)	Payee address;	City:	State: Zip Code
\$60.00	1006 Keith Drive	Borger	TX 79007
<input type="checkbox"/> Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Advertising Expense	Podcast Interview	
<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
<input type="checkbox"/> Reimbursement from political contributions intended			
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

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(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
	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 F4:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$	
5 Date	6 Payee name		
7 Amount (\$)	8 Payee address;	City; State; Zip Code	
9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political		
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
11 Candidate / Officeholder name		Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political		
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		
Candidate / Officeholder name		Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
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
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	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address:	City: State: Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description 2" Round Custom Buttons
	(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	
01/06/2026	Canva	
Amount (\$)	Payee address:	City: State: Zip Code
\$411.35	Building 1, level 3 3212 E Cesar Chavez St	Austin Tx 78702-4938
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Posters, Door Hanger, and business cards
	<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	
01/02/2026	The Ink Spot Graphics Co.	
Amount (\$)	Payee address:	City: State: Zip Code
\$141.49	1 W. Deer Valley Rd	Phoenix AZ 85027
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Pens
	<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		

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:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS			\$
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#:	9 Loan Amount (\$)	
6 Is lender a financial Institution? Y N	8 Lender address; City; State; Zip Code	10 Interest rate 11 Maturity date	
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)	
14 Description of Collateral <input type="checkbox"/> none		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)	
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)	
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#:	Loan Amount (\$)	
Is lender a financial Institution? Y N	Lender address; City; State; Zip Code	Interest rate Maturity date	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)	
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)	
Principal Occupation (See Instructions)		Employer (See Instructions)	

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>Gracey Durham</i>	3 Filer ID (Ethics Commission Filers)		
4 Date <i>01/06/2026</i>	5 Payee name <i>Lindmark</i>	6 Amount (\$) <i>\$6,134.86</i>	7 Payee address: <i>2700 Technology Place Norman OK 73071</i>	City: State: Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description <i>6'x12' 10'x32' 8'x16' 9'x19'2" 10'x28'</i> <i>6'x12' Billboards</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>12/30/2025</i>	Payee name <i>Super Cheap Signs</i>			
Amount (\$) <i>\$7,720.18</i>	Payee address: <i>12800 Anderson Mill Rd Building D-1 Cedar Park TX 78613</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>18" x 24" signs 19" x 24" car magnets Wire stakes 4' x 8' Vinyl Banners</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	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 ONLY if direct expenditure to benefit C/OH	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 1

The C/OH Instruction Guide explains how to complete this form.			1 Filer ID (Ethics Commission Filers)	2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST <i>Gracey</i>	MI <i>L</i>	OFFICE USE ONLY Date Received FILED KELLY RATLIFF COUNTY CLERK JAN 29 2026 2:18pm HUTCHINSON COUNTY, TEXAS BY <i>K. Ratliff</i> DEPUTY Date Hand-delivered or Date Postmarked		
	NICKNAME	LAST <i>Durham</i>	SUFFIX			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX,	APT / SUITE #:	CITY:	STATE: ZIP CODE		
<input type="checkbox"/> Change of Address						
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
<input type="checkbox"/>						
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST <i>Gracey</i>	MI <i>L</i>	Receipt # <input type="text"/> Amount \$ <input type="text"/> Date Processed Date Imaged		
	NICKNAME	LAST <i>Durham</i>	SUFFIX			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #:			STATE; ZIP CODE		
<input type="checkbox"/>						
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
<input type="checkbox"/>						
9 REPORT TYPE	<input type="checkbox"/> January 15	<input checked="" 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 <i>01</i>	Day <i>16</i>	Year <i>2026</i>	Month <i>01</i>	Day <i>29</i>	Year <i>2026</i>
11 ELECTION	Month <i>03</i>	Day <i>03</i>	Year <i>2026</i>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Runoff <input type="checkbox"/> Special <input type="checkbox"/> Other Description		
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known) <i>Hutchinson County Justice of the Peace Precinct 1</i>		
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	COMMITTEE ADDRESS			
		<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME			
			COMMITTEE CAMPAIGN TREASURER ADDRESS			

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

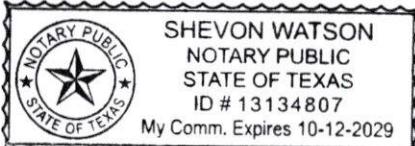
15 C/OH NAME	16 Filer ID (Ethics Commission Filers)	
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,718.98
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS		

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 Gracey Durham this the 29th day of January,
20 26, to certify which, witness my hand and seal of office.

Shevon Watson

Signature of officer administering oath

Shevon Watson

Printed name of officer administering oath

Court Administrator

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)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME**

Gracey Durham

20 Filer ID (Ethics Commission Filers)**21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1. <input type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
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 MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,718.98
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 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor 6 Contributor address; City; State; Zip Code	<input type="checkbox"/> out-of-state PAC (ID#:)	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date	Full name of contributor Contributor address; City; State; Zip Code	<input type="checkbox"/> out-of-state PAC (ID#:)	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor Contributor address; City; State; Zip Code	<input type="checkbox"/> out-of-state PAC (ID#:)	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor Contributor address; City; State; Zip Code	<input type="checkbox"/> out-of-state PAC (ID#:)	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:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS			\$
5 Date of loan:	7 Name of lender	<input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial institution?	8 Lender address; City; State; Zip Code		10 Interest rate
Y N			11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)	
14 Description of Collateral		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)	
<input type="checkbox"/> none <input type="checkbox"/> not applicable			
16 GUARANTOR INFORMATION		17 Name of guarantor	19 Amount Guaranteed (\$)
		18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)	
Date of loan	Name of lender	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution?	Lender address; City; State; Zip Code		Interest rate
Y N			Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Description of Collateral		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)	
<input type="checkbox"/> none			
GUARANTOR INFORMATION		Name of guarantor	
		Guarantor address; City; State; Zip Code	
<input type="checkbox"/> not applicable			
Principal Occupation (See Instructions)		Employer (See Instructions)	

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	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	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address;	City; State; Zip Code
\$97.20	336 Forest Ave Amsterdam, NY 12010	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Advertising	Car Magnets
(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
Date	Payee name	
01/20/2020	Canva	
Amount (\$)	Payee address;	City; State; Zip Code
\$101.76	Building 1, Level 3 3212 E Cesar Chavez St	Austin, TX 78702-4938
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Advertising	Brochures
<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
Date	Payee name	
01/21/2020	Super Cheap Signs	
Amount (\$)	Payee address;	City; State; Zip Code
\$880.02	12800 Anderson Mill Rd BLDG D-1	Cedar Park TX 78613
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Advertising	Banners
<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	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address;	City; State; Zip Code		
\$ 640.00	Po Box 1810 Fritch, TX 79036-1810			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	Advertising	Newspaper Ad		
(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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