

# GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC  
COVER SHEET PG 1

<b>The GPAC Instruction Guide explains how to complete this form.</b>		<b>1 Filer ID</b> (Ethics Commission Filers) 00082879	<b>2 Total pages filed:</b> 11
<b>3 COMMITTEE NAME</b> Texas Democratic Women of Rural North Texas		<b>OFFICE USE ONLY</b>	
		Date Received ELECTRONICALLY FILED 07/15/2024	
		Date Hand-delivered or Date Postmarked	
		Receipt #	Amount
		Date Processed	
		Date Imaged	
<b>4 COMMITTEE ADDRESS</b>  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO BOX 695  Decatur, TX 76234		
<b>5 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR	FIRST	MI
		Mary	
	NICKNAME	LAST	SUFFIX
		Matthews	
<b>6 CAMPAIGN TREASURER STREET ADDRESS</b>  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 523 Audra Circle  Rhome, TX 76078		
<b>7 CAMPAIGN TREASURER MAILING ADDRESS</b>  <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 523 Audra Circle  Rhome, TX 76078		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE	PHONE NUMBER	EXTENSION
	(972)	489-7865	
<b>9 REPORT TYPE</b>	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff		
<b>10 PERIOD COVERED</b>	Month Day Year      THROUGH      Month Day Year 01/01/2024      06/30/2024		
<b>11 ELECTION</b>	ELECTION DATE Month Day Year 11/05/2024	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	

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# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**  
COVER SHEET PG 2

<b>12 COMMITTEE NAME</b> Texas Democratic Women of Rural North Texas	<b>13 Filer ID</b> (Ethics Commission Filers) 00082879
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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
		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)	\$	621.55
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$	0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$	0.00
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$	0.00
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.

Mary Matthews  
\_\_\_\_\_  
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 - GPAC

<b>17 COMMITTEE NAME</b> Texas Democratic Women of Rural North Texas		<b>18 Filer ID</b> (Ethics Commission Filers) 00082879
<b>19 SCHEDULE SUBTOTALS</b>		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
1. <input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 621.55
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 C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5. <input type="checkbox"/>	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6. <input type="checkbox"/>	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7. <input type="checkbox"/>	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8. <input type="checkbox"/>	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9. <input type="checkbox"/>	SCHEDULE E: LOANS	\$
10. <input type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
11. <input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12. <input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13. <input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14. <input checked="" type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 744.19
15. <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: 1/3 Rpt: 4/11
<b>2</b> FILER NAME Texas Democratic Women of Rural North Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00082879
<b>4</b> Date 01/12/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dyson, Deborah <hr/> <b>6</b> Contributor address; City; State; Zip Code  Rhome, TX 76078	<b>7</b> Amount of Contribution (\$)  \$20.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 02/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dyson, Deborah <hr/> Contributor address; City; State; Zip Code  Rhome, TX 76078	Amount of Contribution (\$)  \$57.63
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 04/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dyson, Deborah <hr/> Contributor address; City; State; Zip Code  Rhome, TX 76078	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Guillory, Mary <hr/> Contributor address; City; State; Zip Code  Rhome, TX 76078	Amount of Contribution (\$)  \$45.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Guillory, Mary <hr/> Contributor address; City; State; Zip Code  Rhome, TX 76078	Amount of Contribution (\$)  \$140.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/3 Rpt: 5/11
<b>2</b> FILER NAME Texas Democratic Women of Rural North Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00082879
<b>4</b> Date 05/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Howell, Natasha <hr/> <b>6</b> Contributor address; City; State; Zip Code  Bridgeport, TX 76426	<b>7</b> Amount of Contribution (\$)  \$15.00
<b>8</b> Principal occupation / Job title (See Instructions) AVP Senior Loan Specialist		<b>9</b> Employer (See Instructions) CitiBank
Date 01/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mabens, Denise <hr/> Contributor address; City; State; Zip Code  Burleson, TX 76028	Amount of Contribution (\$)  \$38.42
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 05/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mabens, Denise <hr/> Contributor address; City; State; Zip Code  Burleson, TX 76028	Amount of Contribution (\$)  \$146.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 05/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sennenger, Fletcher <hr/> Contributor address; City; State; Zip Code  Ft Worth, TX 76108	Amount of Contribution (\$)  \$9.50
Principal occupation / Job title (See Instructions) Line Worker		Employer (See Instructions) Lockheed
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wells, Lena <hr/> Contributor address; City; State; Zip Code  Bridgeport, TX 76426	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/3 Rpt: 6/11
<b>2</b> FILER NAME Texas Democratic Women of Rural North Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00082879
<b>4</b> Date 04/23/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wells, Lena <hr/> <b>6</b> Contributor address; City; State; Zip Code  Bridgeport, TX 76426	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I: Sch: 1/5 Rpt: 7/11	<b>2</b> FILER NAME Texas Democratic Women of Rural North Texas	<b>3</b> Filer ID (Ethics Commission Filers) 00082879
<b>4</b> Date 04/10/2024	<b>5</b> Payee name ACH Merchant Service	
<b>6</b> Amount (\$) 10.00 <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee Address; City; State; Zip 717 W. Bailey Boswell Rd Saginaw, TX 76101	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Fees	<b>(b)</b> Description (See instructions regarding type of information required.) Recurring for card machine
Date 05/02/2024	Payee name ACH Merchant Service	
Amount (\$) 10.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 717 W. Bailey Boswell Rd Saginaw, TX 76101	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Fees	<b>(b)</b> Description (See instructions regarding type of information required.) Recurring payment for card machine
Date 06/03/2024	Payee name ACH Merchant Service	
Amount (\$) 11.15 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 717 W. Bailey Boswell Rd Saginaw, TX 76101	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Fees	<b>(b)</b> Description (See instructions regarding type of information required.) Recurring payment for card machine
Date 04/05/2024	Payee name Decatur Railyard	
Amount (\$) 25.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 205 N Newark St Decatur, TX 76234	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Event Expense	<b>(b)</b> Description (See instructions regarding type of information required.) Payment for booth space

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 2/5 Rpt: 8/11	2 FILER NAME Texas Democratic Women of Rural North Texas	3 Filer ID (Ethics Commission Filers) 00082879
4 Date 03/31/2024	5 Payee name EECU	
6 Amount (\$) 10.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 717 E Bailey Boswell Rd Saginaw, TX 76179	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Service Fees
Date 04/30/2024	Payee name EECU	
Amount (\$) 10.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 717 E Bailey Boswell Rd Saginaw, TX 76179	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Service fees
Date 01/19/2024	Payee name HP Instant Ink	
Amount (\$) 12.98 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 3400 Hanover St Indianapolis, IN 46268	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Recurring payment for ink
Date 02/19/2024	Payee name HP Instant Ink	
Amount (\$) 12.98 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 3400 Hanover St Indianapolis, IN 46268	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Recurring payment for ink



# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I: Sch: 3/5 Rpt: 9/11		<b>2</b> FILER NAME Texas Democratic Women of Rural North Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00082879	
<b>4</b> Date 03/19/2024		<b>5</b> Payee name HP Instant Ink			
<b>6</b> Amount (\$) 15.14 <input type="checkbox"/> Expenditure from corporate funds		<b>7</b> Payee Address; City; State; Zip 3400 Hanover St Indianapolis, IN 46268			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See instructions for examples of acceptable categories) Fees		<b>(b)</b> Description (See instructions regarding type of information required.) Recurring payment for ink	
Date 04/19/2024		Payee name HP Instant Ink			
Amount (\$) 15.14 <input type="checkbox"/> Expenditure from corporate funds		Payee Address; City; State; Zip 3400 Hanover St Indianapolis, IN 46268			
PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See instructions for examples of acceptable categories) Fees		<b>(b)</b> Description (See instructions regarding type of information required.) Recurring payment for ink	
Date 05/19/2024		Payee name HP Instant Ink			
Amount (\$) 15.14 <input type="checkbox"/> Expenditure from corporate funds		Payee Address; City; State; Zip 3400 Hanover St Indianapolis, IN 46268			
PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See instructions for examples of acceptable categories) Fees		<b>(b)</b> Description (See instructions regarding type of information required.) Recurring payment for ink	
Date 06/19/2024		Payee name HP Instant Ink			
Amount (\$) 15.14 <input type="checkbox"/> Expenditure from corporate funds		Payee Address; City; State; Zip 3400 Hanover St Indianapolis, IN 46268			
PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See instructions for examples of acceptable categories) Fees		<b>(b)</b> Description (See instructions regarding type of information required.) Recurring payment for ink	

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 4/5 Rpt:	2 FILER NAME Texas Democratic Women of Rural North Texas	3 Filer ID (Ethics Commission Filers) 00082879
4 Date 01/10/2024	5 Payee name TDW	
6 Amount (\$) 110.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip PO Box 301411 Austin, TX 78703	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See instructions for examples of acceptable categories) Dues	(b) Description (See instructions regarding type of information required.) Membership dues to State
Date 02/08/2024	Payee name TDW	
Amount (\$) 30.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip PO Box 301411 Austin, TX 78703	
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Membership dues to State
Date 01/05/2024	Payee name USPS	
Amount (\$) 83.66 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 206 E. Walnut St Decatur, TX 76234	
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Post Office Box
Date 03/04/2024	Payee name Vista Print	
Amount (\$) 345.38 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 275 Wyman St Walham, ME 02451	
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See instructions for examples of acceptable categories) Web Service	(b) Description (See instructions regarding type of information required.) Payment for web page domain

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 5/5 Rpt:	2 FILER NAME Texas Democratic Women of Rural North Texas	3 Filer ID (Ethics Commission Filers) 00082879
4 Date 06/06/2024	5 Payee name Vista Print	
6 Amount (\$)  0.48  <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 275 Wyman St  Walham, ME 02451	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Web page
Date 03/06/2024	Payee name Walmart	
Amount (\$)  12.00  <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 800 S US HWY 81/287  Decatur, TX 76234	
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See instructions for examples of acceptable categories) Paper	(b) Description (See instructions regarding type of information required.) Bought paper for printer