

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC
COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00082879	2 Total pages filed: 11
3 COMMITTEE NAME Texas Democratic Women of Rural North Texas		OFFICE USE ONLY	
		Date Received ELECTRONICALLY FILED 01/15/2025	
		Date Hand-delivered or Date Postmarked	
		Receipt #	Amount
		Date Processed	
		Date Imaged	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO BOX 695 Decatur, TX 76234		
	5 CAMPAIGN TREASURER NAME MS / MRS / MR FIRST MI Mary ----- NICKNAME LAST SUFFIX Matthews		
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 523 Audra Circle Rhome, TX 76078		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 523 Audra Circle Rhome, TX 76078		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (972) 489-7865		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff		
10 PERIOD COVERED	Month Day Year Month Day Year 07/01/2024 THROUGH 12/31/2024		
11 ELECTION	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

12 COMMITTEE NAME Texas Democratic Women of Rural North Texas	13 Filer ID (Ethics Commission Filers) 00082879
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,466.78
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,207.79
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 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

17 COMMITTEE NAME Texas Democratic Women of Rural North Texas	18 Filer ID (Ethics Commission Filers) 00082879
19 SCHEDULE SUBTOTALS	
NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,466.78
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	\$ 805.98
15. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/3 Rpt: 4/11
2 FILER NAME Texas Democratic Women of Rural North Texas		3 Filer ID (Ethics Commission Filers) 00082879
4 Date 11/06/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dyson, Deborah <hr/> 6 Contributor address; City; State; Zip Code Rhome, TX 76078	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Packer		9 Employer (See Instructions) Amazon
Date 12/10/2024	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) Packer		Employer (See Instructions) Amazon
Date 07/01/2024	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 (\$) \$130.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hull, Megan (Ms.) <hr/> Contributor address; City; State; Zip Code Washington, DC 20037	Amount of Contribution (\$) \$480.25
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 09/16/2024	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 (\$) \$310.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/3 Rpt: 5/11
2 FILER NAME Texas Democratic Women of Rural North Texas		3 Filer ID (Ethics Commission Filers) 00082879
4 Date 07/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Merchant Service	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Saginaw, TX 76179		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Merchant Service	Amount of Contribution (\$) \$1.89
Contributor address; City; State; Zip Code Saginaw, TX 76179		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Merchant Service	Amount of Contribution (\$) \$57.00
Contributor address; City; State; Zip Code Saginaw, TX 76179		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Merchant Service	Amount of Contribution (\$) \$80.00
Contributor address; City; State; Zip Code Saginaw, TX 76179		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Merchant Service	Amount of Contribution (\$) \$186.00
Contributor address; City; State; Zip Code Saginaw, TX 76179		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/3 Rpt: 6/11
2 FILER NAME Texas Democratic Women of Rural North Texas		3 Filer ID (Ethics Commission Filers) 00082879
4 Date 09/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PayPal 6 Contributor address; City; State; Zip Code San Jose, CA 95131	7 Amount of Contribution (\$) \$11.64
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wells, Lena Contributor address; City; State; Zip Code Bridgeport, TX 76426	Amount of Contribution (\$) \$140.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 1/5 Rpt: 7/11	2 FILER NAME Texas Democratic Women of Rural North Texas	3 Filer ID (Ethics Commission Filers) 00082879
4 Date 09/11/2024	5 Payee name Amazon	
6 Amount (\$) 200.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 410 Terry Ave. N. Seattle, WA 98108	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Gift Card	(b) Description (See instructions regarding type of information required.) For member
Date 07/19/2024	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	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Printer Ink
Date 08/19/2024	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	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Printer Ink
Date 09/19/2024	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	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Printer 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: 2/5 Rpt: 8/11	2 FILER NAME Texas Democratic Women of Rural North Texas	3 Filer ID (Ethics Commission Filers) 00082879
4 Date 10/23/2024	5 Payee name HP Instant Ink	
6 Amount (\$) 15.14 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 3400 Hanover St Indianapolis, IN 46268	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Printer Ink
Date 11/24/2024	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	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Printer Ink
Date 12/19/2024	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	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Printer Ink
Date 11/13/2024	Payee name La Familia	
Amount (\$) 40.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 6029 Kimberly Ct Haltom City, TX 76137	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Booth cost

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 3/5 Rpt: 9/11	2 FILER NAME Texas Democratic Women of Rural North Texas	3 Filer ID (Ethics Commission Filers) 00082879
4 Date 07/02/2024	5 Payee name Merchant Service	
6 Amount (\$) 10.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 717 W. Bailey Boswell Rd Saginaw, TX 76101	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Card Machine
Date 08/02/2024	Payee name Merchant Service	
Amount (\$) 10.99 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 717 W. Bailey Boswell Rd Saginaw, TX 76101	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Card Machine
Date 09/03/2024	Payee name Merchant Service	
Amount (\$) 10.16 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 717 W. Bailey Boswell Rd Saginaw, TX 76101	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Card Machine
Date 10/02/2024	Payee name 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	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Card Machine

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 11/04/2024	5 Payee name Merchant Service	
6 Amount (\$) 12.59 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 717 W. Bailey Boswell Rd Saginaw, TX 76101	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Card Machine
Date 12/02/2024	Payee name 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	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Card Machine
Date 12/25/2024	Payee name Microsoft	
Amount (\$) 54.11 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1 Microsoft Way Redmond, WA 98052-6399	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Microsoft Fee
Date 12/26/2024	Payee name Microsoft	
Amount (\$) 108.24 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1 Microsoft Way Redmond, WA 98052-6399	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Fee for Microsoft 365

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 07/09/2024	5 Payee name TDW of Parker County	
6 Amount (\$) 45.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 225 College Park Dr. Weatherford, TX 76086	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Fee for TDW Retreat
Date 07/17/2024	Payee name USPS	
Amount (\$) 116.53 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 206 E. Walnut St Decatur, TX 76234	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Post Office Box fees for PO Box, mailing, and late fees
Date 12/11/2024	Payee name USPS	
Amount (\$) 85.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 206 E. Walnut St Decatur, TX 76234	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Post Office Box
Date 08/07/2024	Payee name Vista Print	
Amount (\$) 2.52 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 275 Wyman St Walham, ME 02451	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Web