

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) 00016500	2 Total pages filed: 5	
3 COMMITTEE NAME Texas Thoroughbred Breeders' Association PAC			OFFICE USE ONLY Date Received ELECTRONICALLY FILED 07/11/2025 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
4 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 192 Cimarron Park Loop, Suite A Buda, TX 78610-3085			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Ms. Mary K. NICKNAME LAST SUFFIX Ruyle			
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 192 Cimarron Park Loop, Suite A Buda, TX 78610-3085			
7 CAMPAIGN TREASURER MAILING ADDRESS	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 192 Cimarron Park Loop, Suite A Buda, TX 78610-3085			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 458-6133			
9 REPORT TYPE	<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 checked="" type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff			
10 PERIOD COVERED	Month Day Year 01/01/2025		Month Day Year THROUGH 06/30/2025	
11 ELECTION	ELECTION DATE Month Day Year	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input 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 Thoroughbred Breeders' Association PAC		13 Filer ID (Ethics Commission Filers) 00016500
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 checked="checked" 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)	\$ 368.54
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	\$ 8,971.30
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00
16 AFFIDAVIT <div style="text-align: center; margin-top: 100px;">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.</div> <div style="text-align: center; margin-top: 50px;">Ms. Mary K. Ruyle _____ Signature of Campaign Treasurer</div> <div style="margin-top: 50px;">AFFIX NOTARY STAMP / SEAL ABOVE</div> <div style="margin-top: 20px;">Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.</div> <div style="margin-top: 50px; display: flex; justify-content: space-between;"><div>_____ Signature of officer administering oath</div><div>_____ Printed name of officer administering oath</div><div>_____ Title of officer administering oath</div></div>		

SUBTOTALS - GPAC**FORM GPAC**
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17 COMMITTEE NAME Texas Thoroughbred Breeders' Association PAC		18 Filer ID (Ethics Commission Filers) 00016500
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 50.00
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 C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input checked="" type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$ 318.54
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 type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
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: 1/1 Rpt: 4/5
2 FILER NAME Texas Thoroughbred Breeders' Association PAC		3 Filer ID (Ethics Commission Filers) 00016500
4 Date 06/23/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barnett, Carolyn (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Pollok, TX 75969	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Self
Date 06/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Farris D.C., Gearald (Dr.) <hr/> Contributor address; City; State; Zip Code Longview, TX 75604	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Chiropractor		Employer (See Instructions) Self

NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C2: Sch: 1/1 Rpt: 5/5	
2 FILER NAME Texas Thoroughbred Breeders' Association PAC		3 Filer ID (Ethics Commission Filers) 00016500	
4 Date 01/31/2025	5 Corporation / Labor Organization name TEXAS THOROUGHBRED ASSOCIATION <hr/> 6 Corporation / Labor Organization address; City; State; Zip Code Buda, TX 78610	7 Amount of contribution(\$) \$53.09 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	8 In-kind contribution description Administrative Costs
Date 02/28/2025	Corporation / Labor Organization name TEXAS THOROUGHBRED ASSOCIATION <hr/> Corporation / Labor Organization address; City; State; Zip Code Buda, TX 78610	Amount of contribution(\$) \$53.09 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	In-kind contribution description Administrative Costs
Date 03/31/2025	Corporation / Labor Organization name TEXAS THOROUGHBRED ASSOCIATION <hr/> Corporation / Labor Organization address; City; State; Zip Code Buda, TX 78610	Amount of contribution(\$) \$53.09 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	In-kind contribution description Administrative Costs
Date 04/30/2025	Corporation / Labor Organization name TEXAS THOROUGHBRED ASSOCIATION <hr/> Corporation / Labor Organization address; City; State; Zip Code Buda, TX 78610	Amount of contribution(\$) \$53.09 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	In-kind contribution description Administrative Costs
Date 05/31/2025	Corporation / Labor Organization name TEXAS THOROUGHBRED ASSOCIATION <hr/> Corporation / Labor Organization address; City; State; Zip Code Buda, TX 78610	Amount of contribution(\$) \$53.09 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	In-kind contribution description Administrative Costs
Date 06/30/2025	Corporation / Labor Organization name TEXAS THOROUGHBRED ASSOCIATION <hr/> Corporation / Labor Organization address; City; State; Zip Code Buda, TX 78610	Amount of contribution(\$) \$53.09 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	In-kind contribution description Administrative Costs