FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00086883 3 COMMITTEE NAME **OFFICE USE ONLY** Secular Democrats of Texas Date Received **ELECTRONICALLY FILED** 07/12/2025 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 1413 Cambridge Date Hand-delivered or Date Postmarked Change of Address Denton, TX 76209 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Sandy NAME NICKNAME LAST **SUFFIX** Swan STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 1413 Cambridge STREET **ADDRESS** (Residence or Business) Denton, TX 76209 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 1413 Cambridge MAILING **ADDRESS** Denton, TX 76209 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (940) 206-9215 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Х Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 01/01/2025 06/30/2025 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year χ Primary Runoff Other 03/03/2026 General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Secular Democrats of Texas			00086883	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed		
		в. Оррозец		
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	80.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	63.20
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	1,001.66
OUTSTANDING LOAN TOTALS	l .	AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	<u> </u>		<u>'</u>	
		I swear, or affirm, under penalty of pe true and correct and includes all informunder Title 15, Election Code.		
		Sandy	/ Swan	
		Signature of Car	mpaign Treasu	ırer
AFFIX NOTAR	Y STAMP / SEAL ABOVE			
Sworn to and subscribe	d before me, by the said _	, th	nis the	day
		which, witness my hand and seal of office.		
Signature of officer a	laministering oath	Printed name of officer administering oath	Litle of office	cer administering oath

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3

				3 of 10
17 COMMITT	EE NAME	18 Filer ID	(Ethics Comm	nission Filers)
Secular Democrats of Texas 00086883				
19 SCHEDUL		SUBTOT	AL AMOUNT	
NAME OF		305101	AL AIVIOUNT	
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	80.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION)R	\$	
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR ORGANIZATION	ATION OR	\$	
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	
8.	8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION			
9. SCHEDULE E: LOANS			\$	
10. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS		\$	63.20	
11.	11. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	_
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$	

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1				
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 1/2 Rpt: 4/10			
2	FILER NAME Secular Dem	ocrats of Texas				3	Filer ID (Ethics Commission 00086883	Filers)
		7	Amount of Contribution (\$)	\$5.00				
8	Principal occur	Argyle, TX 76226 pation / Job title (See Instructions) le		Employer (See Instructions	;) 		
Ŭ	Not employe		,		N/A	,,		
Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00			
	Argyle, TX 76226 Principal occupation / Job title (See Instructions) Employer (See Instructions		<u> </u>					
	Not employe				N/A	,		
Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00		
		Argyle, TX 76226						
	Principal occu Not employe	pation / Job title (See Instructions)		Employer (See Instructions N/A	5)		
	Date 06/30/2025	Full name of contributor Taylor, Terry Contributor address; City; St. Argyle, TX 76226)		Amount of Contribution (\$)	\$5.00
	Principal occup	pation / Job title (See Instructions			Employer (See Instructions N/A	<u>(</u> 5)		
Date Full name of contributor out-of-state PAC (ID#:) 01/26/2025 Ward, Natalie Contributor address; City; State; Zip Code Magnolia, TX 77354			Amount of Contribution (\$)	\$10.00				
	Principal occup Not employe	pation / Job title (See Instructions)		Employer (See Instructions Not employed	5)		
			·					

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1			
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 2/2 Rpt: 5/10		
2	FILER NAME Secular Dem	ocrats of Texas			3	Filer ID (Ethics Commission 00086883	ı Filers)
		7	Amount of Contribution (\$)	\$10.00			
8	Principal occur	Magnolia, TX 77354 pation / Job title (See Instructions)	9	Employer (See Instructions	<u>)</u>		
Ü	Not employe		ľ	Not employed	')		
Date Full name of contributor out-of-state PAC (ID#:) 03/26/2025 Ward, Natalie Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$10.00		
	Dringing coou	Magnolia, TX 77354		Employer (See Instructions	_		
	Not employe	pation / Job title (See Instructions) d		Not employed	')		
Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$10.00		
		Magnolia, TX 77354					
	Principal occu Not employe	pation / Job title (See Instructions)		Employer (See Instructions Not employed	5)		
	Date 05/30/2025	Full name of contributor ou Ward, Natalie Contributor address; City; State; Zi Magnolia, TX 77354	nt-of-state PAC (ID#: p Code			Amount of Contribution (\$)	\$10.00
	Principal occu Not employe	pation / Job title (See Instructions)		Employer (See Instructions Not employed	5)		
Date O6/28/2025 Ward, Natalie Contributor address; City; State; Zip Code Magnolia, TX 77354			Amount of Contribution (\$)	\$10.00			
	Principal occup Not employe	pation / Job title (See Instructions)		Employer (See Instructions Not employed	·)		
			•				

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
Sch: 1/5 Rpt: 6/10	Secular Democrats of Texas 00086883				
4 Date	5 Payee name				
01/26/2025	Act Blue				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$0.40	PO Box 44146				
Expenditure from corporate funds	Somerville, MA 01214				
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
	fundraising fee				
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
expenditure to benefit C/O					
Date	Payee name				
03/02/2025	Act Blue				
Amount (\$)	Amount (\$) Payee address; City; State; Zip Code				
\$0.40	PO Box 44146				
Evnondituro from					
Expenditure from corporate funds	Somerville, MA 01214				
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	Solicitation/Fundraising Expense				
	Check if Austin, TX, officeholder living expense				
	fundraising fee				
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				
Date	Davisa nama				
03/30/2025	Payee name Act Blue				
Amount (\$) \$0.40	Payee address; City; State; Zip Code PO Box 44146				
Φ0.40	I O DOV 44T40				
Expenditure from corporate funds	Somerville, MA 01214				
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T.				
	Check if Austin, TX, officeholder living expense fundraising fee				
	idital disting fee				
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
expenditure to benefit C/O					

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Candidate/Officenolder/Political	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 2/5 Rpt: 7/10	Secular Democrats of Texas 00086883
4 Date	5 Payee name
03/31/2025	Act Blue
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$0.20	PO Box 44146
Expenditure from	
corporate funds	Somerville, MA 01214
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	fundraising fee
	indicationing 100
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Data	Para mana
Date	Payee name
05/04/2025	Act Blue
Amount (\$)	Payee address; City; State; Zip Code
\$0.60	PO Box 44146
Expenditure from	
corporate funds	Somerville, MA 01214
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense fundraising fee
	iulidiasilig lee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	y
Date	Payee name
06/01/2025	Act Blue
Amount (\$)	Payee address; City; State; Zip Code
\$0.60	PO Box 44146
— Foresedit ve from	
Expenditure from corporate funds	Somerville, MA 01214
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Solicitation/Fundraising Expense
EXPENDITORE	Check if Austin, TX, officeholder living expense
	fundraising fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experience to belief 6/01	•

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Fees

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
Travel Out of District

Candidate/Officeholder/Politica Credit Card Payment	Committee 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)
Sch: 3/5 Rpt: 8/10	Secular Democrats of Texas 00086883
4 Date	5 Payee name
06/29/2025	Act Blue
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$0.40	PO Box 44146
- Funanditura from	
Expenditure from corporate funds	Somerville, MA 01214
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	fundraising fee
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
06/30/2025	Act Blue
Amount (\$)	Payee address; City; State; Zip Code
\$0.20	PO Box 44146
Expenditure from corporate funds	Somerville, MA 01214
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	fundraising fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
01/31/2025	Guaranty Bank
Amount (\$)	Payee address; City; State; Zip Code
\$10.00	PO Box 1158
Expenditure from corporate funds	Mt Pleasant, TX 75456
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense bank fees
	שמווא ופפט
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	• • • • • • • • • • • • • • • • • • •

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

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)

Credit Card Payment	The Instruction Guide explains how to	comple	te this form.
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 4/5 Rpt: 9/10	Secular Democrats of Texas		00086883
4 Date	5 Payee name		
02/28/2025	Guaranty Bank		
6 Amount (\$)	7 Payee address; City; State; Zip	Code	
\$10.00	PO Box 1158		
Expenditure from corporate funds	Mt Pleasant, TX 75456		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
OF	Accounting/Banking		Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	January January		Check if Austin, TX, officeholder living expense
			bank fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office s H	sought	Office held
Date	Payee name		
03/31/2025	Guaranty Bank		
Amount (\$)	Payee address; City; State; Zip	Code	
\$10.00	PO Box 1158		
Expenditure from			
corporate funds	Mt Pleasant, TX 75456		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
OF EXPENDITURE	Accounting/Banking		Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense bank fees
			bully 1003
Complete ONLY if direct	Candidate/Officeholder name Office s	 sought	Office held
expenditure to benefit C/O		,oug	C33 1.0.12
Date	Payes name		
04/30/2025	Payee name Guaranty Bank		
	-	Codo	
Amount (\$) \$10.00	Payee address; City; State; Zip PO Box 1158	Code	
\$10.00	FO BOX 1136		
Expenditure from	Mt Diagont TV 75450		
corporate funds	Mt Pleasant, TX 75456	_	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Accounting/Banking		Check if Austin, TX, officeholder living expense
			bank fees
Complete ONLY if direct	Candidate/Officeholder name Office s	sought	Office held
expenditure to benefit C/O	Н		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District

Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 5/5 Rpt: 10/10	Secular Democrats of Texas 00086883
4 Date	5 Payee name
05/31/2025	Guaranty Bank
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$10.00	PO Box 1158
Expenditure from corporate funds	Mt Pleasant, TX 75456
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense bank fees
	bank ices
O Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	
<u> </u>	
Date	Payee name
06/30/2025	Guaranty Bank
Amount (\$)	Payee address; City; State; Zip Code
\$10.00	PO Box 1158
Expenditure from corporate funds	Mt Pleasant, TX 75456
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	bank fees
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experialture to beliefft C/O	1