

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: 16	
3 COMMITTEE NAME Texas Democratic Women of Rural North Texas			OFFICE USE ONLY Date Received ELECTRONICALLY FILED 07/15/2025 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 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			
10 PERIOD COVERED	Month Day Year 01/01/2025 THROUGH Month Day Year 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 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)	\$ 1,141.65
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	\$ 372.11
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**FORM GPAC**
COVER SHEET PG 3
3 of 16

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	\$ 1,141.65
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
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 checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 0.00
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 0.00
11.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
12.	<input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$ 0.00
13.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
14.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 1,656.34
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: 4/16
2 FILER NAME Texas Democratic Women of Rural North Texas		3 Filer ID (Ethics Commission Filers) 00082879
4 Date 03/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ActBlue <hr/> 6 Contributor address; City; State; Zip Code Sommerville, ME 02144	7 Amount of Contribution (\$) \$19.21
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ActBlue <hr/> Contributor address; City; State; Zip Code Sommerville, ME 02144	Amount of Contribution (\$) \$19.21
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ActBlue <hr/> Contributor address; City; State; Zip Code Sommerville, ME 02144	Amount of Contribution (\$) \$9.60
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/07/2025	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 (\$) \$187.13
Principal occupation / Job title (See Instructions) Packer		Employer (See Instructions) Amazon
Date 03/10/2025	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 (\$) \$359.00
Principal occupation / Job title (See Instructions) Packer		Employer (See Instructions) Amazon

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/3 Rpt: 5/16
2 FILER NAME Texas Democratic Women of Rural North Texas		3 Filer ID (Ethics Commission Filers) 00082879
4 Date 04/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guillory, Mary <hr/> 6 Contributor address; City; State; Zip Code Rhome, TX 76078	7 Amount of Contribution (\$) \$173.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 06/05/2025	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 (\$) \$251.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Merchant Service <hr/> Contributor address; City; State; Zip Code Saginaw, TX 76179	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Merchant Service <hr/> Contributor address; City; State; Zip Code Saginaw, TX 76179	Amount of Contribution (\$) \$21.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Merchant Service <hr/> Contributor address; City; State; Zip Code Saginaw, TX 76179	Amount of Contribution (\$) \$38.50
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: 6/16

2 FILER NAME

Texas Democratic Women of Rural North Texas

3 Filer ID (Ethics Commission Filers)
00082879

4 Date
05/05/2025

5 Full name of contributor ☐ out-of-state PAC (ID#: _____)
Merchant Service

7 Amount of Contribution (\$)
\$4.00

6 Contributor address; City; State; Zip Code

Saginaw, TX 76179

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
04/14/2025

Full name of contributor ☐ out-of-state PAC (ID#: _____)
Wells, Lena

Amount of Contribution (\$)
\$20.00

Contributor address; City; State; Zip Code

Bridgeport, TX 76426

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)

PLEDGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:
Sch: 1/1 Rpt: 7/16

2 FILER NAME

Texas Democratic Women of Rural North Texas

3 Filer ID (Ethics Commission Filers)
00082879

4 TOTAL OF UNITEMIZED PLEDGES

\$ 0.00

5 Date

6 Full name of pledgor ☐ out-of-state PAC (ID#: _____)

8 Amount of
pledge (\$)

9 In-kind description
(If applicable)

7 Pledgor Address; City; State; Zip Code

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 1/1 Rpt: 8/16
2 FILER NAME Texas Democratic Women of Rural North Texas		3 Filer ID (Ethics Commission Filers) 00082879
4 TOTAL OF UNITEMIZED LOANS		\$ 0.00
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
		11 Maturity Date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal occupation		21 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: 1/8 Rpt: 9/16	2 FILER NAME Texas Democratic Women of Rural North Texas	3 Filer ID (Ethics Commission Filers) 00082879
4 Date 01/02/2025	5 Payee name ACH Merchant Service	
6 Amount (\$) 20.30 <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 fees
Date 02/03/2025	Payee name ACH Merchant Service	
Amount (\$) 40.53 <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 fee
Date 03/03/2025	Payee name ACH Merchant Service	
Amount (\$) 10.94 <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.) Use of card machine
Date 04/02/2025	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	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Card machine fee

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 2/8 Rpt:	2 FILER NAME Texas Democratic Women of Rural North Texas	3 Filer ID (Ethics Commission Filers) 00082879
4 Date 05/02/2025	5 Payee name ACH Merchant Service	
6 Amount (\$) 61.82 <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 fee. Did not fill out PCI Compliance so the fee was more.
Date 02/06/2025	Payee name Amazon	
Amount (\$) 39.49 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 410 Terry Ave. N. Seattle, WA 98108	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Weights	(b) Description (See instructions regarding type of information required.) Weights for holding down canopy
Date 04/27/2025	Payee name Amazon	
Amount (\$) 36.90 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 410 Terry Ave. N. Seattle, WA 98108	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Supplies	(b) Description (See instructions regarding type of information required.) Group supplies
Date 01/07/2025	Payee name Gateway Services	
Amount (\$) 0.66 <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) Fees	(b) Description (See instructions regarding type of information required.) Webpayment

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 3/8 Rpt:	2 FILER NAME Texas Democratic Women of Rural North Texas	3 Filer ID (Ethics Commission Filers) 00082879
4 Date 02/06/2025	5 Payee name Gateway Services	
6 Amount (\$) 0.12 <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) Fees	(b) Description (See instructions regarding type of information required.) Machine fees
Date 03/06/2025	Payee name Gateway Services	
Amount (\$) 0.18 <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) Fees	(b) Description (See instructions regarding type of information required.) Machine fee
Date 05/07/2025	Payee name Gateway Services	
Amount (\$) 0.36 <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) Fees	(b) Description (See instructions regarding type of information required.) Web fees
Date 06/06/2025	Payee name Gateway Services	
Amount (\$) 0.12 <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) Fees	(b) Description (See instructions regarding type of information required.) Web fees

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 4/8 Rpt:	2 FILER NAME Texas Democratic Women of Rural North Texas	3 Filer ID (Ethics Commission Filers) 00082879
4 Date 01/30/2025	5 Payee name Guide Dog of America	
6 Amount (\$) 105.02 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 371 NY - 25 Smithtown, NY 11787	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) Payment for event
Date 01/23/2025	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 02/23/2025	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 03/19/2025	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: 5/8 Rpt:	2 FILER NAME Texas Democratic Women of Rural North Texas	3 Filer ID (Ethics Commission Filers) 00082879
4 Date 04/20/2025	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 05/19/2025	Payee name HP Instant Ink	
Amount (\$) 17.31 <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 06/19/2025	Payee name HP Instant Ink	
Amount (\$) 17.31 <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 02/04/2025	Payee name Hover	
Amount (\$) 19.17 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 717 Bailey Boswell Rd Saginaw, TX 76179	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Web fee

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 6/8 Rpt:	2 FILER NAME Texas Democratic Women of Rural North Texas	3 Filer ID (Ethics Commission Filers) 00082879
4 Date 02/03/2025	5 Payee name La Familia	
6 Amount (\$) 45.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 6029 Kimberly Ct Haltom City, TX 76137	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) Payment for event rental
Date 06/02/2025	Payee name Merchant Service	
Amount (\$) 60.22 <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 02/11/2025	Payee name Springhill Suites	
Amount (\$) 125.95 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 4501 So. Interstate Hwy. 35 Austin, TX 78744	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) Room payment for attending TDW Convention
Date 01/17/2025	Payee name TDW of Rural North Texas	
Amount (\$) 100.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip P. O. Box 695 Decatur, TX 76234	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Cash	(b) Description (See instructions regarding type of information required.) Cash withdrawal for change at an event

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 7/8 Rpt:	2 FILER NAME Texas Democratic Women of Rural North Texas	3 Filer ID (Ethics Commission Filers) 00082879
4 Date 02/07/2025	5 Payee name TDW of Rural North Texas	
6 Amount (\$) 200.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip P. O. Box 695 Decatur, TX 76234	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Cash	(b) Description (See instructions regarding type of information required.) Needed To Make change for event
Date 01/07/2025	Payee name Texas Democratic Women	
Amount (\$) 154.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 4609 Pangolin Dr Keller, TX 76244	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Membership
Date 01/20/2025	Payee name Texas Democratic Women	
Amount (\$) 145.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 4609 Pangolin Dr Keller, TX 76244	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Membership
Date 03/10/2025	Payee name Texas Democratic Women	
Amount (\$) 30.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 4609 Pangolin Dr Keller, TX 76244	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Membership fee

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

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1 Total pages Schedule I: Sch: 8/8 Rpt:	2 FILER NAME Texas Democratic Women of Rural North Texas	3 Filer ID (Ethics Commission Filers) 00082879
4 Date 04/10/2025	5 Payee name Texas Democratic Women	
6 Amount (\$) 10.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 4609 Pangolin Dr Keller, TX 76244	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Membership fee
Date 03/04/2025	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	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Web page design fee