

CORRECTION/AMENDMENT AFFIDAVIT FOR POLITICAL COMMITTEE

FORM COR-PAC

1 Filer ID (Ethics Commission Filers) 00087036		2 Total pages filed: 8	OFFICE USE ONLY	
3 COMMITTEE NAME Collin County Stonewall Democrats		Date Received ELECTRONICALLY FILED 01/02/2026		
4 TREASURER NAME Depew, Sarah		Date Hand-delivered or Date Postmarked		
5 ORIGINAL REPORT TYPE <input type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election		<input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer resignation <input type="checkbox"/> Dissolution report <input checked="" type="checkbox"/> Other (specify) <u>March 5</u>		
6 ORIGINAL PERIOD COVERED Month Day Year 01/26/2025		Month Day Year THROUGH 02/25/2025	Receipt # Amount Date Processed Date Imaged	

7 EXPLANATION OF CORRECTION

Internal review of reporting discovered missing actblue fees and incorrect lump sum due to previously missing items (corrected in previous reports)

8 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check the box next to any and all applicable statements:

Semiannual reports: I swear or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Matthew D. Depew

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

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

**MONTHLY FILING GENERAL-PURPOSE
COMMITTEE CAMPAIGN FINANCE REPORT**

**FORM MPAC
COVER SHEET PG 1**

The MPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00087036	2 Total pages filed: 8
3 COMMITTEE NAME Collin County Stonewall Democrats		OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/02/2026	
4 COMMITTEE ADDRESS ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP 2417 Micarta Dr. Plano, TX 75025			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Sarah	MI
	NICKNAME	LAST Depew	SUFFIX
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1620 Aldridge Drive Plano, TX 75075		
7 CAMPAIGN TREASURER MAILING ADDRESS	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1920 Aldridge Drive Plano, TX 75075		
8 CAMPAIGN TREASURER PHONE	AREA CODE (469) 964-9067	PHONE NUMBER	EXTENSION
9 REPORT TYPE	<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Dissolution (Attach PAC-DR)		
10 MONTHLY REPORT FILING DEADLINE	<input type="checkbox"/> January 5 <input type="checkbox"/> April 5 <input type="checkbox"/> July 5 <input type="checkbox"/> October 5 <input type="checkbox"/> February 5 <input type="checkbox"/> May 5 <input type="checkbox"/> August 5 <input type="checkbox"/> November 5 <input checked="" type="checkbox"/> March 5 <input type="checkbox"/> June 5 <input type="checkbox"/> September 5 <input type="checkbox"/> December 5		
11 PERIOD COVERED	Month 01/26/2025	Day	Year
	THROUGH		
	Month 02/25/2025		
	Day		
	Year		

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**MONTHLY FILING GPAC REPORT:
PURPOSE AND TOTALS**

**FORM MPAC
COVER SHEET PG 2**

12 COMMITTEE NAME Collin County Stonewall Democrats		13 FILER ID (Ethics Commission Filers) 00087036
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="" 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)	\$ 730.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 43.86
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,177.20
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2,000.00

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.

Sarah Depew

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 - MPAC**FORM MPAC**
COVER SHEET PG 3
4 of 8

17 COMMITTEE NAME Collin County Stonewall Democrats	18 Filer ID (Ethics Commission Filers) 00087036
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 730.00	
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 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 checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ 43.86	
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: 1/3 Rpt: 5/8
2 FILER NAME Collin County Stonewall Democrats		3 Filer ID (Ethics Commission Filers) 00087036
4 Date 02/23/2025	5 Full name of contributor Casavant, Catherine	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Plano, TX 75075-4009	
8 Principal occupation / Job title (See Instructions) CPA		9 Employer (See Instructions) Freeman
Date 02/23/2025	Full name of contributor Casavant, Michael	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Plano, TX 75075-4009	
Principal occupation / Job title (See Instructions) Product Manager		Employer (See Instructions) JPMorgan & Chase
Date 02/23/2025	Full name of contributor Casavant, Michael	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Plano, TX 75075-4009	
Principal occupation / Job title (See Instructions) Product Manager		Employer (See Instructions) JPMorgan & Chase
Date 02/23/2025	Full name of contributor Casavant, Michael	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Plano, TX 75075-4009	
Principal occupation / Job title (See Instructions) Product Manager		Employer (See Instructions) JPMorgan & Chase
Date 02/23/2025	Full name of contributor Evans, David	Amount of Contribution (\$) \$45.00
	Contributor address; City; State; Zip Code Plano, TX 75074	
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) Douglass Visions Committee Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/3 Rpt: 6/8
2 FILER NAME Collin County Stonewall Democrats		3 Filer ID (Ethics Commission Filers) 00087036
4 Date 02/23/2025	5 Full name of contributor House, Devin	7 Amount of Contribution (\$) \$300.00
	6 Contributor address; City; State; Zip Code Plano, TX 75025-2446	
8 Principal occupation / Job title (See Instructions) Managing Counsel		9 Employer (See Instructions) Toyota Motor Credit
Date 02/23/2025	Full name of contributor Lewis, Patrick	Amount of Contribution (\$) \$45.00
	Contributor address; City; State; Zip Code Murphy, TX 75094	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Amdocs Inc
Date 02/23/2025	Full name of contributor Modesitt, Matthew	Amount of Contribution (\$) \$90.00
	Contributor address; City; State; Zip Code Plano, TX 75025	
Principal occupation / Job title (See Instructions) Reporting and Analytics		Employer (See Instructions) Comerica
Date 02/22/2025	Full name of contributor Robe, Penny	Amount of Contribution (\$) \$60.00
	Contributor address; City; State; Zip Code Plano, TX 75024	
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Robe Law Firm
Date 02/23/2025	Full name of contributor Tijerina, Michael	Amount of Contribution (\$) \$45.00
	Contributor address; City; State; Zip Code Plano, TX 75025	
Principal occupation / Job title (See Instructions) Home Health		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/3 Rpt: 7/8
2 FILER NAME Collin County Stonewall Democrats		3 Filer ID (Ethics Commission Filers) 00087036
4 Date 02/23/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wheatley, Jordan 6 Contributor address; City; State; Zip Code Dallas, TX 75252	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Nanny/Student		9 Employer (See Instructions) Personal Family

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 1/1 Rpt: 8/8	2 FILER NAME Collin County Stonewall Democrats	3 Filer ID (Ethics Commission Filers) 00087036
4 Date 02/23/2025	5 Payee name ActBlue Technical Services	
6 Amount (\$) \$28.86	7 Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144-3132	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Service Fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 01/31/2025	Payee name JPMorgan Chase Bank	
Amount (\$) \$15.00	Payee address; City; State; Zip Code 383 Madison Avenue New York, NY 10017	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Check Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held