

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 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged | |
| 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 MI Sarah NICKNAME LAST SUFFIX Depew | | | | |
| 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 PHONE NUMBER EXTENSION (469) 964-9067 | | | | |
| 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 Day Year THROUGH Month Day Year 01/26/2025 02/25/2025 | | | | |

GO TO PAGE 2

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 |
| | 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 | | SUBTOTAL AMOUNT |
| 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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Casavant, Catherine <hr/> 6 Contributor address; City; State; Zip Code Plano, TX 75075-4009 | 7 Amount of Contribution (\$) \$50.00 |
| 8 Principal occupation / Job title (See Instructions) CPA | | 9 Employer (See Instructions) Freeman |
| Date 02/23/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Casavant, Michael <hr/> Contributor address; City; State; Zip Code Plano, TX 75075-4009 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Product Manager | | Employer (See Instructions) JPMorgan & Chase |
| Date 02/23/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Casavant, Michael <hr/> Contributor address; City; State; Zip Code Plano, TX 75075-4009 | Amount of Contribution (\$) \$20.00 |
| Principal occupation / Job title (See Instructions) Product Manager | | Employer (See Instructions) JPMorgan & Chase |
| Date 02/23/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Casavant, Michael <hr/> Contributor address; City; State; Zip Code Plano, TX 75075-4009 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Product Manager | | Employer (See Instructions) JPMorgan & Chase |
| Date 02/23/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evans, David <hr/> Contributor address; City; State; Zip Code Plano, TX 75074 | Amount of Contribution (\$) \$45.00 |
| 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 <input type="checkbox"/> out-of-state PAC (ID#: _____) House, Devin <hr/> 6 Contributor address; City; State; Zip Code Plano, TX 75025-2446 | 7 Amount of Contribution (\$) \$300.00 |
| 8 Principal occupation / Job title (See Instructions) Managing Counsel | | 9 Employer (See Instructions) Toyota Motor Credit |
| Date 02/23/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, Patrick <hr/> Contributor address; City; State; Zip Code Murphy, TX 75094 | Amount of Contribution (\$) \$45.00 |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) Amdocs Inc |
| Date 02/23/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Modesitt, Matthew <hr/> Contributor address; City; State; Zip Code Plano, TX 75025 | Amount of Contribution (\$) \$90.00 |
| Principal occupation / Job title (See Instructions) Reporting and Analytics | | Employer (See Instructions) Comerica |
| Date 02/22/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robe, Penny <hr/> Contributor address; City; State; Zip Code Plano, TX 75024 | Amount of Contribution (\$) \$60.00 |
| Principal occupation / Job title (See Instructions) Lawyer | | Employer (See Instructions) Robe Law Firm |
| Date 02/23/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tijerina, Michael <hr/> Contributor address; City; State; Zip Code Plano, TX 75025 | Amount of Contribution (\$) \$45.00 |
| 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 <hr/> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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)

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 <input type="checkbox"/> Expenditure from corporate funds | 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 <u>ONLY</u> 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 <input type="checkbox"/> Expenditure from corporate funds | 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 <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |