

# 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: 12	
3 COMMITTEE NAME Texas Democratic Women of Rural North Texas			<b>OFFICE USE ONLY</b> Date Received ELECTRONICALLY FILED 01/15/2026 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 checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input 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 Month Day Year 07/01/2025 THROUGH 12/31/2025			
11 ELECTION	ELECTION DATE Month Day Year 03/03/2026		ELECTION TYPE <input checked="" 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

<b>12 COMMITTEE NAME</b> Texas Democratic Women of Rural North Texas		<b>13 Filer ID</b> (Ethics Commission Filers) 00082879
<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	
	<b>15 CONTRIBUTION TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b> <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold
<b>EXPENDITURE TOTALS</b>	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 601.00
	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
<b>CONTRIBUTION BALANCE</b>	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 426.59
<b>OUTSTANDING LOAN TOTALS</b>	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 0.00
<b>16 AFFIDAVIT</b>  <div style="text-align: right;">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: right;">_____ Mary Matthews Signature of Campaign Treasurer</div> <div>AFFIX NOTARY STAMP / SEAL ABOVE</div> 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 12

<b>17 COMMITTEE NAME</b> Texas Democratic Women of Rural North Texas		<b>18 Filer ID</b> (Ethics Commission Filers) 00082879
<b>19 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 601.00
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 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 checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 801.45
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/2 Rpt: 4/12
<b>2</b> FILER NAME Texas Democratic Women of Rural North Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00082879
<b>4</b> Date 10/06/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooney, Marie (Mrs.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76108	<b>7</b> Amount of Contribution (\$)  \$9.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 10/03/2025	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 (\$)  \$10.00
Principal occupation / Job title (See Instructions) Packer		Employer (See Instructions) Amazon
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guillory, Mary <hr/> Contributor address; City; State; Zip Code  Rhome, TX 76078	Amount of Contribution (\$)  \$222.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hardin, Carla (Ms.) <hr/> Contributor address; City; State; Zip Code  Decatur, TX 76234	Amount of Contribution (\$)  \$127.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/06/2025	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 (\$)  \$23.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/2 Rpt: 5/12
<b>2</b> FILER NAME Texas Democratic Women of Rural North Texas		<b>3</b> Filer ID (Ethics Commission Filers) 00082879
<b>4</b> Date 11/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mabens, Denise <b>6</b> Contributor address; City; State; Zip Code  Burleson, TX 76028	<b>7</b> Amount of Contribution (\$)  \$45.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 09/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wells, Lena Contributor address; City; State; Zip Code  Bridgeport, TX 76426	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wells, Lena Contributor address; City; State; Zip Code  Bridgeport, TX 76426	Amount of Contribution (\$)  \$140.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE I**

**The Instruction Guide explains how to complete this form.**

<b>1</b> Total pages Schedule I: Sch: 1/7 Rpt: 6/12	<b>2</b> FILER NAME Texas Democratic Women of Rural North Texas	<b>3</b> Filer ID (Ethics Commission Filers) 00082879
<b>4</b> Date 08/04/2025	<b>5</b> Payee name ACH Merchant Service	
<b>6</b> Amount (\$) 10.00 <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee Address; City; State; Zip 717 W. Bailey Boswell Rd  Saginaw, TX 76101	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Fees	<b>(b)</b> Description (See instructions regarding type of information required.) Credit card machine
Date 09/02/2025	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	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Fees	<b>(b)</b> Description (See instructions regarding type of information required.) Credit card machine
Date 10/02/2025	Payee name ACH Merchant Service	
Amount (\$) 11.26 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 717 W. Bailey Boswell Rd  Saginaw, TX 76101	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Fees	<b>(b)</b> Description (See instructions regarding type of information required.) Credit card machine
Date 11/03/2025	Payee name ACH Merchant Service	
Amount (\$) 14.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 717 W. Bailey Boswell Rd  Saginaw, TX 76101	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Fees	<b>(b)</b> Description (See instructions regarding type of information required.) Credit card machine

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE I**

**The Instruction Guide explains how to complete this form.**

<b>1</b> Total pages Schedule I: Sch: 2/7 Rpt: 7/12	<b>2</b> FILER NAME Texas Democratic Women of Rural North Texas	<b>3</b> Filer ID (Ethics Commission Filers) 00082879
<b>4</b> Date 12/02/2025	<b>5</b> Payee name ACH Merchant Service	
<b>6</b> Amount (\$)  11.71 <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee Address; City; State; Zip 717 W. Bailey Boswell Rd  Saginaw, TX 76101	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Fees	<b>(b)</b> Description (See instructions regarding type of information required.) Credit card machine
Date 08/31/2025	Payee name EECU	
Amount (\$)  10.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 717 E Bailey Boswell Rd  Saginaw, TX 76179	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Fees	<b>(b)</b> Description (See instructions regarding type of information required.) Bank fees
Date 09/30/2025	Payee name EECU	
Amount (\$)  10.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 717 E Bailey Boswell Rd  Saginaw, TX 76179	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Fees	<b>(b)</b> Description (See instructions regarding type of information required.) Bank fees
Date 10/31/2025	Payee name EECU	
Amount (\$)  10.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 717 E Bailey Boswell Rd  Saginaw, TX 76179	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Fees	<b>(b)</b> Description (See instructions regarding type of information required.) Bank fees

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE I**

**The Instruction Guide explains how to complete this form.**

<b>1</b> Total pages Schedule I: Sch: 3/7 Rpt: 8/12	<b>2</b> FILER NAME Texas Democratic Women of Rural North Texas	<b>3</b> Filer ID (Ethics Commission Filers) 00082879
<b>4</b> Date 11/30/2025	<b>5</b> Payee name EECU	
<b>6</b> Amount (\$) 10.00 <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee Address; City; State; Zip 717 E Bailey Boswell Rd  Saginaw, TX 76179	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Fees	<b>(b)</b> Description (See instructions regarding type of information required.) Bank fees
Date 12/30/2025	Payee name EECU	
Amount (\$) 10.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 717 E Bailey Boswell Rd  Saginaw, TX 76179	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Fees	<b>(b)</b> Description (See instructions regarding type of information required.) Bank fees
Date 10/07/2025	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	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Fees	<b>(b)</b> Description (See instructions regarding type of information required.) Card machine cost
Date 11/07/2025	Payee name Gateway Services	
Amount (\$) 0.72 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 717 E. Bailey Boswell Rd  Saginaw, TX 76179	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Fees	<b>(b)</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.**

<b>1</b> Total pages Schedule I: Sch: 4/7 Rpt: 9/12	<b>2</b> FILER NAME Texas Democratic Women of Rural North Texas	<b>3</b> Filer ID (Ethics Commission Filers) 00082879
<b>4</b> Date 12/08/2025	<b>5</b> Payee name Gateway Services	
<b>6</b> Amount (\$) 0.12 <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee Address; City; State; Zip 717 E. Bailey Boswell Rd  Saginaw, TX 76179	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Fees	<b>(b)</b> Description (See instructions regarding type of information required.) Card machine
Date 07/20/2025	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	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Fees	<b>(b)</b> Description (See instructions regarding type of information required.) Ink fees
Date 08/19/2025	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	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Fees	<b>(b)</b> Description (See instructions regarding type of information required.) Printer ink fees
Date 09/19/2025	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	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Fees	<b>(b)</b> Description (See instructions regarding type of information required.) Printer ink fees

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE I**

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I: Sch: 5/7 Rpt:	<b>2</b> FILER NAME Texas Democratic Women of Rural North Texas	<b>3</b> Filer ID (Ethics Commission Filers) 00082879
<b>4</b> Date 10/19/2025	<b>5</b> Payee name HP Instant Ink	
<b>6</b> Amount (\$) 17.31 <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee Address; City; State; Zip 3400 Hanover St  Indianapolis, IN 46268	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Fees	<b>(b)</b> Description (See instructions regarding type of information required.) Printer Ink fees
Date 11/19/2025	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 fee
Date 12/18/2025	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 fees
Date 07/02/2025	Payee name 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.) Credit card machine

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE I**

**The Instruction Guide explains how to complete this form.**

<b>1</b> Total pages Schedule I: Sch: 6/7 Rpt:	<b>2</b> FILER NAME Texas Democratic Women of Rural North Texas	<b>3</b> Filer ID (Ethics Commission Filers) 00082879
<b>4</b> Date 12/24/2025	<b>5</b> Payee name Microsoft	
<b>6</b> Amount (\$)  140.71 <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee Address; City; State; Zip 1 Microsoft Way  Redmond, WA 98052-6399	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Fees	<b>(b)</b> Description (See instructions regarding type of information required.) Word
Date 12/26/2025	Payee name Microsoft	
Amount (\$)  140.71 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1 Microsoft Way  Redmond, WA 98052-6399	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Fees	<b>(b)</b> Description (See instructions regarding type of information required.) Word
Date 07/02/2025	Payee name PO Box	
Amount (\$)  94.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 206 E Walnut St  Decatur, TX 76234	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Fees	<b>(b)</b> Description (See instructions regarding type of information required.) Post Office Box cost
Date 12/16/2025	Payee name PO Box	
Amount (\$)  94.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 206 E Walnut St  Decatur, TX 76234	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Fees	<b>(b)</b> Description (See instructions regarding type of information required.) Post Office box

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 7/7 Rpt:	2 FILER NAME Texas Democratic Women of Rural North Texas	3 Filer ID (Ethics Commission Filers) 00082879
4 Date 10/03/2025	5 Payee name Sunshine Farms Halloween	
6 Amount (\$) 60.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 421 Christy Kay Lane Rhome, TX 76078	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) Halloween event
Date 10/17/2025	Payee name Sunshine Farms Halloween	
Amount (\$) 50.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 421 Christy Kay Lane Rhome, TX 76078	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) Halloween event