

**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		OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/15/2026 Date Hand-delivered or Date Postmarked Receipt # <input type="text"/> Amount <input type="text"/> Date Processed Date Imaged	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address PO BOX 695 Decatur, TX 76234			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR NICKNAME		
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 523 Audra Circle Rhome, TX 76078		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; 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 07/01/2025	Day	Year 12/31/2025
11 ELECTION	ELECTION DATE Month 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**

12 COMMITTEE NAME Texas Democratic Women of Rural North Texas		13 FILER ID (Ethics Commission Filers) 00082879
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)	\$ 601.00
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	\$ 426.59
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 12

17 COMMITTEE NAME Texas Democratic Women of Rural North Texas	18 FILER ID (Ethics Commission Filers) 00082879
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE	
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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/2 Rpt: 4/12
2 FILER NAME Texas Democratic Women of Rural North Texas		3 Filer ID (Ethics Commission Filers) 00082879
4 Date 10/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooney, Marie (Mrs.)	7 Amount of Contribution (\$) \$9.00
	6 Contributor address; City; State; Zip Code Fort Worth, TX 76108	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 10/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dyson, Deborah	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Rhome, TX 76078	
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	Amount of Contribution (\$) \$222.00
	Contributor address; City; State; Zip Code Rhome, TX 76078	
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.)	Amount of Contribution (\$) \$127.00
	Contributor address; City; State; Zip Code Decatur, TX 76234	
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	Amount of Contribution (\$) \$23.00
	Contributor address; City; State; Zip Code Burleson, TX 76028	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

**NON-POLITICAL EXPENDITURES
MADE FROM POLITICAL CONTRIBUTIONS**

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 1/7 Rpt: 6/12	2 FILER NAME Texas Democratic Women of Rural North Texas	3 Filer ID (Ethics Commission Filers) 00082879
4 Date 08/04/2025	5 Payee name ACH Merchant Service	
6 Amount (\$) 10.00 <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.) 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	
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
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	
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
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	
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.

1 Total pages Schedule I: Sch: 2/7 Rpt: 7/12	2 FILER NAME Texas Democratic Women of Rural North Texas	3 Filer ID (Ethics Commission Filers) 00082879
4 Date 12/02/2025	5 Payee name ACH Merchant Service	
6 Amount (\$) 11.71 <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.) 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	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(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	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(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	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(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.

1 Total pages Schedule I: Sch: 3/7 Rpt: 8/12	2 FILER NAME Texas Democratic Women of Rural North Texas	3 Filer ID (Ethics Commission Filers) 00082879
4 Date 11/30/2025	5 Payee name EECU	
6 Amount (\$) 10.00 <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.) 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	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(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	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(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	
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: 4/7 Rpt: 9/12	2 FILER NAME Texas Democratic Women of Rural North Texas	3 Filer ID (Ethics Commission Filers) 00082879
4 Date 12/08/2025	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.) 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	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(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	
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 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	
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

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 5/7 Rpt:	2 FILER NAME Texas Democratic Women of Rural North Texas	3 Filer ID (Ethics Commission Filers) 00082879
4 Date 10/19/2025	5 Payee name HP Instant Ink	
6 Amount (\$) 17.31 <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 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.

1 Total pages Schedule I: Sch: 6/7 Rpt:	2 FILER NAME Texas Democratic Women of Rural North Texas	3 Filer ID (Ethics Commission Filers) 00082879
4 Date 12/24/2025	5 Payee name Microsoft	
6 Amount (\$) 140.71 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 1 Microsoft Way Redmond, WA 98052-6399	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(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	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(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	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(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	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(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