

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

TONDA

L

CURRY

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

207 S BUFFALO #99
CANTON TX 75103

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

([REDACTED]) [REDACTED] [REDACTED]

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

SUE

BAUGH

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

PO Box 193
CANTON TX 75103

(Residence or Business)

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

[REDACTED] [REDACTED] [REDACTED]

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign treasurer appointment (Officeholder Only)

July 15

8th day before election

Exceeded Modified Reporting Limit

Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year

Month Day Year

7 / 1 / 25 THROUGH 12 / 31 / 25

11 ELECTION

ELECTION DATE

ELECTION TYPE

Month Day Year

Primary

Runoff

Other Description

3 / 3 / 24

General

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

CRIMINAL DISTRICT ATTORNEY

CRIMINAL DISTRICT ATTORNEY

14 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

OFFICE USE ONLY

FILED FOR RECORD
2026 JAN 15 PM 3:34
SUSAN STRICKLAND
COUNTY CLERK, VAN ZANDT
DEPUTY

Date Received
Date Delivered
Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

GO TO PAGE 2

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

TONDA CURRY

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>45,974.39</i>
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input checked="" type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <i>45,000</i>
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>15,322.08</i>
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 1-7
2 FILER NAME TONDA CURRY		3 Filer ID (Ethics Commission Filers)
4 Date 10/17/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DANIEL COX	7 Amount of contribution (\$) 700 ⁰⁰
6 Contributor address; City; State; Zip Code [REDACTED]		
8 Principal occupation / Job title (See Instructions) ATTORNEY		9 Employer (See Instructions)
Date 10/21/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MICHAEL WARK	Amount of contribution (\$) 833.14
Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 10/30/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVID & DEBORAH DOBBS	Amount of contribution (\$) 500 ⁰⁰
Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) SELF
Date 10/29/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DON & BENEWENG KIRKPATRICK	Amount of contribution (\$) 250 ⁰⁰
Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2-7

2 FILER NAME

TOWNA CURRY

3 Filer ID (Ethics Commission Filers)

4 Date

10/28/25

5 Full name of contributor

out-of-state PAC (ID#: _____)

JOHN & ROSALIND NORMAN

7 Amount of contribution (\$)

100⁰⁰

6 Contributor address;

City;

State;

Zip Code

8 Principal occupation / Job title (See Instructions)

RETIRED

9 Employer (See Instructions)

Date

10/28/25

Full name of contributor

out-of-state PAC (ID#: _____)

D. MAT. BINGHAM

Amount of contribution (\$)

1,000⁰⁰

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/28/25

Full name of contributor

out-of-state PAC (ID#: _____)

JAMES & KIM WRIGHT

Amount of contribution (\$)

100⁰⁰

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Self

Date

10/28/25

Full name of contributor

out-of-state PAC (ID#: _____)

MARK DRIVER

Amount of contribution (\$)

1,000⁰⁰

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

3-1

2 FILER NAME

TONDA CURRY

3 Filer ID (Ethics Commission Filers)

4 Date

10/28/25

5 Full name of contributor

out-of-state PAC (ID#: _____)

Rickey; Kathy Baugh

7 Amount of contribution (\$)

\$ 200⁰⁰

6 Contributor address;

City;

State;

Zip Code

8 Principal occupation / Job title (See Instructions)

RETIRED / FUNERAL SERVICES

9 Employer (See Instructions)

SELF

Date

10/28/25

Full name of contributor

out-of-state PAC (ID#: _____)

DAVID DUTKAN

Amount of contribution (\$)

\$ 200⁰⁰

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

SELF

Date

10/28/25

Full name of contributor

out-of-state PAC (ID#: _____)

JACKIE; LEE ANN FISNER

Amount of contribution (\$)

\$ 100⁰⁰

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date

10/28/25

Full name of contributor

out-of-state PAC (ID#: _____)

GARY; MARY LOU KELLER

Amount of contribution (\$)

\$ 100⁰⁰

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

4-1

2 FILER NAME

TONDA CURRY

3 Filer ID (Ethics Commission Filers)

4 Date

10/28/25

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

KELLY HERNANDEZ

7 Amount of contribution (\$)

50⁰⁰

6 Contributor address; City; State; Zip Code

[REDACTED]

8 Principal occupation / Job title (See Instructions)

RETIRED

9 Employer (See Instructions)

Date

10/28/25

Full name of contributor out-of-state PAC (ID#: _____)

DAVID & BARBARA CROW

Amount of contribution (\$)

600⁰⁰

Contributor address; City; State; Zip Code

[REDACTED]

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date

10/28/25

Full name of contributor out-of-state PAC (ID#: _____)

MARVIN SHAW

Amount of contribution (\$)

500⁰⁰

Contributor address; City; State; Zip Code

[REDACTED]

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date

10/28/25

Full name of contributor out-of-state PAC (ID#: _____)

JAMES H. ROBERTS III

Amount of contribution (\$)

25,000⁰⁰

Contributor address; City; State; Zip Code

[REDACTED]

Principal occupation / Job title (See Instructions)

BUSINESS OWNER

Employer (See Instructions)

SELF

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

5-7

2 FILER NAME

TONDA CURRY

3 Filer ID (Ethics Commission Filers)

4 Date

10/28/25

5 Full name of contributor

out-of-state PAC (ID#: _____)

Angela Williams

7 Amount of contribution (\$)

196.00

6 Contributor address;

City;

State;

Zip Code

[REDACTED]

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/28/25

Full name of contributor

out-of-state PAC (ID#: _____)

RDK GLOBAL/DAVID FOX

Amount of contribution (\$)

2,500.00

Contributor address;

City;

State;

Zip Code

[REDACTED]

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/24/25

Full name of contributor

out-of-state PAC (ID#: _____)

BIGGS AND GREENSKADE LLC

Amount of contribution (\$)

10,000.00

Contributor address;

City;

State;

Zip Code

[REDACTED]

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTORNEY

SELF

Date

11/26/25

Full name of contributor

out-of-state PAC (ID#: _____)

Timothy Pickens

Amount of contribution (\$)

500

Contributor address;

City;

State;

Zip Code

[REDACTED]

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

BAIL BONDS

SELF

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

6-7

2 FILER NAME

TONDA CURRY

3 Filer ID (Ethics Commission Filers)

4 Date

11/10/25

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

Cynthia & Jeff Hardin

7 Amount of contribution (\$)

\$ 500.00

6 Contributor address; City; State; Zip Code

[Redacted Address] [Redacted City] [Redacted State] [Redacted Zip Code]

8 Principal occupation / Job title (See Instructions)

HEALTH CARE

9 Employer (See Instructions)

Self

Date

11/4/25

Full name of contributor out-of-state PAC (ID#: _____)

MARY LYNN BAUGHN

Amount of contribution (\$)

\$ 200.00

Contributor address; City; State; Zip Code

[Redacted Address] [Redacted City] [Redacted State] [Redacted Zip Code]

Principal occupation / Job title (See Instructions)

RETAIL

Employer (See Instructions)

SELF

Date

12/12/25

Full name of contributor out-of-state PAC (ID#: _____)

BRETT HARRISON

Amount of contribution (\$)

\$ 1,000.00

Contributor address; City; State; Zip Code

[Redacted Address] [Redacted City] [Redacted State] [Redacted Zip Code]

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

FILES, HARRISON, MULLSGLAUE

Date

12/12/25

Full name of contributor out-of-state PAC (ID#: _____)

ROBERT DOW

Amount of contribution (\$)

245.15

Contributor address; City; State; Zip Code

[Redacted Address] [Redacted City] [Redacted State] [Redacted Zip Code]

Principal occupation / Job title (See Instructions)

REAL ESTATE

Employer (See Instructions)

SELF

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7-7
2 FILER NAME TONDA CURRY		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bert Morris	7 Amount of contribution (\$) \$ 100.00
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

PLEGGED CONTRIBUTIONS

SCHEDULE B

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B: <u>1</u>	
2 FILER NAME <u>TONDA CURRY</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES		\$	
5 Date <u>7/9/25</u>	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>SUMMER DERRICK</u>	8 Amount of Pledge \$ <u>\$25,000</u>	9 In-kind contribution description
7 Pledgor address; City; State; Zip Code [REDACTED]		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (See Instructions) <u>BUSINESS OWNER</u>		11 Employer (See Instructions) <u>SELF</u>	
Date <u>7/9/25</u>	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>CHUCK PARTNEY</u>	Amount of Pledge \$ <u>\$20,000</u>	In-kind contribution description
Pledgor address; City; State; Zip Code [REDACTED]		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions) <u>BUSINESS OWNER</u>		Employer (See Instructions) <u>SELF</u>	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Pledge \$	In-kind contribution description
Pledgor address; City; State; Zip Code		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Pledge \$	In-kind contribution description
Pledgor address; City; State; Zip Code		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1-8		2 FILER NAME TONDA CURRY		3 Filer ID (Ethics Commission Filers)	
4 Date 10/28/25		5 Payee name ROBERT KELTNER			
6 Amount (\$) 895.00		7 Payee address; 1540 FM 279 BEN WHEELER		City; TX	State; 75754
		<input type="checkbox"/> Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE		(b) Description FOOD : DRINKS FOR KICKOFF		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 10/3/25	Payee name PAPER DIRECT				
Amount (\$) 208.58	Payee address; www.paperdirect.com		City;	State;	Zip Code
		<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE		Description PALM CARDS		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 10/20/25	Payee name PAPER DIRECT				
Amount (\$) 116.86	Payee address; www.paperdirect.com		City;	State;	Zip Code
		<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE		Description BUSINESS CARDS		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2-8		2 FILER NAME TONDA CURRY		3 Filer ID (Ethics Commission Filers)	
4 Date 11-5-25		5 Payee name VAN ZANDT NEWSPAPERS			
6 Amount (\$) \$1,332.00		7 Payee address; PO BOX 577 CANTON <input type="checkbox"/> Check if individual's residence address.		City; TX	State; TX
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		(b) Description ENDORSEMENT AD		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 11-12-25		Payee name TEXAS GRAPHIX PLUS			
Amount (\$) 233.82		Payee address; 29593 STATE HWY 64 <input type="checkbox"/> Check if individual's residence address.		City; CANTON	State; TX
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		Description STAFF SHIRTS		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 11/18/25		Payee name CANTON MAINSTREET			
Amount (\$) 50.00		Payee address; 201 N BUFFALO ST <input type="checkbox"/> Check if individual's residence address.		City; CANTON	State; TX
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		Description PARADE ENTRY		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3-8	2 FILER NAME TONDA CURRY	3 Filer ID (Ethics Commission Filers)
4 Date 11/18/25	5 Payee name NATIONAL RIFLE ASSOCIATION	
6 Amount (\$) 350 ⁰⁰	7 Payee address; City; State; Zip Code 11250 WAPLES HILL ROAD FAIRFAX VA 22030 <input type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONTRIBUTION	(b) Description CONTRIBUTION
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---------------------------------------------------------------------	-------------------------------	---------------	-------------

Date 11/18/25	Payee name REPUBLICAN PARTY OF VAN ZANDT COUNTY		
Amount (\$) 1,250 ⁰⁰	Payee address; City; State; Zip Code - <input type="checkbox"/> Check if individual's residence address.		

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FILING FEE	Description FILING FEE
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
------------------------------------------------------------	-------------------------------	---------------	-------------

Date 11/21/25	Payee name DISTRICT 903 COFFEE		
Amount (\$) 66.42	Payee address; City; State; Zip Code 202 W. O'NEAL ST WILLS POINT TX 75169 <input type="checkbox"/> Check if individual's residence address.		

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE	Description BEVERAGES FOR EVENT
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
------------------------------------------------------------	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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: 4-8	2 FILER NAME TONDA CURRY	3 Filer ID (Ethics Commission Filers)
-----------------------------------	-----------------------------	---------------------------------------

4 Date 11/21/25	5 Payee name VAN ZANDT NEWSPAPERS
--------------------	--------------------------------------

6 Amount (\$) 699 ⁰⁰	7 Payee address; PO BOX 577 CANTON TX 75103
<input type="checkbox"/> Check if individual's residence address.	

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description WEBSITE
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
-------------------------------------------------------	-------------------------------	---------------	-------------

Date 11/24/25	Payee name BUTLER 7 MEDIA
------------------	------------------------------

Amount (\$) 1099 ⁰⁰	Payee address; 100 N. COTTONWOOD RICHARDSON TX 75080
<input type="checkbox"/> Check if individual's residence address.	

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description RADIO ADS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
-----------------------------------------------------	-------------------------------	---------------	-------------

Date 11/26/25	Payee name VISTA PRINT
------------------	---------------------------

Amount (\$) \$ 221.68	Payee address; WWW.VISTAPRINT.COM
<input type="checkbox"/> Check if individual's residence address.	

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description PALM CARDS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
-----------------------------------------------------	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5-8	2 FILER NAME TONDA CURRY	3 Filer ID (Ethics Commission Filers)
4 Date 10/15/25	5 Payee name GRAND SALINE SUN	
6 Amount (\$) 500.00	7 Payee address; City; State; Zip Code PO BOX 608 GRAND SALINE TX 75140	
<input type="checkbox"/> Check if individual's residence address.		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING	(b) Description EVENT AD
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

Date 11/28/25	Payee name LAMAR OUTDOOR ADVERTISING		
Amount (\$) \$ 3744.00	Payee address; City; State; Zip Code 149 5TH AVE NEW YORK NY 10010		
<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING		Description BILLBOARD
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH			
Candidate / Officeholder name			
Office sought			
Office held			

Date 11/28/25	Payee name GRAND SALINE SUN		
Amount (\$) \$ 1,000	Payee address; City; State; Zip Code PO BOX 608 GRAND SALINE TX 75140		
<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING		Description NEWS PAPER AD
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH			
Candidate / Officeholder name			
Office sought			
Office held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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: 6-8		2 FILER NAME TONDA CURRY		3 Filer ID (Ethics Commission Filers)	
4 Date 12/12/25		5 Payee name ETSY			
6 Amount (\$) \$52.32		7 Payee address; City; State; Zip Code www.etsy.com <input type="checkbox"/> Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE		(b) Description NAME TAGS		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 12/12/25		Payee name TEXAS GRAFIX PLUS			
Amount (\$) \$129.90		Payee address; City; State; Zip Code 29593 STATE HWY 64 CANTON TX 75103 <input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		Description CAPS FOR STAFF		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 12/15/25		Payee name WALMART			
Amount (\$) \$138.71		Payee address; City; State; Zip Code 603 TX-243 CANTON TX 75103 <input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE		Description PARADE SUPPLIES		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

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	Printing Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services		Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 7-8	2 FILER NAME TONDA CURRY	3 Filer ID (Ethics Commission Filers)
4 Date 12/15/25	5 Payee name CRAFT 64	
6 Amount (\$) \$ 50.02	7 Payee address; City; State; Zip Code 30174 STATE HWY 64 CANTON TX 75103 <input type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FOOD BEVERAGE EXPENSE	(b) Description FOOD FOR MEETING
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12/29/25	Payee name VAN ZANDT H-H	
Amount (\$) 250 ⁰⁰	Payee address; City; State; Zip Code 235 EAST GROVE ST CANTON TX 75103 <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description H-H EVENT SPONSORSHIP
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12/30/25	Payee name 2 HOT CHIPS	
Amount (\$) 2834 ⁷⁷	Payee address; City; State; Zip Code 416 W STATE HWY 243 CANTON TX 75103 <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description SIGNS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 8-8	2 FILER NAME TONDA CURRY	3 Filer ID (Ethics Commission Filers)
4 Date 11/28/25	5 Payee name CANTON LIONS CLUB	
6 Amount (\$) \$100.00	7 Payee address; 17280 1-20 SERVICE RD <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code CANTON TX 75103
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) DONATION	(b) Description DONATION
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---------------------------------------------------------------------	-------------------------------	---------------	-------------

Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
	<input type="checkbox"/> Check if individual's residence address.		

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
------------------------------------------------------------	-------------------------------	---------------	-------------

Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
	<input type="checkbox"/> Check if individual's residence address.		

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
------------------------------------------------------------	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED