

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 <i>TONDA</i>	MI <i>L</i>	OFFICE USE ONLY <small>Date Received</small> 2026 JAN 15 PM 3:24 <small>DEPUTY</small> <small>Date Hand delivered or Date Postmarked</small> <small>Receipt #</small> <input type="text"/> <small>Amount \$</small> <small>Date Processed</small> <small>Date Imaged</small>		
	NICKNAME	LAST <i>CURRY</i>	SUFFIX			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	
	<i>207 S BUFFALO #99 CANTON TX 75103</i>					
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE ([REDACTED])	PHONE NUMBER [REDACTED]	EXTENSION			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST <i>SUE</i>	MI	<small>Date Hand delivered or Date Postmarked</small> <small>Receipt #</small> <input type="text"/> <small>Amount \$</small> <small>Date Processed</small> <small>Date Imaged</small>		
	NICKNAME	LAST <i>BAUGH</i>	SUFFIX			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;			CITY;	STATE; ZIP CODE	
	<i>PO Box 173 CANTON TX 75103</i>					
8 CAMPAIGN TREASURER PHONE	AREA CODE [REDACTED]	PHONE NUMBER [REDACTED]	EXTENSION			
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15		<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)	
	<input type="checkbox"/> July 15		<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month <i>7</i>	Day <i>11</i>	Year <i>/25</i>	Month <i>12</i>	Day <i>31</i>	Year <i>/25</i>
11 ELECTION	ELECTION DATE Month Day Year <i>3/3/26</i>		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special Description			
12 OFFICE	OFFICE HELD (if any) <i>Criminal District Attorney</i>			13 OFFICE SOUGHT (if known) <i>Criminal District Attorney</i>		
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.					
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME				
		COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME

TONDA CURRY

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION
TOTALS

1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 688.95
2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 45,974.39

EXPENDITURE
TOTALS

3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 299.73
4.	TOTAL POLITICAL EXPENDITURES	\$ 15,322.08

CONTRIBUTION
BALANCE

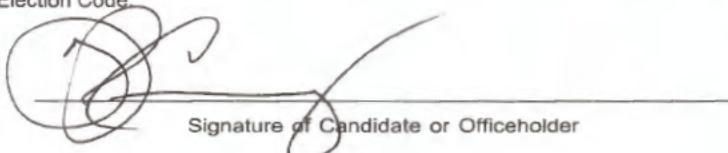
5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 33,665.69
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OUTSTANDING
LOAN TOTALS

6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0
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18 SIGNATURE

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.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ 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

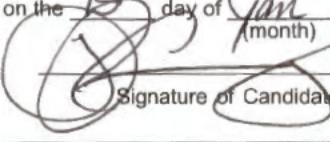
OR

(2) Unsworn Declaration

My name is TONDA CURRY, and my date of birth is 2-8-63.
My address is 2075 BUFFALO # 99, CANTON, TX, 75103, USA.

(street) (city) (state) (zip code) (country)

Executed in WANZANDT County, State of TEXAS, on the 15 day of Jan, 2026.


Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME	20 Filer ID (Ethics Commission Filers)	
TONDA CURRY		
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 45,974.39	
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3. <input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 45,000	
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$	
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 15,322.08	
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: <i>1 - 7</i>
2 FILER NAME <i>TONDA CURRY</i>			3 Filer ID (Ethics Commission Filers)
4 Date <i>10/17/25</i>	5 Full name of contributor <i>DANIEL Cox</i>	<input type="checkbox"/> out-of-state PAC (ID#:)	7 Amount of contribution (\$) <i>700⁰⁰</i>
6 Contributor address; <i>[REDACTED]</i>		City; <i>[REDACTED]</i> State; <i>[REDACTED]</i> Zip Code <i>[REDACTED]</i>	
8 Principal occupation / Job title (See Instructions) <i>ATTORNEY</i>		9 Employer (See Instructions)	
Date <i>10/21/25</i>	Full name of contributor <i>MICHAEL WORK</i>	<input type="checkbox"/> out-of-state PAC (ID#:)	Amount of contribution (\$) <i>833.14</i>
Contributor address; <i>[REDACTED]</i>		City; <i>[REDACTED]</i> State; <i>[REDACTED]</i> Zip Code <i>[REDACTED]</i>	
Principal occupation / Job title (See Instructions) <i>RETired</i>		Employer (See Instructions)	
Date <i>10/30/25</i>	Full name of contributor <i>David & Deborah Dobbs</i>	<input type="checkbox"/> out-of-state PAC (ID#:)	Amount of contribution (\$) <i>500⁰⁰</i>
Contributor address; <i>[REDACTED]</i>		City; <i>[REDACTED]</i> State; <i>[REDACTED]</i> Zip Code <i>[REDACTED]</i>	
Principal occupation / Job title (See Instructions) <i>ATTORNEY</i>		Employer (See Instructions) <i>SELF</i>	
Date <i>10/24/25</i>	Full name of contributor <i>D.P.N. & BENESEGNE KIRKPATRICK</i>	<input type="checkbox"/> out-of-state PAC (ID#:)	Amount of contribution (\$) <i>250⁰⁰</i>
Contributor address; <i>[REDACTED]</i>		City; <i>[REDACTED]</i> State; <i>[REDACTED]</i> Zip Code <i>[REDACTED]</i>	
Principal occupation / Job title (See Instructions) <i>RETired</i>		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.

<p>The Instruction Guide explains how to complete this form.</p>				1 Total pages Schedule A1: 2-7
2 FILER NAME Tonda Curry				3 Filer ID (Ethics Commission Filers)
4 Date 10/28/25	5 Full name of contributor JOHN & ROSALIND NORMAN	<input type="checkbox"/> out-of-state PAC (ID#: 		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 10/28/25	Full name of contributor D. MAT. BINGHAM	<input type="checkbox"/> out-of-state PAC (ID#: 		Amount of contribution (\$) 1,000 ⁰⁰
Contributor address; 			City; 	State;
Principal occupation / Job title (See Instructions) Attorney			Employer (See Instructions) Self	
Date 10/28/25	Full name of contributor JAMES & Kim WRIGHT	<input type="checkbox"/> out-of-state PAC (ID#: 		Amount of contribution (\$) 100 ⁰⁰
Contributor address; 			City; 	State;
Principal occupation / Job title (See Instructions) Attorney			Employer (See Instructions) Self	
Date 10/28/25	Full name of contributor MARK DRIVER	<input type="checkbox"/> out-of-state PAC (ID#: 		Amount of contribution (\$) 1,000 ⁰⁰
Contributor address; 			City; 	State;
Principal occupation / Job title (See Instructions) Attorney			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: <i>3-1</i>
2 FILER NAME <i>Tonda Curry</i>				3 Filer ID (Ethics Commission Filers)
4 Date <i>10/28/25</i>	5 Full name of contributor <i>Rickey & Kathy Baugh</i>	<input type="checkbox"/> out-of-state PAC (ID#:)		7 Amount of contribution (\$) <i>\$ 200.00</i>
6 Contributor address; [REDACTED]	City; [REDACTED]	State; [REDACTED]	Zip Code [REDACTED]	
8 Principal occupation / Job title (See Instructions) <i>RETIRED / FUNERAL SERVICES</i>			9 Employer (See Instructions) <i>SELF</i>	
Date <i>10/28/25</i>	Full name of contributor <i>DAVID DUTTON</i>	<input type="checkbox"/> out-of-state PAC (ID#:)		Amount of contribution (\$) <i>\$ 200.00</i>
Contributor address; [REDACTED]	City; [REDACTED]	State; [REDACTED]	Zip Code [REDACTED]	
Principal occupation / Job title (See Instructions) <i>RETIRED</i>			Employer (See Instructions) <i>SELF</i>	
Date <i>10/28/25</i>	Full name of contributor <i>JACKIE & LEE ANN PRISNER</i>	<input type="checkbox"/> out-of-state PAC (ID#:)		Amount of contribution (\$) <i>\$ 100.00</i>
Contributor address; [REDACTED]	City; [REDACTED]	State; [REDACTED]	Zip Code [REDACTED]	
Principal occupation / Job title (See Instructions) <i>RETIRED</i>			Employer (See Instructions)	
Date <i>10/28/25</i>	Full name of contributor <i>GARY & MARY LOU KELLER</i>	<input type="checkbox"/> out-of-state PAC (ID#:)		Amount of contribution (\$) <i>\$ 100.00</i>
Contributor address; [REDACTED]	City; [REDACTED]	State; [REDACTED]	Zip Code [REDACTED]	
Principal occupation / Job title (See Instructions) <i>RETIRED</i>			Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

<p>The Instruction Guide explains how to complete this form.</p>				1 Total pages Schedule A1: 4-1
2 FILER NAME <i>TONDA CURRY</i>				3 Filer ID (Ethics Commission Filers)
4 Date <i>10/28/25</i>	5 Full name of contributor <i>KELLY HERNANDEZ</i>	<input type="checkbox"/> out-of-state PAC (ID#: _____)		7 Amount of contribution (\$) <i>50.00</i>
	6 Contributor address: <i>[REDACTED]</i>	City: <i>[REDACTED]</i>	State: <i>[REDACTED]</i>	Zip Code: <i>[REDACTED]</i>
8 Principal occupation / Job title (See Instructions) <i>RETIRED</i>			9 Employer (See Instructions)	
Date <i>10/28/25</i>	Full name of contributor <i>DAVID & BARBARA CROW</i>	<input type="checkbox"/> out-of-state PAC (ID#: _____)		Amount of contribution (\$) <i>6100.00</i>
Contributor address: <i>[REDACTED]</i>			City: <i>[REDACTED]</i>	State: <i>[REDACTED]</i>
Principal occupation / Job title (See Instructions) <i>RETIRED</i>			Employer (See Instructions)	
Date <i>10/28/25</i>	Full name of contributor <i>MARVIN SHAW</i>	<input type="checkbox"/> out-of-state PAC (ID#: _____)		Amount of contribution (\$) <i>500.00</i>
Contributor address: <i>[REDACTED]</i>			City: <i>[REDACTED]</i>	State: <i>[REDACTED]</i>
Principal occupation / Job title (See Instructions) <i>RETIRED</i>			Employer (See Instructions)	
Date <i>10/28/25</i>	Full name of contributor <i>JAMES H. ROBERTS, III</i>	<input type="checkbox"/> out-of-state PAC (ID#: _____)		Amount of contribution (\$) <i>25,000.00</i>
Contributor address: <i>[REDACTED]</i>			City: <i>[REDACTED]</i>	State: <i>[REDACTED]</i>
Principal occupation / Job title (See Instructions) <i>BUSINESS OWNER</i>			Employer (See Instructions) <i>SELF</i>	
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 Angelica Williams	<input type="checkbox"/> out-of-state PAC (ID#: 196 10		
6 Contributor address; [REDACTED]	City; [REDACTED]	State; [REDACTED]	Zip Code [REDACTED]	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)	
Date 10/28/25	Full name of contributor RDK GLOBAL / DAVID FOX	<input type="checkbox"/> out-of-state PAC (ID#: 2,500 00		
Contributor address; [REDACTED]	City; [REDACTED]	State; [REDACTED]	Zip Code [REDACTED]	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date 11/24/25	Full name of contributor BIGGS AND GREENSCARDE LLC	<input type="checkbox"/> out-of-state PAC (ID#: 10,000 00		
Contributor address; [REDACTED]	City; Tucson	State; [REDACTED]	Zip Code [REDACTED]	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
ATTORNEY			SELF	
Date 11/28/25	Full name of contributor Timmy PICKENS	<input type="checkbox"/> out-of-state PAC (ID#: 500		
Contributor address; [REDACTED]	City; [REDACTED]	State; [REDACTED]	Zip Code [REDACTED]	Amount of contribution (\$)
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.				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

<p>The Instruction Guide explains how to complete this form.</p>				1 Total pages Schedule A1: <i>6 - 7</i>
2 FILER NAME <i>TENDA CURRY</i>				3 Filer ID (Ethics Commission Filers)
4 Date <i>11/10/25</i>	5 Full name of contributor <i>Cynthia Jeff Hardin</i>	<input type="checkbox"/> out-of-state PAC (ID#: <i>.....</i>)		7 Amount of contribution (\$) <i>500⁰⁰</i>
	6 Contributor address; <i>[REDACTED]</i>	City; <i>[REDACTED]</i>	State; Zip Code <i>[REDACTED] [REDACTED]</i>	
8 Principal occupation / Job title (See Instructions) <i>HEALTH CARE</i>			9 Employer (See Instructions) <i>Self</i>	
Date <i>11/4/25</i>	Full name of contributor <i>MARY LYNN BAXON</i>	<input type="checkbox"/> out-of-state PAC (ID#: <i>.....</i>)		Amount of contribution (\$) <i>200⁰⁰</i>
	Contributor address; <i>[REDACTED]</i>	City; <i>[REDACTED]</i>	State; Zip Code <i>[REDACTED] [REDACTED]</i>	
Principal occupation / Job title (See Instructions) <i>RETAIL</i>			Employer (See Instructions) <i>SELF</i>	
Date <i>12/12/25</i>	Full name of contributor <i>BRETT HARRISON</i>	<input type="checkbox"/> out-of-state PAC (ID#: <i>.....</i>)		Amount of contribution (\$) <i>1,000⁰⁰</i>
	Contributor address; <i>[REDACTED]</i>	City; <i>[REDACTED]</i>	Zip Code <i>[REDACTED]</i>	
Principal occupation / Job title (See Instructions) <i>ATTORNEY</i>			Employer (See Instructions) <i>FILES, HARRISON, MILLISAGE</i>	
Date <i>12/12/25</i>	Full name of contributor <i>ROBERT DOD</i>	<input type="checkbox"/> out-of-state PAC (ID#: <i>.....</i>)		Amount of contribution (\$) <i>245¹⁵</i>
	Contributor address; <i>[REDACTED]</i>	City; <i>[REDACTED]</i>	State; Zip Code <i>[REDACTED]</i>	
Principal occupation / Job title (See Instructions) <i>REAL ESTATE</i>			Employer (See Instructions) <i>SELF</i>	
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: <i>7-7</i>
2 FILER NAME <i>Tonda Curry</i>		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <i>Bert Morris</i>	6 Contributor address; City; State; Zip Code
		7 Amount of contribution (\$) <i>\$ 100.00</i>
8 Principal occupation / Job title (See Instructions) <i>RETIRED</i>		9 Employer (See Instructions)
Date	Full name of contributor	□ 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	□ 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	□ 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.		

PLEDGED CONTRIBUTIONS

SCHEDULE B

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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: 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; Zip Code 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; TX	State; Zip Code 75754
<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; TX	State; Zip Code 75754
<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

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**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: 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	City; State; Zip Code 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 ENDORSEMENT AD	
	<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 11-12-25	Payee name TEXAS GRAPHIX PLUS		
Amount (\$) 233.82	Payee address; 29593 STATE HWY 64	City; State; Zip Code 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 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	Office held
Date 11/18/25	Payee name CANTON MAINSTREET		
Amount (\$) 50.00	Payee address; 201 N BUFFALO St	City; State; Zip Code 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 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	Office held

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**POLITICAL EXPENDITURES MADE
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SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking Fees	Food/Beverage Expense	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Gift/Awards/Memorials Expense	Printing Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Travel Out Of District
Credit Card Payment			Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3-8	2 FILER NAME TONIA 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; 11250 WAPLES HILL ROAD	City; FAIRFAX State; VA Zip Code 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; 202 W. O'NEAL ST	City; WILLS POINT TX	State; Zip Code 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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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: <i>4-8</i>	2 FILER NAME <i>TONDA CURRY</i>	3 Filer ID (Ethics Commission Filers)	
4 Date <i>11/21/25</i>	5 Payee name <i>VAN ZANDT NEWSPAPERS</i>		
6 Amount (\$) <i>699.00</i>	7 Payee address; <i>PO Box 577</i>	City; <i>CANTON</i>	
		State; <i>Tx</i>	
		Zip Code <i>75103</i>	
<input type="checkbox"/> Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description <i>WEBSITE</i>	
	<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 <i>11/24/25</i>	Payee name <i>Butter 7 MEDIA</i>		
Amount (\$) <i>1099.00</i>	Payee address; <i>100 N. COTTONWOOD RICHARDSON</i>	City; <i>Tx</i>	Zip Code <i>75080</i>
<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>ADVERTISING</i>	Description <i>RADIO ADS</i>	
	<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 <i>11/26/25</i>	Payee name <i>VISTA PRINT</i>		
Amount (\$) <i>221.68</i>	Payee address; <i>WWW.VISTAPRINT.COM</i>	City;	State; <i>Tx</i>
<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>ADVERTISING</i>	Description <i>PALM CARDS</i>	
	<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
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
5-8	TONDA CURRY		
4 Date	5 Payee name		
10/15/25	GRAND SALINE SUN		
6 Amount (\$)	7 Payee address;	City; State; Zip Code	
500.00	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)	(b) Description	
	ADVERTISING	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
11/28/25	LAMAR OUTDOOR ADVERTISING		
Amount (\$)	Payee address;	City; State; Zip Code	
3744.00	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)	Description	
	ADVERTISING	BILLBOARD	
<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		
11/28/25	GRAND SALINE SUN		
Amount (\$)	Payee address;	City; State; Zip Code	
1,000	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)	Description	
	ADVERTISING	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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SCHEDULE F1

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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: <i>6-8</i>	2 FILER NAME <i>TONIA CUREY</i>	3 Filer ID (Ethics Commission Filers)	
4 Date <i>12/12/25</i>	5 Payee name <i>ETSY</i>		
6 Amount (\$) <i>\$52.32</i>	7 Payee address; <i>www.etsy.com</i> <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>EVENT EXPENSE</i>	(b) Description <i>NAME TAGS</i>	
	<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 <i>12/12/25</i>	Payee name <i>TEXAS GRAFIC PLUS</i>		
Amount (\$) <i>\$129.90</i>	Payee address; <i>29593 STATE Hwy 64</i> <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code <i>CANTON TX 75103</i>	
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>ADVERTISING EXPENSE</i>	Description <i>CAPS FOR STAFF</i>	
	<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 <i>12/15/25</i>	Payee name <i>WALMART</i>		
Amount (\$) <i>\$138.71</i>	Payee address; <i>603 TX-243</i> <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code <i>CANTON TX 75103</i>	
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>EVENT EXPENSE</i>	Description <i>PARADE SUPPLIES</i>	
	<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

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**POLITICAL EXPENDITURES MADE
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SCHEDULE F1

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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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
7-8	TONDA CURRY		
4 Date	5 Payee name		
12/15/25	CRAFT 64		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$ 50.02	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	
	<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		
12/29/25	VAN ZANDT 4-H		
Amount (\$)	Payee address; City; State; Zip Code		
250 "	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 4-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	Payee name		
12/30/25	Z HOT CHICS		
Amount (\$)	Payee address; City; State; Zip Code		
2834 77	410 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
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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: 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	City: CANTON State: TX Zip Code 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) 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

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