

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 TONDA L NICKNAME LAST SUFFIX CURRY	OFFICE USE ONLY Date Received FILED FOR RECORD 2026 FEB 23 PM 9:38 SUSAN STRICKLAND COUNTY CLERK, VAN ZANDT BY _____ Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 207 S. BUFFALO #99 CANTON, TX 75103 <input type="checkbox"/> Change of Address		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION [REDACTED]		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI SUE NICKNAME LAST SUFFIX BAUGH		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 207 S BUFFALO #99 CANTON TX 75103 (Residence or Business)		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION [REDACTED]		
9 REPORT TYPE	<input 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 checked="" 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 Day Year Month Day Year 1 / 23 / 2026 THROUGH 2 / 21 / 26		
11 ELECTION	ELECTION DATE Month Day Year 3 / 3 / 26	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) CRIMINAL DISTRICT ATTORNEY	13 OFFICE SOUGHT (if known) 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.		
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE <input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME LOCAL CONSERVATIVES FOR LIBERTY PAC COMMITTEE ADDRESS PO Box 109521 DALLAS TX 75219 COMMITTEE CAMPAIGN TREASURER NAME JILL DUTTON COMMITTEE CAMPAIGN TREASURER ADDRESS 411 VZCR 4503 BEN WHEELER TX 75754	

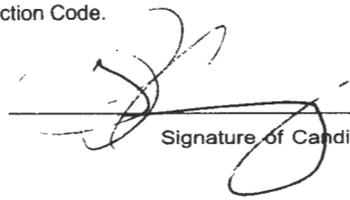
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME		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)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 40,040.31
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 195.44
	4. TOTAL POLITICAL EXPENDITURES	\$ 28,255.15
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 32,799.01
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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 207 S. BUFFALO #99, CANTON, TX, 75103, USA.
(street) (city) (state) (zip code) (country)
 Executed in VAN ZANDT County, State of TEXAS, on the 22nd day of FEB, 2026.
(month) (year)



 Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

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

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 40,040. ³¹
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 E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 32,603. ⁵⁷
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: 4
2 FILER NAME TENDA CURRY		3 Filer ID (Ethics Commission Filers)
4 Date 1/30/26	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ERLICH WILEY CAMPAIGN	7 Amount of contribution (\$) \$ 250⁰⁰
6 Contributor address; City; State; Zip Code [REDACTED]		
8 Principal occupation / Job title (See Instructions) ATTORNEY		9 Employer (See Instructions) STATE OF TEXAS
Date 1/30/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KATE BELL ERIC KIERLEBER	Amount of contribution (\$) \$ 8,400⁰⁰
Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions) PUBLIC RELATIONS		Employer (See Instructions)
Date 1/30/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JCEL CUSTY ELLIOTT	Amount of contribution (\$) \$ 500⁰⁰
Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) SELF
Date 1/30/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JED EDWIN	Amount of contribution (\$) 2500⁰⁰
Contributor address; City; State; Zip Code [REDACTED]		
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: 4
2 FILER NAME TONDA CURRY		3 Filer ID (Ethics Commission Filers)
4 Date 1/30/26	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MICHAELA BREWER	7 Amount of contribution (\$) \$ 1000.00
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/30/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) REEHAN BUSBY	Amount of contribution (\$) \$ 15,000
Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions) INVESTMENTS		Employer (See Instructions)
Date 1/30/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SARAH FLAY	Amount of contribution (\$) 1500.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/3/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAXIN JACOBS	Amount of contribution (\$) \$ 5,000.00
Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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: <u>4</u>
2 FILER NAME <u>TONDA CURRY</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>2/3/26</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>JONATHAN DIKERSON</u>	7 Amount of contribution (\$) <u>\$5,000.00</u>
6 Contributor address; City; State; Zip Code [REDACTED]		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>2/11/26</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>LINDA LUKKEN</u>	Amount of contribution (\$) <u>\$500.00</u>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>2/13/26</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>DAVID CROW</u>	Amount of contribution (\$) <u>\$300.00</u>
Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions) <u>RETIRED</u>		Employer (See Instructions)
Date <u>2/7/24</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Srinivash Anandhar</u>	Amount of contribution (\$) <u>342.31</u>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions) <u>Attorney</u>		Employer (See Instructions) <u>Self</u>

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.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>4</u>
2 FILER NAME <u>TONDA CURRY</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>2/13/24</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>ELISE NELSON</u>	7 Amount of contribution (\$) <u>\$ 98.00</u>
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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 | 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	2 FILER NAME TONDA CURRY	3 Filer ID (Ethics Commission Filers)
4 Date 1/31/26	5 Payee name GRAND SALINE SUN	
6 Amount (\$) \$ 1,000	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING	(b) Description ONLINE ADVERT
	(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 2/12/26	Payee name CANTON FFA	
Amount (\$) \$ 790 ⁰⁰	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTRIBUTION / DONATION	Description DONATION
	<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 1/24/26	Payee name REPUBLICAN WOMEN VZ	
Amount (\$) 5500	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTRIBUTIONS / DONATION	Description DONATION
	<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: <u>5</u>	2 FILER NAME <u>TORDA CURRY</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>1/27/26</u>	5 Payee name <u>GRAND SALINE SALT FESTIVAL</u>	
6 Amount (\$) <u>575⁰⁰</u>	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>CONTRIBUTION/DONATION</u>	(b) Description <u>DONATION</u>
	<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 <u>1/30/26</u>	Payee name <u>Z. HOT CHILIES SIGN CO</u>	
Amount (\$) <u>1308.75</u>	Payee address; City; State; Zip Code <u>410 W STATE HWY 243 CANTON TX 75103</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advertising</u>	Description <u>SIGNS</u>
	<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 <u>2/2/26</u>	Payee name <u>TRACTOR SUPPLY</u>	
Amount (\$) <u>57.36</u>	Payee address; City; State; Zip Code <u>301 E STATE HWY 243 CANTON TX 75103</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>ADVERTISING</u>	Description <u>SIGN SUPPLIES</u>
	<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: 5	2 FILER NAME LENOA CURRY	3 Filer ID (Ethics Commission Filers)
4 Date 2/2/26	5 Payee name VAN ZANDT NEWSPAPERS	
6 Amount (\$) 6900	7 Payee address; 103 E TYLER ST	City; State; Zip Code CANTON TX 75103
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) SALARIES/WAGES/LABOR	(b) Description WEBSITE MAINT
	(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 2/2/26	Payee name TRACTOR SUPPLY	
Amount (\$) 248 43	Payee address; 301 E STATE Hwy 243	City; State; Zip Code CANTON TX 75103
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description SIGN SUPPLIES
	<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 2/9/26	Payee name VZ COUNTY REPUBLICAN CLUB	
Amount (\$) 75000	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTRIBUTION DONATION	Description DONATION
	<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: 5	2 FILER NAME TONDA CURRY	3 Filer ID (Ethics Commission Filers)
4 Date 2/10/26	5 Payee name 2166T CHICS	
6 Amount (\$) 554.46	7 Payee address; 410 W STATE HWY 243	City; State; Zip Code CANTON TX 75103
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description SIGNS
	<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 2/11/26	Payee name APEX CANVASSING	
Amount (\$) 15,000	Payee address; 718 MAIN STREET CANTON CITY CO	City; State; Zip Code CO 81212
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description CANVASSING
	<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 2/11/26	Payee name KAP STRATEGIES	
Amount (\$) 6,103.95	Payee address; 220 QUINN DR	City; State; Zip Code DRIPPING SPRINGS TX 78620
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description MAILER
	<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: 5	2 FILER NAME TENDA CURRY	3 Filer ID (Ethics Commission Filers)
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4 Date 2/17/26	5 Payee name KAP STRATEGIES
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6 Amount (\$) 463.30	7 Payee address; 220 QUINN DR. DRIPPING SPRINGS TX	City;	State;	Zip Code 78620
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description TEXT CAMPAIGN
	<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
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Date 2/18/26	Payee name KAP STRATEGIES
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Amount (\$) 463.36	Payee address; 220 QUINN DR. DRIPPING SPRINGS TX	City;	State;	Zip Code 78620
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description TEXT CAMPAIGN
	<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
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Date 2/18/26	Payee name KAP STRATEGIES
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Amount (\$) 681.10	Payee address; 220 QUINN DR DRIPPING SPRINGS TX	City;	State;	Zip Code 78620
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	Description PUSH 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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED