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 f	iled:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	TONDA	h MI	OFFICE	EUSEONLY
NAME	NICKNAME	CURRY	SUFFIX	PILED FC	R RECORD
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		BUFFALO	CITY; STATE; ZIP CODE	SUSAN	1 5 2024
Change of Address		ON TX		COUNTY CLER	K, VAN ZANDT CO., TX
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		d or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	ROBIN	MI	Receipt # Date Processed	Amount \$
	NICKNAME	SHERWOO	SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	The state of the s	NO PO BOX PLEASE); APT / S		STATE:	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
9 REPORT TYPE	January 15 July 15	30th day before e	- Special Medical	treasurer a (Officehold	ofter campaign appointment er Only) ort (Attach C/OH - FR)
10 PERIOD COVERED	Month /	Day Year / 1 / 2 4	Month	Day Yes / / / 2	
11 ELECTION	Month Dey	Year Primary General	Runoff Other Description Special		
12 OFFICE	OFFICE HELD (If any)	AL DISTRICT A;	13 OFFICE SOUGHT (If known	1)	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFICE	EHOLDER. THESE EXPENDITURES	ACCEPTED OR POLITICAL EXPENDITURES IN S MAY HAVE BEEN MADE WITHOUT THE CANIRED TO REPORT THIS INFORMATION ONLY IF I	DIDATE'S OR OFFICEHOL	LDER'S KNOWLEDGE OR
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TRE	EASURER ADDRESS		
	1	GO TO	PAGE 2		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	9 FILER NAME 20 Filer ID (Ethics Com			
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT		
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$		
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$		
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$		
4.	SCHEDULE E: LOANS	\$		
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$		
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$		
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$		
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$		
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$		
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$		
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$		
12.	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.

TI	he Instruction Guide explains how	to complete th	ls form.	1 Total pages Schedule A1:
FILER NAM	TONDA CUER	4		3 Filer ID (Ethics Commission Filers)
2/9/24	5 Full name of contributor DAVID AND 4 6 Contributor address;		AC (ID#:) State; Zip Code	7 Amount of contribution (\$)
Principal oc	cupation / Job title (See Instructions)		9 Employer (See Instruct	tions)
Date	Date Full name of contributor out-of-state PAC (ID#:		AC (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occ	cupation / Job title (See Instructions)		Employer (See Instruct	ions)
Date	Full name of contributor	Out-of-state PA	B PAC (ID#:) Amount of contribution (\$)	
	Contributor address;	City;	State; Zip Code	
Principal occ	cupation / Job title (See Instructions)		Employer (See Instruct	ions)
Date Full name of contributor out-		Out-of-state PA	\C (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occ	cupation / Job title (See Instructions)		Employer (See Instruct	ions)
Principal occ	cupation / Job title (See Instructions)		Employer (See Instruct	ions)

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District 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 FILER NAME TONOA CURRY		3 Filer 1D (Ethics Commission Filers)
4 Date 2/10/24	5 Payee name TONDA CURRY		
6 Amount (\$)	7 Payee address; 207 3 Buffalo	ag City;	State; Zip Code 75103
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) LOAN REPRY	(b) Description	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
3/9/24	DeMOA'S RESTAURANT		
Amount (\$) 25 ***	Payee address; 210 E DALLAS ST CA	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	FOOD BRUZZAGE	Repub	Meeting
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 7/5/24	Payee name WAPOLI'S RESTAUL	RANT	
Amount (\$) 5 3 79	Payee address;	City; Terrell T	State; Zip Code X 75160
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food Beverage	Description	y Comm Yesting
	Check if travel outside of Texas. Complete Schedule T.	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 NEE	DED

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	NDA CURRY		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITIC PLEDGES, LOANS, OR GUAR CONTRIBUTIONS MADE ELE		\$ D
	2. TOTAL POLITICAL CONTR (OTHER THAN PLEDGES, LOA	IBUTIONS ANS, OR GUARANTEES OF LOANS	\$ 5000
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICA	AL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPEND	DITURES	\$ 828.79
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBU OF REPORTING PERIOD	TIONS MAINTAINED AS OF THE LA	ST DAY \$ 4/7/, 2/
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT O LAST DAY OF THE REPORTING	F ALL OUTSTANDING LOANS AS O	OF THE \$ 0
(1) Affidavit	Please comp	olete either option belo	w:
(1) Affidavit			
NOTARY STAMP/SEA			
Swom to and subscribed	before me by	this the	day of,
20, to certify	which, witness my hand and seal of office.		
Signature of officer administe	ring oath Printed name of of	ficer administering oath	Title of officer administering oath
		OR	
(2) Unsworn Declaration	on		
My name is /OND	a CURRY	, and my date of birth i	s 2-8-63
My address is 207	3 Buffalo St #99	CANTON	Tx . 75103, USA
Executed in VAN Z	(street) 7 NOT County, State of /EKAS	1	(state) (zip code) (country)
		Signature of Cand	lidate/Officeholder (Declarant)



Filer name

AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2024, a candidate or officeholder who has accepted more than \$32,810 in political contributions or made more than \$32,810 in political expenditures in any calendar year must file all subsequent reports electronically.

Date Received	
FILED	FOR RECORD
JU	JL 1 5 2024
	USAN STRICKLAND
BY	DEP
Receipt #	Amount \$
Receipt #	Amount \$

OFFICE LISE ONLY

 I swear or affirm that I have not accepted more than \$32,810 in political contributions or made more than \$32,810 in political expenditures in a calendar year.

Filer ID #

- I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I further swear or affirm that no person acting as my agent or consultant, and no person with whom I
 contract, uses computer equipment to keep current records of political contributions, political
 expenditures, or persons making political contributions to me.
- 4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$32,810 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 5. I am filing this affidavit with the semi-anusal report due on Tary 15 2024.

 I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

TONDA CHRRY

(1) Affidavit		Signature of Filer
NOTARY STAMP/SEAL		
Sworn to and subscribed before me by	this	the,
20, to certify which, witness my hand a	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 ION DA CURRY	, and my date of birt	h is 2-8-63
My address is 207 5 Buffe to (street)	99 <u>CAN TON</u> (city)	(x), (x) ,
Executed in VAN 24 NDT County, State		(month) (year)
	EMPT FROM THE ELECTRONIC FILING	