CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR FIRST 3 CANDIDATE / Mi OFFICE USE ONLY **OFFICEHOLDER** ONDA NAME Date Received LAST SUFFIX URRY CANDIDATE / ADDRESS / PO BOX; STATE: **FILE FOR RECORD** OFFICEHOLDER S. BUFFALO MAILING IUL 1 5 2025 **ADDRESS** Change of Address SUSAN STRICKLAND AREA CODE 5 CANDIDATE/ EXTENSION Date Transidentered or Date Postmente **OFFICEHOLDER** (903)PHONE Amount \$ 6 CAMPAIGN **TREASURER Date Processed** NAME NICKNAME Date Imaged BAULH STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY STATE: CAMPAIGN ZIP CODE POBOX TREASURER **ADDRESS** CANTON Tx 75103 (Residence or Business) PHONE NUMBER 8 CAMPAIGN AREA CODE EXTENSION TREASURER PHONE 6880 356 9 REPORT TYPE 15th day after campaign 30th day before election Runoff treasurer appointment (Officeholder Only) July 15 **Exceeded Modified** Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD Day Year Month COVERED 30/25 THROUGH **ELECTION DATE ELECTION TYPE** 11 ELECTION Primary Runoff Other Month Day Year Description General Special 12 OFFICE OFFICE HELD (If any) 13 OFFICE SOUGHT (If known) 14 NOTICE FROM 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 POLITICAL CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC

COMMITTEE CAMPAIGN TREASURER ADDRESS

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 POLITICAL CONTRIBUTIONS (OTHER THAT PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ O			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0			
EXPENDITURE TOTALS	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 245.45			
	4. TOTAL POLITICAL EXPENDITURES	\$ 540.68			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY				
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OLAST DAY OF THE REPORTING PERIOD	F THE \$			
Please complete either option below:					
(1) Affidavit					
NOTARY STAMP/SEA	T . 1	15th day of Tuly			
	which, witness my hand and seal of office. MaddoX MaddoX	Dep. Co. Cler K Title of officer administering oath			
	OR				
(2) Unsworn Declaration	on				
My name is	, and my date of birth is				
My address is		·			
	(street) (city)	(state) (zip code) (country)			
Executed in	County, State of, on the day of(mont	h) , 20			
	Signature of Cand	idate/Officeholder (Declarant)			

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME TONDA CURRY		
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	\$	

PLEDGED 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. 2 FILER NAME			Total pages Schedule B: Filer ID (Ethics Commission Filers)	
4 TOTAL OF	UNITEMIZED PLEDGES		\$	
5 Date	6 Full name of pledgor out-of-state PAC (ID#:		8 Amount of Pledge \$	9 In-kind contribution description
	Ben Wheeler 14 7575	4	Check if travel outsi	de of Texas. Complete Schedule T.
		11 Employer (See	Instructions)	
Date Full name of pledgor out-of-state PAC (ID#: CHARLES PALTNEY Pledgor address; City; State; Zip Code 194 VZCR 4707		Amount of Pledge \$	In-kind contribution description	
	Ben Wheeler Tx 75754	!	Check if travel outside	de of Texas. Complete Schedule T.
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
HAN	reh i NG			
Date Full name of pledgor out-of-state PAC (ID#:) Pledgor address; City; State; Zip Code		Amount of Pledge \$	In-kind contribution description	
			Const. K annual and	is of Taura Committee Cabadula T
		5 1 (0		de of Texas. Complete Schedule T.
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of pledgor out-of-state PAC (ID#: Pledgor address; City; State;	Zip Code	Amount of Pledge \$	In-kind contribution description
	, respectively			
			Check if travel outside	de of Texas. Complete Schedule T.
Principal occur	pation / Job title (See Instructions)	Employer (See	Instructions)	

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
Candibout Donations Made Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarias Manage/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/V The Instruction Guide explains how to o	Vages/Contract Labor Othe	er (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME TONDA CURRY	3 F	ller ID (Ethics Commission Filers)		
4 Date 6/21/25	5 Payee name C12AFT 64				
6 Amount (\$) 101. 9 8	7 Payee address; 30176 STATE HIGWAWAY 6 CANTON TX 75103	City;	State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FOOO BEVERAGE	(b) Description COMMITTEE MEETING			
9 Complete ONLY if direct expenditure to benefit C/Oł	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Office sought	Office held		
Date 4/11/23	Payee name LANCE GOODEN CAN	19416 N			
Amount (\$)	Payee address; 201 W. Nash # 103 Terrell, Tx 7560	City;	State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Contribution	N		
	Check if travel outside of Texas. Complete Schedule T.	Check If Austin, TX, o	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date 3 / 2 5	Payee name				
Amount (\$)	Payee address;	City;	State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) TRAVEL TO AUSTIN/RETURN	Description TRAVEL			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, o	officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED			