

# GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC  
COVER SHEET PG 1

|   |  |  |                                   |
|---|--|--|-----------------------------------|
| <b>The GPAC Instruction Guide explains how to complete this form.</b>                         |  | <b>1</b> Filer ID<br>(Ethics Commission Filers)<br>00015890  | <b>2</b> Total pages filed:<br>18 |
| <b>3</b> COMMITTEE NAME<br>Texas Veterinary Medical Assn. PAC                                 |  | <b>OFFICE USE ONLY</b>   |                                   |
|   |  | Date Received<br>ELECTRONICALLY FILED<br>07/13/2023  |                                   |
|   |  | Date Hand-delivered or Date Postmarked   |                                   |
|   |  | Receipt #  | Amount                            |
|   |  | Date Processed   |                                   |
|   |  | Date Imaged  |                                   |
| <b>4</b> COMMITTEE ADDRESS<br><br><input type="checkbox"/> Change of Address                  | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>8104 Exchange Dr.<br><br>Austin, TX 78754  |  |                                   |
|   | <b>5</b> CAMPAIGN TREASURER NAME<br><br>MS / MRS / MR FIRST MI<br>Dr. Helen K.<br><br>NICKNAME LAST SUFFIX<br>Keven McShane DVM  |  |                                   |
| <b>6</b> CAMPAIGN TREASURER STREET ADDRESS<br><br>(Residence or Business)                     | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br>8104 Exchange Dr.<br><br>Austin, TX 78754   |  |                                   |
| <b>7</b> CAMPAIGN TREASURER MAILING ADDRESS<br><br><input type="checkbox"/> Change of Address | STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>8104 Exchange Dr.<br><br>Austin, TX 78754  |  |                                   |
| <b>8</b> CAMPAIGN TREASURER PHONE   | AREA CODE PHONE NUMBER EXTENSION<br>(512) 452-4224   |  |                                   |
| <b>9</b> REPORT TYPE  | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR)<br><input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination<br><input type="checkbox"/> Runoff |  |                                   |
| <b>10</b> PERIOD COVERED  | Month Day Year      Month Day Year<br>01/01/2023      THROUGH      06/30/2023  |  |                                   |
| <b>11</b> ELECTION  | ELECTION DATE<br>Month Day Year<br>11/02/2023  | ELECTION TYPE<br><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other<br><input checked="" type="checkbox"/> General <input type="checkbox"/> Special |                                   |

**GO TO PAGE 2**

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**  
COVER SHEET PG 2

|  |   |
|--|---|
| <b>12 COMMITTEE NAME</b><br>Texas Veterinary Medical Assn. PAC | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00015890 |
|--|---|

|   |  |              |
|---|--|--------------|
| <b>14 COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)             | A. Supported |
|   |  | B. Opposed   |
|   | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)       | A. Supported |
|   |  | B. Opposed   |
|   | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.) |              |

|                               |   |               |
|-------------------------------|---|---------------|
| <b>15 CONTRIBUTION TOTALS</b> | <b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b><br><input type="checkbox"/> check here if this report qualifies for the higher itemization threshold | \$ 57,650.86  |
|                               | <b>2. TOTAL POLITICAL CONTRIBUTIONS</b><br>(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ 59,750.85  |
| EXPENDITURE TOTALS            | <b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>   | \$ 14.40      |
|                               | <b>4. TOTAL POLITICAL EXPENDITURES</b>  | \$ 27,501.28  |
| CONTRIBUTION BALANCE          | <b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>   | \$ 546,536.37 |
| OUTSTANDING LOAN TOTALS       | <b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>  | \$ 0.00       |

**16 AFFIDAVIT**

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.

Dr. Helen K. McShane DVM  
\_\_\_\_\_  
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, 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

**SUBTOTALS - GPAC****FORM GPAC**  
**COVER SHEET PG 3**  
3 of 18

|  |   |   |
|--|---|---|
| <b>17 COMMITTEE NAME</b><br>Texas Veterinary Medical Assn. PAC |   | <b>18 Filer ID</b> (Ethics Commission Filers)<br>00015890 |
| <b>19 SCHEDULE SUBTOTALS</b><br>NAME OF SCHEDULE               |   | SUBTOTAL AMOUNT   |
| 1.   | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                 | \$ 59,130.86  |
| 2.   | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                   | \$ 619.99   |
| 3.   | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$  |
| 4.   | <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION               | \$  |
| 5.   | <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$  |
| 6.   | <input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION                     | \$  |
| 7.   | <input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION                 | \$  |
| 8.   | <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION                 | \$  |
| 9.   | <input type="checkbox"/> SCHEDULE E: LOANS  | \$  |
| 10.  | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS              | \$ 27,501.28  |
| 11.  | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$  |
| 12.  | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS                        | \$  |
| 13.  | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD  | \$  |
| 14.  | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                      | \$  |
| 15.  | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER       | \$  |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |   |  |
|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>             |   | <b>1</b> Total pages Schedule A1:<br>Sch: 1/2 Rpt: 4/18        |
| <b>2</b> FILER NAME<br>Texas Veterinary Medical Assn. PAC                    |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015890       |
| <b>4</b> Date<br>01/05/2023  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Ables DVM, Joe (Dr.) | <b>7</b> Amount of Contribution (\$)                           |
|  | <b>6</b> Contributor address; City; State; Zip Code<br><br>Decatur, TX 76234                                      |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Veterinarian |   | <b>9</b> Employer (See Instructions)<br>Ables Animal Hospital  |
| Date<br>06/21/2023   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>CURBO DVM, DAVID              | Amount of Contribution (\$)                                    |
|  | Contributor address; City; State; Zip Code<br><br>LIVINGSTON, TX 77351  |  |
| Principal occupation / Job title (See Instructions)<br>VETERINARIAN          |   | Employer (See Instructions)<br>AREA WIDE VET CLINIC            |
| Date<br>01/09/2023   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Castillo DVM, Ariel (Dr.)     | Amount of Contribution (\$)                                    |
|  | Contributor address; City; State; Zip Code<br><br>Austin, TX 78729  |  |
| Principal occupation / Job title (See Instructions)<br>Veterinarian          |   | Employer (See Instructions)<br>Animal Medical Center of Austin |
| Date<br>06/01/2023   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Lonsford DVM, Dale            | Amount of Contribution (\$)                                    |
|  | Contributor address; City; State; Zip Code<br><br>La Porte, TX 77571  |  |
| Principal occupation / Job title (See Instructions)<br>Veterinarian          |   | Employer (See Instructions)<br>Deer Park Animal Hospital       |
| Date<br>05/01/2023   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Lonsford DVM, Dale            | Amount of Contribution (\$)                                    |
|  | Contributor address; City; State; Zip Code<br><br>La Porte, TX 77571  |  |
| Principal occupation / Job title (See Instructions)<br>Veterinarian          |   | Employer (See Instructions)<br>Deer Park Animal Hospital       |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |  |   |
|---|--|---|
| <b>The Instruction Guide explains how to complete this form.</b>            |  | <b>1</b> Total pages Schedule A1:<br>Sch: 2/2 Rpt: 5/18           |
| <b>2</b> FILER NAME<br>Texas Veterinary Medical Assn. PAC                   |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015890          |
| <b>4</b> Date<br>04/01/2023   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Lonsford DVM, Dale<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>La Porte, TX 77571 | <b>7</b> Amount of Contribution (\$)<br><br>\$30.00               |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Veternarian |  | <b>9</b> Employer (See Instructions)<br>Deer Park Animal Hospital |
| Date<br>03/25/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Lonsford DVM, Dale<br><hr/> Contributor address; City; State; Zip Code<br><br>La Porte, TX 77571                   | Amount of Contribution (\$)<br><br>\$30.00                        |
| Principal occupation / Job title (See Instructions)<br>Veternarian          |  | Employer (See Instructions)<br>Deer Park Animal Hospital          |
| Date<br>02/26/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Lonsford DVM, Dale<br><hr/> Contributor address; City; State; Zip Code<br><br>La Porte, TX 77571                   | Amount of Contribution (\$)<br><br>\$30.00                        |
| Principal occupation / Job title (See Instructions)<br>Veternarian          |  | Employer (See Instructions)<br>Deer Park Animal Hospital          |
| Date<br>01/31/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Lonsford DVM, Dale<br><hr/> Contributor address; City; State; Zip Code<br><br>La Porte, TX 77571                   | Amount of Contribution (\$)<br><br>\$30.00                        |
| Principal occupation / Job title (See Instructions)<br>Veternarian          |  | Employer (See Instructions)<br>Deer Park Animal Hospital          |

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

|  |  |   |   |
|--|--|---|---|
| <b>The Instruction Guide explains how to complete this form.</b>                   |  | <b>1</b> Total pages Schedule A2:<br>Sch: 1/1 Rpt: 6/18             |   |
| <b>2</b> FILER NAME<br>Texas Veterinary Medical Assn. PAC                          |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015890            |   |
| <b>4</b> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS                       |  | <b>\$</b>   |   |
| <b>5</b> Date<br>06/21/2023  | <b>6</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>City of Decatur Civic Center<br><hr style="border-top: 1px dotted black;"/> <b>7</b> Contributor address; City; State; Zip Code<br><br>Decatur, TX 76234 | <b>8</b> Amount of contribution (\$)<br>\$619.99                    | <b>9</b> In-kind contribution description<br>Food for Rep. Stucky campaign event in October 2022 (invoice received from vendor) |
| <b>10</b> Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)   |  | <b>11</b> Employer (FOR NON-JUDICIAL) (See instructions)            |   |
| <b>12</b> Contributor's principal occupation (FOR JUDICIAL)                        |  | <b>13</b> Contributor's job title (FOR JUDICIAL) (See instructions) |   |
| <b>14</b> Contributor's employer/law firm (FOR JUDICIAL)                           |  | <b>15</b> Law firm of contributor's spouse (if any) (FOR JUDICIAL)  |   |
| <b>16</b> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) |  |   |   |

Check if travel outside of Texas. Complete Schedule T.

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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)

The Instruction Guide explains how to complete this form.

|  |   |  |
|--|---|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 1/12 Rpt: 7/18 | <b>2</b> FILER NAME<br>Texas Veterinary Medical Assn. PAC | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015890 |
|--|---|--|

|                             |  |
|-----------------------------|--|
| <b>4</b> Date<br>04/11/2023 | <b>5</b> Payee name<br>Allman & Associates, Inc. |
|-----------------------------|--|

|   |  |
|---|--|
| <b>6</b> Amount (\$)<br>\$1,250.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>9600 Great Hills Trail Suite 150W<br><br>Austin, TX 78759 |
|---|--|

|                                 |   |  |
|---------------------------------|---|--|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Legal Services | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Preparation of VPAC form 990 |
|---------------------------------|---|--|

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

|                    |  |
|--------------------|--|
| Date<br>06/29/2023 | Payee name<br>Anderson DVM, Charles "Doc" (Rep.) |
|--------------------|--|

|  |   |
|--|---|
| Amount (\$)<br>\$2,500.00<br><br><input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>PO Box 7752<br><br>Waco, TX 76714 |
|--|---|

|                               |   |   |
|-------------------------------|---|---|
| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution |
|-------------------------------|---|---|

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

|                    |                                       |
|--------------------|---------------------------------------|
| Date<br>06/29/2023 | Payee name<br>Buckley DVM, Brad (Dr.) |
|--------------------|---------------------------------------|

|  |  |
|--|--|
| Amount (\$)<br>\$5,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>1321 Pershing Drive<br><br>Killeen, TX 76549 |
|--|--|

|                               |   |   |
|-------------------------------|---|---|
| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution |
|-------------------------------|---|---|

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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)

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 2/12 Rpt: 8/18  | <b>2</b> FILER NAME<br>Texas Veterinary Medical Assn. PAC                                      | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015890   |
| <b>4</b> Date<br>02/16/2023   | <b>5</b> Payee name<br>Capital Printing Company  |  |
| <b>6</b> Amount (\$)<br>\$298.29<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>4001 Craven Road<br><br>Austin, TX 78744      |  |
| <b>8</b> PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Printing of VPAC promotional materials |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                               | Candidate/Officeholder name  | Office sought                      Office held   |
| Date<br>01/01/2023  | Payee name<br>Chase  |  |
| Amount (\$)<br>\$174.00<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>270 Park Avenue<br><br>New York, NY 10017              |  |
| <b>PURPOSE OF EXPENDITURE</b>   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees                | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Credit Card Fees                       |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH  | Candidate/Officeholder name  | Office sought                      Office held   |
| Date<br>02/01/2023  | Payee name<br>Chase  |  |
| Amount (\$)<br>\$35.52<br><br><input type="checkbox"/> Expenditure from corporate funds           | Payee address; City; State; Zip Code<br>270 Park Avenue<br><br>New York, NY 10017              |  |
| <b>PURPOSE OF EXPENDITURE</b>   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees                | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Credit Card Fees                       |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH  | Candidate/Officeholder name  | Office sought                      Office held   |



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**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.

|  |  |  |
|--|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 3/12 Rpt: 9/18   | <b>2</b> FILER NAME<br>Texas Veterinary Medical Assn. PAC                                  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015890   |
| <b>4</b> Date<br>03/01/2023  | <b>5</b> Payee name<br>Chase   |  |
| <b>6</b> Amount (\$)<br>\$54.95<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>270 Park Avenue<br><br>New York, NY 10017 |  |
| <b>8</b> PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees            | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Credit Card Fees |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH                                     | Candidate/Officeholder name  | Office sought Office held  |
| Date<br>04/01/2023   | Payee name<br>Chase  |  |
| Amount (\$)<br>\$25.01<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>270 Park Avenue<br><br>New York, NY 10017          |  |
| PURPOSE OF EXPENDITURE   | (a) Category (See Categories listed at the top of this schedule)<br>Fees                   | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Credit Card Fees        |
| Complete ONLY if direct expenditure to benefit C/OH  | Candidate/Officeholder name  | Office sought Office held  |
| Date<br>05/01/2023   | Payee name<br>Chase  |  |
| Amount (\$)<br>\$25.05<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>270 Park Avenue<br><br>New York, NY 10017          |  |
| PURPOSE OF EXPENDITURE   | (a) Category (See Categories listed at the top of this schedule)<br>Fees                   | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Credit Card Fees        |
| Complete ONLY if direct expenditure to benefit C/OH  | Candidate/Officeholder name  | Office sought Office held  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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)

The Instruction Guide explains how to complete this form.

|   |  |   |
|---|--|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 4/12 Rpt: 10/18   | <b>2</b> FILER NAME<br>Texas Veterinary Medical Assn. PAC  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015890  |
| <b>4</b> Date<br>04/12/2023   | <b>5</b> Payee name<br>Fixe  |   |
| <b>6</b> Amount (\$)<br>\$518.97<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>500 W. 5th<br><br>Austin, TX 78701              |   |
| <b>8</b> PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Dinner with TVMA staff/members, Reps Rogers and Stucky. |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                               | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>04/03/2023  | Payee name<br>Flowerchild  |   |
| Amount (\$)<br>\$143.74<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>500 W. 2nd Street<br><br>Austin, TX 78701                |   |
| <b>PURPOSE OF EXPENDITURE</b>   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Lunch for Rep. Anderson and Staff                       |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH  | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>03/15/2023  | Payee name<br>Galaxy Cafe  |   |
| Amount (\$)<br>\$274.66<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>1000 W. Lynn<br><br>Austin, TX 78703                     |   |
| <b>PURPOSE OF EXPENDITURE</b>   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Lunch for Rep. Ed Thompson and staff                    |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH  | Candidate/Officeholder name  | Office sought Office held   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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)

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 5/12 Rpt: 11/18   | <b>2</b> FILER NAME<br>Texas Veterinary Medical Assn. PAC  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015890   |
| <b>4</b> Date<br>05/24/2023   | <b>5</b> Payee name<br>IHOP  |  |
| <b>6</b> Amount (\$)<br>\$309.81<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>707 E. Cesar Chavez<br><br>Austin, TX 78701     |  |
| <b>8</b> PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Breakfast with TVMA staff, Reps Stucky, Rogers, and Buckley and staff. |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH                                      | Candidate/Officeholder name  | Office sought Office held  |
| Date<br>03/30/2023  | Payee name<br>Kebabalicious  |  |
| Amount (\$)<br>\$75.16<br><br><input type="checkbox"/> Expenditure from corporate funds           | Payee address; City; State; Zip Code<br>1300 Colorado<br><br>Austin, TX 78701                    |  |
| <b>PURPOSE OF EXPENDITURE</b>   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Lunch for Rep. Walle and Staff   |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name  | Office sought Office held  |
| Date<br>03/30/2023  | Payee name<br>Kebabalicious  |  |
| Amount (\$)<br>\$90.62<br><br><input type="checkbox"/> Expenditure from corporate funds           | Payee address; City; State; Zip Code<br>1300 Colorado<br><br>Austin, TX 78701                    |  |
| <b>PURPOSE OF EXPENDITURE</b>   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Lunch for Rep. Walle and Staff   |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name  | Office sought Office held  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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)

The Instruction Guide explains how to complete this form.

|   |   |  |
|---|---|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 6/12 Rpt: 12/18 | <b>2</b> FILER NAME<br>Texas Veterinary Medical Assn. PAC | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015890 |
|---|---|--|

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| <b>4</b> Date<br>03/31/2023 | <b>5</b> Payee name<br>Marriott Woodlands Waterway |
|-----------------------------|--|

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|---|---|
| <b>6</b> Amount (\$)<br>\$208.09<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>1601 Lake Robbins Drive<br><br>The Woodlands, TX 77380 |
|---|---|

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| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Event Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Hotel for DVM Rep. Charles "Doc" Anderson at conference. |
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| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

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| Date<br>03/31/2023 | Payee name<br>Marriott Woodlands Waterway |
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| Amount (\$)<br>\$416.08<br><br><input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>1601 Lake Robbins Drive<br><br>The Woodlands, TX 77380 |
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| PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Event Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Hotel for DVM Rep. Brad Buckley at conference. |
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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

|                    |   |
|--------------------|---|
| Date<br>03/31/2023 | Payee name<br>Marriott Woodlands Waterway |
|--------------------|---|

|  |  |
|--|--|
| Amount (\$)<br>\$208.09<br><br><input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>1601 Lake Robbins Drive<br><br>The Woodlands, TX 77380 |
|--|--|

|                        |  |  |
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| PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Event Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Hotel for DVM Rep. Glenn Rogers at conference. |
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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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)

The Instruction Guide explains how to complete this form.

|   |   |  |
|---|---|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 7/12 Rpt: 13/18 | <b>2</b> FILER NAME<br>Texas Veterinary Medical Assn. PAC | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015890 |
|---|---|--|

|                             |  |
|-----------------------------|--|
| <b>4</b> Date<br>03/31/2023 | <b>5</b> Payee name<br>Marriott Woodlands Waterway |
|-----------------------------|--|

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|---|---|
| <b>6</b> Amount (\$)<br>\$624.27<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>1601 Lake Robbins Drive<br><br>The Woodlands, TX 77380 |
|---|---|

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| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Event Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Hotel for DVM Rep. Lynn Stucky at conference. |
|---------------------------------|--|---|

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

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|--------------------|-------------------------------|
| Date<br>01/31/2023 | Payee name<br>Omni Fort Worth |
|--------------------|-------------------------------|

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|--|--|
| Amount (\$)<br>\$811.86<br><br><input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>1300 Houston St<br><br>Fort Worth , TX 76102 |
|--|--|

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| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Event Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Lunch for VPAC board and TVMA staff at 2022 SWVS Conference |
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| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

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|--------------------|----------------------------------|
| Date<br>03/07/2023 | Payee name<br>Perry's Steakhouse |
|--------------------|----------------------------------|

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|--|--|
| Amount (\$)<br>\$660.60<br><br><input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>114 W. 7th<br><br>Austin, TX 78701 |
|--|--|

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| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Dinner with Reps Stucky, DeAyala, Isaac and TVMA staff. |
|-------------------------------|--|---|

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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)

The Instruction Guide explains how to complete this form.

|   |   |  |
|---|---|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 8/12 Rpt: 14/18   | <b>2</b> FILER NAME<br>Texas Veterinary Medical Assn. PAC   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015890   |
| <b>4</b> Date<br>06/29/2023   | <b>5</b> Payee name<br>Raymond, Richard   |  |
| <b>6</b> Amount (\$)<br>\$500.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>P.O. Box 450349<br><br>Laredo, TX 78045  |  |
| <b>8</b> PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution  |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH                                      | Candidate/Officeholder name   | Office sought Office held  |
| Date<br>06/29/2023  | Payee name<br>Rogers DVM, Glenn (Dr.)   |  |
| Amount (\$)<br>\$5,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds        | Payee address; City; State; Zip Code<br>P.O. Box 11<br><br>Graford, TX 76449  |  |
| <b>PURPOSE OF EXPENDITURE</b>   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution  |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name   | Office sought Office held  |
| Date<br>01/31/2023  | Payee name<br>Southwest Veterinary Symposium  |  |
| Amount (\$)<br>\$435.00<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>801 E Plano Pkwy #208<br><br>Plano, TX 75074  |  |
| <b>PURPOSE OF EXPENDITURE</b>   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Event Expense  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Registration fees for DVM legislators at Southwest Veterinary Symposium (Anderson) |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name   | Office sought Office held  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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)

The Instruction Guide explains how to complete this form.

|   |   |  |
|---|---|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 9/12 Rpt: 15/18 | <b>2</b> FILER NAME<br>Texas Veterinary Medical Assn. PAC | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015890 |
|---|---|--|

|                             |   |
|-----------------------------|---|
| <b>4</b> Date<br>01/31/2023 | <b>5</b> Payee name<br>Southwest Veterinary Symposium |
|-----------------------------|---|

|   |   |
|---|---|
| <b>6</b> Amount (\$)<br>\$435.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>801 E Plano Pkwy #208<br><br>Plano, TX 75074 |
|---|---|

|                                 |  |   |
|---------------------------------|--|---|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Event Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Registration fees for DVM legislators at Southwest Veterinary Symposium (Buckley) |
|---------------------------------|--|---|

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

|                    |  |
|--------------------|--|
| Date<br>01/31/2023 | Payee name<br>Southwest Veterinary Symposium |
|--------------------|--|

|  |  |
|--|--|
| Amount (\$)<br>\$435.00<br><br><input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>801 E Plano Pkwy #208<br><br>Plano, TX 75074 |
|--|--|

|                        |   |   |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br>Event Expense | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Registration fees for DVM legislators at Southwest Veterinary Symposium (Stucky) |
|------------------------|---|---|

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

|                    |  |
|--------------------|--|
| Date<br>01/31/2023 | Payee name<br>Southwest Veterinary Symposium |
|--------------------|--|

|  |  |
|--|--|
| Amount (\$)<br>\$435.00<br><br><input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>801 E Plano Pkwy #208<br><br>Plano, TX 75074 |
|--|--|

|                        |   |   |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br>Event Expense | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Registration fees for DVM legislators at Southwest Veterinary Symposium (Rogers) |
|------------------------|---|---|

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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)

The Instruction Guide explains how to complete this form.

|   |   |   |
|---|---|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 10/12 Rpt: 16/18  | <b>2</b> FILER NAME<br>Texas Veterinary Medical Assn. PAC   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015890  |
| <b>4</b> Date<br>06/29/2023   | <b>5</b> Payee name<br>Stucky, Lynn (Rep.)  |   |
| <b>6</b> Amount (\$)<br>\$5,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>P.O. Box 464<br><br>Denton, TX 76202   |   |
| <b>8</b> PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Contribution |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH  | Candidate/Officeholder name   | Office sought Office held   |
| Date<br>06/01/2023  | Payee name<br>TEXAS LEGISLATIVE SERVICE   |   |
| Amount (\$)<br>\$216.05<br><br><input type="checkbox"/> Expenditure from corporate funds            | Payee address; City; State; Zip Code<br>PO BOX 100<br><br>AUSTIN, TX 78767  |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees   | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Software              |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name   | Office sought Office held   |
| Date<br>05/01/2023  | Payee name<br>TEXAS LEGISLATIVE SERVICE   |   |
| Amount (\$)<br>\$216.05<br><br><input type="checkbox"/> Expenditure from corporate funds            | Payee address; City; State; Zip Code<br>PO BOX 100<br><br>AUSTIN, TX 78767  |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees   | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Software              |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name   | Office sought Office held   |



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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)

The Instruction Guide explains how to complete this form.

|   |   |  |
|---|---|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 11/12 Rpt: 17/18  | <b>2</b> FILER NAME<br>Texas Veterinary Medical Assn. PAC                           | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015890   |
| <b>4</b> Date<br>04/01/2023   | <b>5</b> Payee name<br>TEXAS LEGISLATIVE SERVICE                                    |  |
| <b>6</b> Amount (\$)<br>\$216.05<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>PO BOX 100<br><br>AUSTIN, TX 78767 |  |
| <b>8</b> PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees     | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Software |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                               |   |  |
| Date<br>03/01/2023  | Candidate/Officeholder name<br>Office sought<br>Office held                         |  |
| Date<br>03/01/2023  | Payee name<br>TEXAS LEGISLATIVE SERVICE   |  |
| Amount (\$)<br>\$216.05<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>PO BOX 100<br><br>AUSTIN, TX 78767          |  |
| <b>PURPOSE OF EXPENDITURE</b>   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees     | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Software |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH  |   |  |
| Date<br>02/01/2023  | Candidate/Officeholder name<br>Office sought<br>Office held                         |  |
| Date<br>02/01/2023  | Payee name<br>TEXAS LEGISLATIVE SERVICE   |  |
| Amount (\$)<br>\$216.05<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>PO BOX 100<br><br>AUSTIN, TX 78767          |  |
| <b>PURPOSE OF EXPENDITURE</b>   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees     | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Software |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH  |   |  |
| Date<br>02/01/2023  | Candidate/Officeholder name<br>Office sought<br>Office held                         |  |
| Date<br>02/01/2023  | Payee name<br>TEXAS LEGISLATIVE SERVICE   |  |
| Amount (\$)<br>\$216.05<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>PO BOX 100<br><br>AUSTIN, TX 78767          |  |
| <b>PURPOSE OF EXPENDITURE</b>   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees     | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Software |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH  |   |  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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)

The Instruction Guide explains how to complete this form.

|  |   |  |
|--|---|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 12/12 Rpt: 18/18 | <b>2</b> FILER NAME<br>Texas Veterinary Medical Assn. PAC | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015890 |
|--|---|--|

|                             |  |
|-----------------------------|--|
| <b>4</b> Date<br>01/01/2023 | <b>5</b> Payee name<br>TEXAS LEGISLATIVE SERVICE |
|-----------------------------|--|

|   |   |
|---|---|
| <b>6</b> Amount (\$)<br>\$216.05<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>PO BOX 100<br><br>AUSTIN, TX 78767 |
|---|---|

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

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

|                    |                                       |
|--------------------|---------------------------------------|
| Date<br>01/31/2023 | Payee name<br>Texas Ethics Commission |
|--------------------|---------------------------------------|

|  |  |
|--|--|
| Amount (\$)<br>\$153.63<br><br><input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>201 E 14th St #10<br><br>Austin , TX 78701 |
|--|--|

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

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

|                    |                                 |
|--------------------|---------------------------------|
| Date<br>05/25/2023 | Payee name<br>Thundercloud Subs |
|--------------------|---------------------------------|

|   |   |
|---|---|
| Amount (\$)<br>\$92.18<br><br><input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>2308 Lake Austin Blvd<br><br>Austin, TX 78703 |
|---|---|

|                               |  |  |
|-------------------------------|--|--|
| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Lunch for Rep. Walle and Staff |
|-------------------------------|--|--|

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