

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM **GPAC**
COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00016092	2 Total pages filed: 20									
3 COMMITTEE NAME Texas Assn. Of Marriage & Family Therapy PAC		OFFICE USE ONLY										
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address		Date Received ELECTRONICALLY FILED 07/14/2023 Date Hand-delivered or Date Postmarked <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Receipt #</td> <td style="width:50%; border: none;">Amount</td> </tr> </table> Date Processed Date Imaged		Receipt #	Amount							
Receipt #	Amount											
5 CAMPAIGN TREASURER NAME <input type="checkbox"/> Change of Address		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1401 Lavaca St #712 Austin, TX 78701										
MS / MRS / MR FIRST MI Timothy <hr/> NICKNAME LAST SUFFIX Parker												
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1401 Lavaca St #712 Austin, TX 78701										
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address		STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1401 Lavaca St. #712 Austin, TX 78701										
8 CAMPAIGN TREASURER PHONE		AREA CODE PHONE NUMBER EXTENSION (512) 759-8112										
9 REPORT TYPE		<table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Dissolution (Attach PAC-DR)</td> </tr> <tr> <td><input checked="" type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> 10th day after campaign treasurer termination</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Runoff</td> <td></td> </tr> </table>		<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Dissolution (Attach PAC-DR)	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> 10th day after campaign treasurer termination		<input type="checkbox"/> Runoff	
<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Dissolution (Attach PAC-DR)										
<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> 10th day after campaign treasurer termination										
	<input type="checkbox"/> Runoff											
10 PERIOD COVERED		Month Day Year THROUGH Month Day Year 01/01/2023 THROUGH 06/30/2023										
11 ELECTION		ELECTION DATE Month Day Year 07/12/2023 ELECTION TYPE <table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> Primary</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> Other</td> </tr> <tr> <td><input checked="" type="checkbox"/> General</td> <td><input type="checkbox"/> Special</td> <td></td> </tr> </table>		<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special				
<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other										
<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

12 COMMITTEE NAME Texas Assn. Of Marriage & Family Therapy PAC	13 Filer ID (Ethics Commission Filers) 00016092
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 7,500.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 408.30
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 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.

Timothy Parker
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

17 COMMITTEE NAME Texas Assn. Of Marriage & Family Therapy PAC		18 Filer ID 00016092	(Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	7,500.00
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 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	\$	408.30
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 checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	500.00

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/13 Rpt: 4/20
2 FILER NAME Texas Assn. Of Marriage & Family Therapy PAC		3 Filer ID (Ethics Commission Filers) 00016092
4 Date 03/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abeles, Shelley <hr/> 6 Contributor address; City; State; Zip Code Katy, TX 77449	7 Amount of Contribution (\$) \$40.00
8 Principal occupation / Job title (See Instructions) Supervisor/Therapist/Owner		9 Employer (See Instructions) SAZA Counseling & Supervision, PLLC
Date 03/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andrews, Tania <hr/> Contributor address; City; State; Zip Code Houston, TX 77057	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) LMFT-Associate		Employer (See Instructions) Unload It Therapy
Date 03/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arterburn, Don <hr/> Contributor address; City; State; Zip Code Waco, TX 76708	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Addictive Behavior Specialist		Employer (See Instructions) Baylor University
Date 03/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Austin, Kelsey <hr/> Contributor address; City; State; Zip Code Corsicana, TX 75110	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Assistant Director for Collegiate Recovery		Employer (See Instructions) Baylor University
Date 03/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baldwin, Breonna <hr/> Contributor address; City; State; Zip Code Dallas, TX 75208	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Therapist		Employer (See Instructions) ChristianWorks

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/13 Rpt: 5/20
2 FILER NAME Texas Assn. Of Marriage & Family Therapy PAC		3 Filer ID (Ethics Commission Filers) 00016092
4 Date 03/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bartee, Russ	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Fort Worth, TX 76108		
8 Principal occupation / Job title (See Instructions) Assistant Professor		9 Employer (See Instructions) Texas Wesleyan University
Date 03/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bischofshausen, Sharon	Amount of Contribution (\$) \$75.00
Contributor address; City; State; Zip Code Pflugerville, TX 78660		
Principal occupation / Job title (See Instructions) Psychologist LMFT		Employer (See Instructions) Sharon Bischofshausen PhD PLLC
Date 03/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bishop, Kayla	Amount of Contribution (\$) \$40.00
Contributor address; City; State; Zip Code Beaumont, TX 77706		
Principal occupation / Job title (See Instructions) LMFT		Employer (See Instructions) NewPath therapy & wellness
Date 03/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bishop, Mike	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Arlington, TX 76002		
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions)
Date 03/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boyd, Glenn	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Sugar Land, TX 77498		
Principal occupation / Job title (See Instructions) Private Practice		Employer (See Instructions) Glenn E. Boyd

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/13 Rpt: 6/20
2 FILER NAME Texas Assn. Of Marriage & Family Therapy PAC		3 Filer ID (Ethics Commission Filers) 00016092
4 Date 03/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burk, Mercedes <hr/> 6 Contributor address; City; State; Zip Code Rockwall, TX 75087	7 Amount of Contribution (\$) \$400.00
8 Principal occupation / Job title (See Instructions) Psychotherapist		9 Employer (See Instructions) Next Chapter Counseling, PLLC
Date 03/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell, Kendall <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Marriage and Family Therapist		Employer (See Instructions) Kendall Campbell Counseling PLLC
Date 03/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter, Michael <hr/> Contributor address; City; State; Zip Code Dallas, TX 75231	Amount of Contribution (\$) \$360.00
Principal occupation / Job title (See Instructions) MFT		Employer (See Instructions) Retired
Date 03/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Jerry <hr/> Contributor address; City; State; Zip Code Houston, TX 77058	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Therapist		Employer (See Instructions)
Date 03/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coffey, Adam <hr/> Contributor address; City; State; Zip Code Arlington, TX 76013	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Ph.D.		Employer (See Instructions) Coffeytalk, LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/13 Rpt: 7/20
2 FILER NAME Texas Assn. Of Marriage & Family Therapy PAC		3 Filer ID (Ethics Commission Filers) 00016092
4 Date 03/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Colvin, Tarana	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Houston, TX 77072	
8 Principal occupation / Job title (See Instructions) Psychologist		9 Employer (See Instructions) Lifescance Health
Date 03/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corrigan, Angela	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Jefferson, TX 75657	
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Liberty University
Date 03/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Craft, Gloria	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Katy, TX 77494	
Principal occupation / Job title (See Instructions) Clinical Psychotherapist		Employer (See Instructions) AccessHealth
Date 03/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellison, Paige	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Arlington, TX 76017	
Principal occupation / Job title (See Instructions) student		Employer (See Instructions) Texas Wesleyan University
Date 03/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Feltrup-Exum, Bruce	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Burleson, TX 76028	
Principal occupation / Job title (See Instructions) Therapist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/13 Rpt: 8/20
2 FILER NAME Texas Assn. Of Marriage & Family Therapy PAC		3 Filer ID (Ethics Commission Filers) 00016092
4 Date 03/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Finley, Michael <hr/> 6 Contributor address; City; State; Zip Code Abilene, TX 79601	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Marriage & Family Therapist		9 Employer (See Instructions)
Date 03/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fuller, Amy <hr/> Contributor address; City; State; Zip Code Bellaire, TX 77401	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Therapist		Employer (See Instructions)
Date 03/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gil-Wilkerson, Adriana <hr/> Contributor address; City; State; Zip Code Houston, TX 77044	Amount of Contribution (\$) \$550.00
Principal occupation / Job title (See Instructions) Therapist		Employer (See Instructions)
Date 03/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haley, April <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76177	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) LMFT-Associate		Employer (See Instructions) Avanti Counseling & Consulting
Date 03/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hall, Mia-Tiara <hr/> Contributor address; City; State; Zip Code Dallas, TX 75237	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Therapist		Employer (See Instructions) Hickory Trail Behavioral Health

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/13 Rpt: 9/20
2 FILER NAME Texas Assn. Of Marriage & Family Therapy PAC		3 Filer ID (Ethics Commission Filers) 00016092
4 Date 03/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hayes, Angela <hr/> 6 Contributor address; City; State; Zip Code Georgetown, TX 78626	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) LMFT		9 Employer (See Instructions) Life Coach Round Rock
Date 03/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holloway, Felicia <hr/> Contributor address; City; State; Zip Code Desoto, TX 75115	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) MFT		Employer (See Instructions) Texas A&M Univeristy
Date 03/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Latreille, Heather <hr/> Contributor address; City; State; Zip Code Austin, TX 78736	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) LMFT		Employer (See Instructions)
Date 03/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levin, Susan <hr/> Contributor address; City; State; Zip Code Sugarland, TX 77478	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 03/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lloyd, Ryan <hr/> Contributor address; City; State; Zip Code Bedford, TX 76022	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Family Therapist		Employer (See Instructions) Texas Wesleyan

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/13 Rpt: 10/20
2 FILER NAME Texas Assn. Of Marriage & Family Therapy PAC		3 Filer ID (Ethics Commission Filers) 00016092
4 Date 03/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Love, Victor <hr/> 6 Contributor address; City; State; Zip Code Montgomery, TX 77356	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Sole Proprietor		9 Employer (See Instructions) LMFT
Date 03/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCDONALD, CONSTANCE <hr/> Contributor address; City; State; Zip Code Katy, TX 77493	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) MFT		Employer (See Instructions) Connie McDonald Counseling
Date 03/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mahmoud, Salwa <hr/> Contributor address; City; State; Zip Code Spring, TX 77373	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) LPC-A		Employer (See Instructions) Northwest Assistance Ministries
Date 03/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malone, Ashley <hr/> Contributor address; City; State; Zip Code Katy, TX 77494	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) LMFT-Associate		Employer (See Instructions) Katy child and family counseling services
Date 03/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Markowski, Fran <hr/> Contributor address; City; State; Zip Code Austin, TX 78765	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) LMFT		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/13 Rpt: 11/20
2 FILER NAME Texas Assn. Of Marriage & Family Therapy PAC		3 Filer ID (Ethics Commission Filers) 00016092
4 Date 03/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Amanda <hr/> 6 Contributor address; City; State; Zip Code Katy, TX 77494	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) MFT		9 Employer (See Instructions) Amanda Martin LPC PLLC
Date 03/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKinnies, Hannah <hr/> Contributor address; City; State; Zip Code Channelview, TX 77530	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) LMFT-Associate		Employer (See Instructions) Moving Forward Therapy and Beyond
Date 03/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Menchaca, Baldemar <hr/> Contributor address; City; State; Zip Code Houston, TX 77055	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Student		Employer (See Instructions) Our Lady of the Lake University - Houston
Date 03/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Kristine <hr/> Contributor address; City; State; Zip Code Lago Vista, TX 78645	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Burnet County TCOOMMI Adult Parole-Probation Continuity of		Employer (See Instructions) Eudaimonia Counseling and Wellness
Date 03/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Munson, Shawna <hr/> Contributor address; City; State; Zip Code Livingston, TX 77351	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Serenity House Counseling, PLLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/13 Rpt: 12/20
2 FILER NAME Texas Assn. Of Marriage & Family Therapy PAC		3 Filer ID (Ethics Commission Filers) 00016092
4 Date 03/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Norton, Aaron <hr/> 6 Contributor address; City; State; Zip Code Crossroads, TX 76227	7 Amount of Contribution (\$) \$40.00
8 Principal occupation / Job title (See Instructions) Associate Professor		9 Employer (See Instructions) Texas Womans University
Date 03/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker, Timothy <hr/> Contributor address; City; State; Zip Code Austin, TX 78717	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Associate Professor and Program Director		Employer (See Instructions) Lipscomb University - Austin Center
Date 03/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pena, Samantha <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78665	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) LMFT		Employer (See Instructions) Alliance Counseling Works
Date 03/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perarnau de Loukanis, Graciela <hr/> Contributor address; City; State; Zip Code Humble, TX 77338	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Behavior therapist		Employer (See Instructions) Legacy Community Health Services
Date 03/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richardson, Belinda <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Therapist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/13 Rpt: 13/20
2 FILER NAME Texas Assn. Of Marriage & Family Therapy PAC		3 Filer ID (Ethics Commission Filers) 00016092
4 Date 03/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rinn, Pam <hr/> 6 Contributor address; City; State; Zip Code Flower Mound, TX 75022	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) LMFT		9 Employer (See Instructions)
Date 03/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Runaas, Candace <hr/> Contributor address; City; State; Zip Code Spring, TX 77389	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Director of Behavioral Health/Clinical Asst. Professor		Employer (See Instructions) Northwest Assistance Ministries/Our Lady of the Lake Univers
Date 03/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Layla Ziad <hr/> Contributor address; City; State; Zip Code Little Elm, TX 75068	Amount of Contribution (\$) \$175.00
Principal occupation / Job title (See Instructions) LMFT		Employer (See Instructions)
Date 03/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shields , Sandra <hr/> Contributor address; City; State; Zip Code Fresno, TX 77545	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Counselor		Employer (See Instructions) Fort Bend Women's Center
Date 03/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Jeanene <hr/> Contributor address; City; State; Zip Code Austin, TX 78746	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Talk to Jeanene

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/13 Rpt: 14/20
2 FILER NAME Texas Assn. Of Marriage & Family Therapy PAC		3 Filer ID (Ethics Commission Filers) 00016092
4 Date 03/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strelow, Elizabeth <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77025	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Therapist		9 Employer (See Instructions)
Date 03/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Szego, Eva <hr/> Contributor address; City; State; Zip Code Houston, TX 77030	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Psychotherapist		Employer (See Instructions) self-employed
Date 03/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Claudia <hr/> Contributor address; City; State; Zip Code Austin, TX 78704	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Therapist		Employer (See Instructions)
Date 01/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tim, White <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79423	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Therapist		Employer (See Instructions) Dr. White and Associates, P.C.
Date 02/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tim, White <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79423	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Therapist		Employer (See Instructions) Dr. White and Associates, P.C.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/13 Rpt: 15/20
2 FILER NAME Texas Assn. Of Marriage & Family Therapy PAC		3 Filer ID (Ethics Commission Filers) 00016092
4 Date 03/29/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tim, White <hr/> 6 Contributor address; City; State; Zip Code Lubbock, TX 79423	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Therapist		9 Employer (See Instructions) Dr. White and Associates, P.C.
Date 04/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tim, White <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79423	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Therapist		Employer (See Instructions) Dr. White and Associates, P.C.
Date 05/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tim, White <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79423	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Therapist		Employer (See Instructions) Dr. White and Associates, P.C.
Date 06/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tim, White <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79423	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Therapist		Employer (See Instructions) Dr. White and Associates, P.C.
Date 03/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vickerman, Marion Marold <hr/> Contributor address; City; State; Zip Code Warren, TX 77664	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Therapist		Employer (See Instructions) New Path Counseling

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/13 Rpt: 16/20
2 FILER NAME Texas Assn. Of Marriage & Family Therapy PAC		3 Filer ID (Ethics Commission Filers) 00016092
4 Date 03/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wagner, Katey <hr/> 6 Contributor address; City; State; Zip Code Norfolk, VA 23507	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Therapist		9 Employer (See Instructions) CAC Coastal Bend
Date 03/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wagner, Kathryn <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79407	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) student		Employer (See Instructions) Texas Tech University
Date 03/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Mark <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79423	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Self-employed		Employer (See Instructions) Dr. White and Associates, P.C.
Date 03/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Timothy <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79416	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) LMFT		Employer (See Instructions) Dr. White and Associates, P.C.
Date 03/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zermeno, Benjamin <hr/> Contributor address; City; State; Zip Code Houston, TX 77011	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) LMFT		Employer (See Instructions) Oria health

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.

1 Total pages Schedule F1: Sch: 1/3 Rpt: 17/20	2 FILER NAME Texas Assn. Of Marriage & Family Therapy PAC	3 Filer ID (Ethics Commission Filers) 00016092
4 Date 01/30/2023	5 Payee name Stansfeld, LLC	
6 Amount (\$) \$66.22 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1401 Lavaca St #712 Austin, TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software subscription
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/01/2023	Payee name Stansfeld, LLC	
Amount (\$) \$66.22 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1401 Lavaca St #712 Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software subscription
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/30/2023	Payee name Stansfeld, LLC	
Amount (\$) \$71.71 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1401 Lavaca St #712 Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software subscription
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.

1 Total pages Schedule F1: Sch: 2/3 Rpt: 18/20	2 FILER NAME Texas Assn. Of Marriage & Family Therapy PAC	3 Filer ID (Ethics Commission Filers) 00016092
4 Date 05/01/2023	5 Payee name Stansfeld, LLC	
6 Amount (\$) \$66.22 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1401 Lavaca St #712 Austin, TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software subscription
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/30/2023	Payee name Stansfeld, LLC	
Amount (\$) \$66.22 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1401 Lavaca St #712 Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software subscription
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/27/2023	Payee name Stansfeld, LLC	
Amount (\$) \$66.22 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1401 Lavaca St #712 Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software subscription
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 | 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: Sch: 3/3 Rpt: 19/20	2 FILER NAME Texas Assn. Of Marriage & Family Therapy PAC	3 Filer ID (Ethics Commission Filers) 00016092
4 Date 03/31/2023	5 Payee name Stansfeld, LLC	
6 Amount (\$) \$5.49 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1401 Lavaca St #712 Austin, TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 1099 filings
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 1/1 Rpt: 20/20
2 FILER NAME Texas Assn. Of Marriage & Family Therapy PAC		3 Filer ID (Ethics Commission Filers) 00016092
4 Date 05/29/2023	5 Name of person from whom amount is received Hinojosa, Juan "Chuy" (Mr.)	8 Amount (\$) \$500.00
	6 Address of person from whom amount is received; City; State; Zip Code Austin, TX 78711	
	7 Purpose for which amount is received contribution not cleared	<input checked="" type="checkbox"/> Check if political contribution returned to filer