FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00051510 3 COMMITTEE NAME **OFFICE USE ONLY APRX PAC** Date Received **ELECTRONICALLY FILED** 07/13/2023 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 802 N. Carancahua St., Ste. 540 Date Hand-delivered or Date Postmarked Change of Address Corpus Christi, TX 78401-0011 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Laird NAME NICKNAME LAST **SUFFIX** Leavoy STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 803 N. Carancahua St., Ste. 540 STREET **ADDRESS** (Residence or Business) Corpus Christi, TX 78401 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 803 N. Carancahua St., Ste. 1830 MAILING **ADDRESS** Corpus Christi, TX 78401 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (877) 634-5445 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Х Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 01/01/2023 06/30/2023 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC** COVER SHEET PG 2

2 COMMITTEE NAME	-			13	Filer ID	(Ethics Commission Filers)
APRx PAC					00051510	
4 COMMITTEE 1	Candidates	A. Supported		I		
	dentify by name or, if pplicable, classify by party.)					
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
2	. Measures	A. Supported				
])	Describe by date and location f election and nature of issue.)					
		B. Opposed				
(I	5. Officeholders Assisted dentify by name or, if pplicable, classify by party.)					
5 CONTRIBUTION 1 TOTALS	TOTAL UNITEMIZED PLEDGES, LOANS, CONTRIBUTIONS M	OR GUARANTEE MADE ELECTRON	S OF LOANS, OR ICALLY)	R THAN	\$	0.00
2	TOTAL POLITICA	L CONTRIBUTI		LOANS)	\$	42,225.00
EXPENDITURE 3 TOTALS	. TOTAL UNITEMIZED	D POLITICAL EXP	PENDITURES		\$	0.00
4	. TOTAL POLITICA	AL EXPENDITUR	RES		\$	10,000.00
CONTRIBUTION 5 BALANCE	of the reporting		MAINTAINED AS OF	THE LAST DA	AY \$	423,972.59
OUTSTANDING LOAN TOTALS	. TOTAL PRINCIPAL A LAST DAY OF THE I			NS AS OF TH	E \$	0.00
AFFIDAVIT						
		true	vear, or affirm, under pe and correct and includer der Title 15, Election Co	des all informa		accompanying report is d to be reported by me
			C :	Mr. Laird I		
			Sign	nature of Camp	aign Treasu	rer
AFFIX NOTARY S	TAMP / SEAL ABOVE					
Sworn to and subscribed be					the	day
of, 2	20, to certify \	which, witness my	hand and seal of office	e.		
Signature of officer admi	nistering oath	Printed name of o	officer administering oa	ıth	Title of offic	cer administering oath

SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

			3 of 29
17 COMMITTE APRX PAC		18 Filer ID 00051510	(Ethics Commission Filers)
19 SCHEDULE NAME OF S			SUBTOTAL AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 42,225.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION)R	\$
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$
9.	SCHEDULE E: LOANS		\$
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$ 10,000.00
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$

	MONEI	ARY POLITICAL CON	IRIBUTION	5		SCHEDUL	E A1
	The Instru	ction Guide explains how to co	mplete this forn	1.	1	Total pages Schedule A1: Sch: 1/23 Rpt: 4/29	
2	FILER NAME APRX PAC				3	Filer ID (Ethics Commission 00051510	n Filers)
4	Date 01/16/2023	 Full name of contributor out- Abeldt R.Ph., Jeffrey (Mr.) Contributor address; City; State; Zip 	of-state PAC (ID#:		7	Amount of Contribution (\$)	\$100.00
8	Principal occu	Tyler, TX 75707 pation / Job title (See Instructions)	9	Employer (See Instructions)		
	Pharmacist			Brickstreet Pharmacy			
	Date 02/16/2023	Full name of contributor out- Abeldt R.Ph., Jeffrey (Mr.) Contributor address; City; State; Zip	of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
		Tyler, TX 75707					
	Principal occu Pharmacist	pation / Job title (See Instructions)		Employer (See Instructions) Brickstreet Pharmacy)		
	Date	Full name of contributor out-	of-state PAC (ID#:	<u> </u>		Amount of Contribution (\$)	
	03/16/2023	Abeldt R.Ph., Jeffrey (Mr.) Contributor address; City; State; Zip				Amount of Contribution (\$)	\$100.00
		Tyler, TX 75707					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Pharmacist			Brickstreet Pharmacy			
	Date 04/17/2023	Full name of contributor out- Abeldt R.Ph., Jeffrey (Mr.) Contributor address; City; State; Zip Tyler, TX 75707	of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu Pharmacist	pation / Job title (See Instructions)		Employer (See Instructions Brickstreet Pharmacy)		
	Date 05/15/2023	Full name of contributor out- Abeldt R.Ph., Jeffrey (Mr.) Contributor address; City; State; Zip Tyler, TX 75707	of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu Pharmacist	pation / Job title (See Instructions)		Employer (See Instructions Brickstreet Pharmacy)		
			•				

	MONEI	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 2/23 Rpt: 5/29	
2	FILER NAME APRX PAC			3	Filer ID (Ethics Commission 00051510	n Filers)
4	Date 06/20/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$100.00
8		Tyler, TX 75707 pation / Job title (See Instructions)	9 Employer (See Instructions	 s)		
	Pharmacist Date 01/16/2023	Full name of contributor	Brickstreet Pharmacy		Amount of Contribution (\$)	\$100.00
	Principal occu	San Antonio, TX 78253 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 		
	Pharmacist		HEB Pharmacy			
	Date 02/16/2023	Full name of contributor)	•	Amount of Contribution (\$)	\$100.00
		San Antonio, TX 78253				
	Principal occu Pharmacist	pation / Job title (See Instructions)	Employer (See Instructions HEB Pharmacy	s)		
	Date 03/16/2023	Full name of contributor out-of-state PAC (ID#: Alvarado R.Ph., Christopher (Mr.) Contributor address; City; State; Zip Code San Antonio, TX 78253			Amount of Contribution (\$)	\$100.00
	Principal occu Pharmacist	pation / Job title (See Instructions)	Employer (See Instructions HEB Pharmacy	<u>1</u> S)		
	Date 03/17/2023	Full name of contributor out-of-state PAC (ID#:Alvarado R.Ph., Christopher (Mr.) Contributor address; City; State; Zip Code San Antonio, TX 78253			Amount of Contribution (\$)	\$100.00
	Principal occu Pharmacist	pation / Job title (See Instructions)	Employer (See Instructions HEB Pharmacy	s)		

	MONEI	ARY POLITICAL CONTRIBUTIO	INS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 3/23 Rpt: 6/29	
2	FILER NAME APRX PAC			3	Filer ID (Ethics Commission 00051510	n Filers)
4	Date 05/15/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$100.00
8	Principal occu Pharmacist	San Antonio, TX 78253 pation / Job title (See Instructions)	Employer (See Instructions HEB Pharmacy	j)		
	Date 06/20/2023	Full name of contributor out-of-state PAC (ID#:_ Alvarado R.Ph., Christopher (Mr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
	Principal occu Pharmacist	San Antonio, TX 78253 pation / Job title (See Instructions)	Employer (See Instructions HEB Pharmacy	j)		
	Date 01/30/2023	Full name of contributor out-of-state PAC (ID#:_ Barrachina R.Ph., Jaime (Mr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$200.00
		Dickinson, TX 77539				
	Principal occu Pharmacist	pation / Job title (See Instructions)	Employer (See Instructions Santa Fe Pharmacy	5)		
Date 04/28/2023		Full name of contributor out-of-state PAC (ID#:_Barrachina R.Ph., Jaime (Mr.) Contributor address; City; State; Zip Code Dickinson, TX 77539			Amount of Contribution (\$)	\$250.00
	Principal occu Pharmacist	pation / Job title (See Instructions)	Employer (See Instructions Santa Fe Pharmacy	5)		
	Date 01/30/2023	Full name of contributor out-of-state PAC (ID#:_Barrera R.Ph., Jaime (Mr.) Contributor address; City; State; Zip Code Alton, TX 78573			Amount of Contribution (\$)	\$312.50
	Principal occu Pharmacist	pation / Job title (See Instructions)	Employer (See Instructions Richard's Pharmacy Alto			

	MONEI	ARY POLITICAL CONTRIBUTION	Ν	15		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 4/23 Rpt: 7/29	
2	FILER NAME APRX PAC				3	Filer ID (Ethics Commission 00051510	n Filers)
4	Date 04/28/2023	 Full name of contributor out-of-state PAC (ID#:_Barrera R.Ph., Jaime (Mr.) Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$312.50
_	5	Alton, TX 78573	_	-			
8	Principal occu Pharmacist	pation / Job title (See Instructions)	9	Employer (See Instructions Richard's Pharmacy Alto			
	Date 01/30/2023	Full name of contributor out-of-state PAC (ID#:_ Barrera R.Ph., Ramiro (Mr.) Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$312.50
		Edinburg, TX 78539					
	Principal occu Pharmacist	pation / Job title (See Instructions)		Employer (See Instructions Richard's Pharmacy Edi		urg	
	Date 04/28/2023	Full name of contributor out-of-state PAC (ID#:_ Barrera R.Ph., Ramiro (Mr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$312.50
		Edinburg, TX 78539					
	Principal occu Pharmacist	pation / Job title (See Instructions)		Employer (See Instructions Richard's Pharmacy Edi		urg	
	Date 01/30/2023	Full name of contributor out-of-state PAC (ID#:_ Eakman R.Ph., Doug (Mr.) Contributor address; City; State; Zip Code San Angelo, TX 76901)		Amount of Contribution (\$)	\$250.00
	Principal occu Pharmacist	pation / Job title (See Instructions)		Employer (See Instructions Medical Arts Pharmacy)		
	Date 04/28/2023	Full name of contributor out-of-state PAC (ID#:_ Eakman R.Ph., Doug (Mr.) Contributor address; City; State; Zip Code San Angelo, TX 76901)		Amount of Contribution (\$)	\$250.00
	Principal occu Pharmacist	pation / Job title (See Instructions)		Employer (See Instructions Medical Arts Pharmacy)		

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS	SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1 Total pages Schedule A1: Sch: 5/23 Rpt: 8/29	
2	FILER NAME APRX PAC				3 Filer ID (Ethics Commission 00051510	Filers)
4	Date 01/30/2023	5 Full name of contributorEmde R.Ph., Ed (Mr.)6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)	7 Amount of Contribution (\$)	\$500.00
		Whitesboro, TX 76273				
8	Principal occu Pharmacist	pation / Job title (See Instructions		9 Employer (See Instructions Hometown Pharmacy W	Vhitesboro	
	Date 01/30/2023	Full name of contributor Emde R.Ph., Ed (Mr.) Contributor address; City; S	out-of-state PAC (ID#:		Amount of Contribution (\$)	\$500.00
	Dringing Loggy	Gainesville, TX 76240		Employer (See Instructions	2)	
	Pharmacist	pation / Job title (See Instructions	,	Employer (See Instructions Hometown Pharmacy G		
	Date 04/28/2023	Full name of contributor Emde R.Ph., Ed (Mr.) Contributor address; City; S	out-of-state PAC (ID#:		Amount of Contribution (\$)	\$500.00
		Whitesboro, TX 76273				
	Principal occu Pharmacist	pation / Job title (See Instructions	(3)	Employer (See Instructions Hometown Pharmacy W		
	Date 04/28/2023	Full name of contributor Emde R.Ph., Ed (Mr.) Contributor address; City; S Gainesville, TX 76240	out-of-state PAC (ID#:		Amount of Contribution (\$)	\$500.00
	Principal occu Pharmacist	pation / Job title (See Instructions	(3)	Employer (See Instructions Hometown Pharmacy G		
	Date 01/16/2023	Full name of contributor Gorman R.Ph., Kelby (Mr Contributor address; City; S Sinton, TX 78387	·		Amount of Contribution (\$)	\$50.00
	Principal occu Pharmacist	pation / Job title (See Instructions	s)	Employer (See Instructions Moore's Compounding I		

	MONEI	ARY POLITICAL CONTRIBU	UTION	15		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete	this for	n.	1	Total pages Schedule A1: Sch: 6/23 Rpt: 9/29	
2	FILER NAME APRX PAC				3	Filer ID (Ethics Commission 00051510	Filers)
4	Date 02/16/2023	 Full name of contributor	AC (ID#:)	7	Amount of Contribution (\$)	\$50.00
_		Sinton, TX 78387			L		
8	Principal occu Pharmacist	pation / Job title (See Instructions)	9	Employer (See Instructions Moore's Compounding F		ırmacy	
	Date 03/16/2023	Full name of contributor	AC (ID#:			Amount of Contribution (\$)	\$50.00
		Sinton, TX 78387					
	Principal occu Pharmacist	pation / Job title (See Instructions)		Employer (See Instructions Moore's Compounding F		urmacy	
	Date	Full name of contributor out-of-state PA	AC (ID#:)		Amount of Contribution (\$)	
	04/17/2023	Gorman R.Ph., Kelby (Mr.) Contributor address; City; State; Zip Code					\$50.00
		Sinton, TX 78387					
	Principal occu Pharmacist	pation / Job title (See Instructions)		Employer (See Instructions Moore's Compounding F		ırmacy	
	Date 05/15/2023	Full name of contributor out-of-state PA Gorman R.Ph., Kelby (Mr.) Contributor address; City; State; Zip Code Sinton, TX 78387	AC (ID#:)		Amount of Contribution (\$)	\$50.00
	Principal occu Pharmacist	pation / Job title (See Instructions)		Employer (See Instructions Moore's Compounding F		ırmacy	
	Date 06/20/2023	Full name of contributor out-of-state PA Gorman R.Ph., Kelby (Mr.) Contributor address; City; State; Zip Code Sinton, TX 78387	AC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occu Pharmacist	pation / Job title (See Instructions)		Employer (See Instructions Moore's Compounding F		ırmacy	

	MONEI	ARY POLITICAL CONTRIBUTIO	N	IS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	rr	n.	1	Total pages Schedule A1: Sch: 7/23 Rpt: 10/29	
2	FILER NAME APRX PAC				3	Filer ID (Ethics Commission 00051510	on Filers)
4	Date 06/20/2023	 Full name of contributor out-of-state PAC (ID#:_Griggs R.Ph., Sabrina (Ms.) Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$2,500.00
		Kerrville, TX 78028					
8	Principal occu Pharmacist	,	9	Employer (See Instructions Apothecaryshoppe@ho			
	Date 01/30/2023	Full name of contributor out-of-state PAC (ID#: Harrel III R.Ph., Nick (Mr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$300.00
	Deire die alle aus	Kingsville, TX 78363		Frankrije (Ozaka tratinski sa			
	Principal occu Pharmacist	pation / Job title (See Instructions)		Employer (See Instructions Harrel's Kingsville Pharr		су	
	Date 04/28/2023	Full name of contributor out-of-state PAC (ID#:_ Harrel III R.Ph., Nick (Mr.) Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$300.00
		Kingsville, TX 78363					
	Principal occu Pharmacist	pation / Job title (See Instructions)		Employer (See Instructions Harrel's Kingsville Pharr		су	
	Date 01/30/2023	Full name of contributor out-of-state PAC (ID#:_ Hickman R.Ph., John (Mr.) Contributor address; City; State; Zip Code Farmersville, TX 75442)		Amount of Contribution (\$)	\$250.00
	Principal occu Owner/Phar	pation / Job title (See Instructions) macy Tech		Employer (See Instructions Dyer Drug Store)		
	Date 04/28/2023	Full name of contributor out-of-state PAC (ID#:_ Hickman R.Ph., John (Mr.) Contributor address; City; State; Zip Code Farmersville, TX 75442)		Amount of Contribution (\$)	\$250.00
	Principal occu Owner/Phari	pation / Job title (See Instructions) macy Tech		Employer (See Instructions Dyer Drug Store)		
		,					

	MONEI	ARY POLITICAL (CONTRIBUTION	NS		SCHEDUI	LE A1
	The Instru	ction Guide explains how	v to complete this for	m.	1	Total pages Schedule A1: Sch: 8/23 Rpt: 11/29	
2	FILER NAME APRX PAC				3	Filer ID (Ethics Commission 00051510	on Filers)
4	Date 01/30/2023	5 Full name of contributor Hoffart R.Ph., Steve (Mr.)6 Contributor address; City; S)	7	Amount of Contribution (\$)	\$2,500.00
8		Magnolia, TX 77354 pation / Job title (See Instructions	s) 9	Employer (See Instructions	i)		
	Phamacist Date 04/28/2023	Full name of contributor Hoffart R.Ph., Steve (Mr.) Contributor address; City; S Magnolia, TX 77354		Magnolia Pharmacy		Amount of Contribution (\$)	\$2,500.00
	Principal occu Phamacist	pation / Job title (See Instructions	5)	Employer (See Instructions Magnolia Pharmacy	<u>(</u>		
	Date 01/30/2023	Full name of contributor Kanak, Alton (Mr.) Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$500.00
	Principal occu	Kirbyville, TX 75956 pation / Job title (See Instructions		Employer (See Instructions	_		
	Pharmacist Pharmacist	pation 7 300 title (See Instructions	5)	Brookshire Brothers Pha		acy Kirbyville	
Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$500.00		
	Principal occu Pharmacist	Katy, TX 77450 pation / Job title (See Instructions	5)	Employer (See Instructions Katy Medical Complex	<u>(</u>		
	Date 01/30/2023	Full name of contributor Kanak R.Ph., Alton (Mr.) Contributor address; City; S Brenham, TX 77833	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$500.00
	Principal occu Pharmacist	pation / Job title (See Instructions	5)	Employer (See Instructions Norman's Pharmacy	·)		

	MONEI	ARY POLITICAL CONT	RIBUTIONS	SCHEDUL	E A1
	The Instru	ction Guide explains how to co	mplete this form.	1 Total pages Schedule A1: Sch: 9/23 Rpt: 12/29	
2	FILER NAME APRX PAC			3 Filer ID (Ethics Commissio 00051510	n Filers)
4	Date 04/28/2023	 Full name of contributor out-out-out-out-out-out-out-out-out-out-		7 Amount of Contribution (\$)	\$500.00
8	Principal occu	Brenham, TX 77833 pation / Job title (See Instructions)	9 Employer (See Instructions)	ns)	
Ü	Pharmacist	odion / oob tile (oce mandellons)	Norman's Pharmacy	10)	
	Date 04/28/2023	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#:) Code	Amount of Contribution (\$)	\$500.00
		Kirbyville, TX 75956			
	Principal occu Pharmacist	pation / Job title (See Instructions)	Employer (See Instructions) Brookshire Brothers Pha		
	Date 04/28/2023	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#:) Code	Amount of Contribution (\$)	\$500.00
		Katy, TX 77450			
	Principal occu Pharmacist	pation / Job title (See Instructions)	Employer (See Instructions) Katy Medical Complex		
	Date 01/19/2023	Full name of contributor out-contributor leavoy, Laird (Mr.) Contributor address; City; State; Zip of leaves, TX 76039	of-state PAC (ID#:) Code	Amount of Contribution (\$)	\$425.00
	Principal occu President	pation / Job title (See Instructions)	Employer (See Instructions) American Pharmacies, Ii		
	Date 02/20/2023	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#:) Code	Amount of Contribution (\$)	\$425.00
	Principal occu President	pation / Job title (See Instructions)	Employer (See Instructions) American Pharmacies, II		
			·		

	MONEI	ARY POLITICAL C	ONTRIBUTION	15		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 10/23 Rpt: 13/29	
2	FILER NAME APRX PAC				1	Filer ID (Ethics Commission 00051510	n Filers)
4	Date 03/24/2023	5 Full name of contributor Leavoy, Laird (Mr.)6 Contributor address; City; Sta	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$425.00
_	Delevie de la com	Euless, TX 76039		Faralassa (Os a la structiona	<u></u>		
8	Principal occu President	pation / Job title (See Instructions)	9	Employer (See Instructions American Pharmacies, I			
	Date 04/17/2023	Full name of contributor Leavoy, Laird (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$425.00
	Principal occu	Euless, TX 76039 pation / Job title (See Instructions)	<u> </u>	Employer (See Instructions	s) 		
	President	panem, cos uno (coo mendenemo)		American Pharmacies, I			
	Date 05/16/2023	Full name of contributor Leavoy, Laird (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#: ate; Zip Code			Amount of Contribution (\$)	\$425.00
		Euless, TX 76039					
	Principal occu President	pation / Job title (See Instructions)		Employer (See Instructions American Pharmacies, I			
	Date 01/16/2023	Full name of contributor Lee R.Ph., David (Mr.) Contributor address; City; Sta Webster, TX 77598	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$250.00
	Principal occu Pharmacist	pation / Job title (See Instructions)		Employer (See Instructions Clear Lake Professional		armacy	
	Date 02/16/2023	Full name of contributor Lee R.Ph., David (Mr.) Contributor address; City; Sta Webster, TX 77598	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$250.00
	Principal occu Pharmacist	pation / Job title (See Instructions)		Employer (See Instructions Clear Lake Professional		armacy	
			1				

	MONEI	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how t	to complete this form	n.	1 Total pages S Sch: 11/23 F		
2	FILER NAME APRX PAC				3 Filer ID (Eth 00051510	ics Commissior	n Filers)
4	Date 03/16/2023	5 Full name of contributor Lee R.Ph., David (Mr.) 6 Contributor address; City; Stat	out-of-state PAC (ID#: ie; Zip Code		7 Amount of Co	ntribution (\$)	\$250.00
		Webster, TX 77598	,				
8	Principal occu Pharmacist	pation / Job title (See Instructions)	9	Employer (See Instructions Clear Lake Professional			
	Date 04/17/2023	Full name of contributor Lee R.Ph., David (Mr.) Contributor address; City; Stat	out-of-state PAC (ID#:		Amount of Co	ntribution (\$)	\$250.00
		Webster, TX 77598					
	Principal occu Pharmacist	pation / Job title (See Instructions)		Employer (See Instructions Clear Lake Professional			
	Date 05/15/2023	Full name of contributor Lee R.Ph., David (Mr.) Contributor address; City; Stat	out-of-state PAC (ID#:)	Amount of Co	ntribution (\$)	\$250.00
		Webster, TX 77598					
	Principal occu Pharmacist	pation / Job title (See Instructions)		Employer (See Instructions Clear Lake Professional			
	Date 06/20/2023	Full name of contributor Lee R.Ph., David (Mr.) Contributor address; City; Stat Webster, TX 77598	out-of-state PAC (ID#:		Amount of Co	ntribution (\$)	\$250.00
	Principal occu Pharmacist	pation / Job title (See Instructions)		Employer (See Instructions Clear Lake Professional			
	Date 01/30/2023	Full name of contributor Margo R.Ph., Yvonne (Ms.) Contributor address; City; Stat Donna, TX 78537			Amount of Co	ntribution (\$)	\$312.50
	Principal occu Pharmacist	pation / Job title (See Instructions)		Employer (See Instructions Richard's Pharmacy Do			
			,				

	MONEI	ARY POLITICAL C	ONTRIBUTION	S		SCHEDUI	E A1
	The Instru	ction Guide explains how	to complete this forr	n.	1	Total pages Schedule A1: Sch: 12/23 Rpt: 15/29	
2	FILER NAME APRX PAC				3	Filer ID (Ethics Commission 00051510	on Filers)
4	Date 04/28/2023	5 Full name of contributor [Margo R.Ph., Yvonne (Ms.)6 Contributor address; City; Star	•)	7	Amount of Contribution (\$)	\$312.50
		Donna, TX 78537					
8	Principal occu Pharmacist	pation / Job title (See Instructions)	9	Employer (See Instructions Richard's Pharmacy Dor		1	
	Date 01/30/2023	Full name of contributor Martin R.Ph., Brad (Mr.) Contributor address; City; Stat	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$1,250.00
	Principal occu	Tyler, TX 75703 pation / Job title (See Instructions)		Employer (See Instructions	<u>.</u>		
	Owner Phari			Kinsey's Pharmacy	,		
	Date 04/28/2023	Full name of contributor [Martin R.Ph., Brad (Mr.) Contributor address; City; Star	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$1,250.00
		Tyler, TX 75703					
	Principal occu Owner Phari	pation / Job title (See Instructions) macist		Employer (See Instructions Kinsey's Pharmacy	i)		
	Date 01/30/2023	Full name of contributor Meeks R.Ph., Robert (Mr.) Contributor address; City; Star Jacksonville, TX 75766	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$750.00
	Principal occu Pharmacist	pation / Job title (See Instructions)		Employer (See Instructions Porter Pharmacy)		
	Date 01/30/2023	Full name of contributor Neale R.Ph., Tommy (Mr.) Contributor address; City; Star Waco, TX 76708	out-of-state PAC (ID#:te; Zip Code)		Amount of Contribution (\$)	\$1,250.00
	Principal occu Pharmacist	pation / Job title (See Instructions)		Employer (See Instructions Pharmacy Plus	<u> </u>		

	MONEI	ARY POLITICAL (CONTRIBUTION	IS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 13/23 Rpt: 16/29	
2	FILER NAME APRX PAC				3	Filer ID (Ethics Commission 00051510	n Filers)
4	Date 01/30/2023	5 Full name of contributorOben R.Ph., A.J. (Mr.)6 Contributor address; City; St	out-of-state PAC (ID#:tate; Zip Code)	7	Amount of Contribution (\$)	\$250.00
•	Principal occu	College Station, TX 77845		Employer (See Instructions			
•	Pharmacist Pharmacist	pation / Job title (See Instructions	5)	Goldstar Pharmacy)		
	Date 04/28/2023	Full name of contributor Oben R.Ph., A.J. (Mr.) Contributor address; City; St	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$250.00
	Dringing aggr	College Station, TX 7784		Employer (Coo Instructions			
	Pharmacist	pation / Job title (See Instructions	5)	Employer (See Instructions Goldstar Pharmacy)		
	Date 01/30/2023	Full name of contributor Ochoa R.Ph., Joe (Mr.) Contributor address; City; Si	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$625.00
		Edinburg, TX 78539					
	Principal occu Pharmacist	pation / Job title (See Instructions	5)	Employer (See Instructions Ochoa's Pharmacy Cen			
	Date 01/30/2023	Full name of contributor Ochoa R.Ph., Joe (Mr.) Contributor address; City; Si Edinburg, TX 78539	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$625.00
	Principal occu Pharmacist	pation / Job title (See Instructions	5)	Employer (See Instructions Ochoa's Pharmacy South			
	Date 04/28/2023	Full name of contributor Ochoa R.Ph., Joe (Mr.) Contributor address; City; Si	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$625.00
	Principal occu Pharmacist	pation / Job title (See Instructions	5)	Employer (See Instructions Ochoa's Pharmacy South			
			<u> </u>				

	MONEI	ARY POLITICAL CONTRIBUTIO	N	S		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete this fo	orn	n.	1	Total pages Schedule A1: Sch: 14/23 Rpt: 17/29	
2	FILER NAME APRX PAC				3	Filer ID (Ethics Commission 00051510	n Filers)
4	Date 04/28/2023	 5 Full name of contributor out-of-state PAC (ID#:_Ochoa R.Ph., Joe (Mr.) 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$625.00
		Edinburg, TX 78539					
8	Principal occu Pharmacist	pation / Job title (See Instructions)		Employer (See Instructions Ochoa's Pharmacy Sout			
	Date 01/30/2023	Full name of contributor out-of-state PAC (ID#: Oglesbee R.Ph., Vance (Mr.) Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$1,500.00
		Fairfield, TX 75840					
	Principal occu Pharmacist	pation / Job title (See Instructions)		Employer (See Instructions Hometown Pharmacy)		
	Date 04/28/2023	Full name of contributor out-of-state PAC (ID#: Oglesbee R.Ph., Vance (Mr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,500.00
		Fairfield, TX 75840					
	Principal occu Pharmacist	pation / Job title (See Instructions)		Employer (See Instructions Hometown Pharmacy)		
	Date 01/30/2023	Full name of contributor out-of-state PAC (ID#: Patterson R.Ph., Laura (Ms.) Contributor address; City; State; Zip Code Hale Center, TX 79401)		Amount of Contribution (\$)	\$500.00
	Principal occu Pharmacist	pation / Job title (See Instructions)		Employer (See Instructions Hale Center Clinical Pha		асу	
	Date 04/28/2023	Full name of contributor out-of-state PAC (ID#:_ Patterson R.Ph., Laura (Ms.) Contributor address; City; State; Zip Code Hale Center, TX 79401				Amount of Contribution (\$)	\$500.00
	Principal occu Pharmacist	pation / Job title (See Instructions)		Employer (See Instructions Hale Center Clinical Pha		асу	

	MONEI	ARY POLITICAL CONTRIBUTIO	ONS	SCHEDULE A1
	The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 15/23 Rpt: 18/29
2	FILER NAME APRX PAC			3 Filer ID (Ethics Commission Filers) 00051510
4	Date 01/16/2023	 Full name of contributor out-of-state PAC (ID#:_Pelzel R.Ph., Connor (Mr.) Contributor address; City; State; Zip Code)	7 Amount of Contribution (\$) \$100.00
_	Driverinal accu	Collinsville, TX 76233	O Francis (Cook la structions	
8	Principal occu Pharmacist	pation / Job title (See Instructions)	Employer (See Instructions Hometown Pharmacy P	
	Date 02/16/2023	Full name of contributor out-of-state PAC (ID#:_ Pelzel R.Ph., Connor (Mr.) Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$100.00
		Collinsville, TX 76233		
	Principal occu Pharmacist	pation / Job title (See Instructions)	Employer (See Instructions Hometown Pharmacy P	
	Date 03/16/2023	Full name of contributor out-of-state PAC (ID#:_Pelzel R.Ph., Connor (Mr.) Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$100.00
		Collinsville, TX 76233		
	Principal occu Pharmacist	pation / Job title (See Instructions)	Employer (See Instructions Hometown Pharmacy P	
	Date 04/17/2023	Full name of contributor out-of-state PAC (ID#:_ Pelzel R.Ph., Connor (Mr.) Contributor address; City; State; Zip Code Collinsville, TX 76233		Amount of Contribution (\$) \$100.00
	Principal occu Pharmacist	pation / Job title (See Instructions)	Employer (See Instructions Hometown Pharmacy P	
	Date 05/15/2023	Full name of contributor out-of-state PAC (ID#:_ Pelzel R.Ph., Connor (Mr.) Contributor address; City; State; Zip Code Collinsville, TX 76233		Amount of Contribution (\$) \$100.00
	Principal occu Pharmacist	pation / Job title (See Instructions)	Employer (See Instructions Hometown Pharmacy P	
		•		

	MONEI	ARY POLITICAL (CONTRIBUTION	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this for	rm.	1	Total pages Schedule A1: Sch: 16/23 Rpt: 19/29	
2	FILER NAME APRX PAC				3	Filer ID (Ethics Commission 00051510	n Filers)
4	Date 06/20/2023	5 Full name of contributor Pelzel R.Ph., Connor (Mr.6 Contributor address; City; St	, 		7	Amount of Contribution (\$)	\$100.00
_	<u> </u>	Collinsville, TX 76233	, la		<u></u>		
8	Principal occu Pharmacist	pation / Job title (See Instructions	9	Employer (See Instructions Hometown Pharmacy P		Point	
	Date 01/30/2023	Full name of contributor Pelzel R.Ph., Russel (Mr.) Contributor address; City; St				Amount of Contribution (\$)	\$500.00
	<u> </u>	Pilot Point, TX 76258	,		<u></u>		
	Principal occu Pharmacist	pation / Job title (See Instructions	(1)	Employer (See Instructions Pelzel's Hometown Pha		асу	
	Date 01/30/2023	Full name of contributor Rawls R.Ph., Vanessa (M Contributor address; City; St				Amount of Contribution (\$)	\$312.50
		Mission, TX 78572					
	Principal occu Pharmacist	pation / Job title (See Instructions	(1)	Employer (See Instructions Richard's Pharmacy Mis		n	
	Date 04/28/2023	Full name of contributor Rawls R.Ph., Vanessa (M Contributor address; City; St Mission, TX 78572				Amount of Contribution (\$)	\$312.50
	Principal occu Pharmacist	pation / Job title (See Instructions)	Employer (See Instructions Richard's Pharmacy Mis		n	
	Date 01/16/2023	Full name of contributor Rodriguez, Miguel (Mr.) Contributor address; City; St Austin, TX 78704	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu General Cou	pation / Job title (See Instructions Insel)	Employer (See Instructions American Pharmacies	5)		
			,				

	MONEI	ARY POLITICAL C	CONTRIBUTION	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this for	rm.	1	Total pages Schedule A1: Sch: 17/23 Rpt: 20/29	
2	FILER NAME APRX PAC				3	Filer ID (Ethics Commission 00051510	n Filers)
4	Date 02/16/2023	5 Full name of contributor Rodriguez, Miguel (Mr.)6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$100.00
8	Principal occu	Austin, TX 78704 pation / Job title (See Instructions) 9	Employer (See Instructions	 s)		
	General Cou	ınsel		American Pharmacies			
	Date 03/16/2023	Full name of contributor Rodriguez, Miguel (Mr.) Contributor address; City; St Austin, TX 78704	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	General Cou		,	American Pharmacies	,		
	Date 04/17/2023	Full name of contributor Rodriguez, Miguel (Mr.) Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$100.00
		Austin, TX 78704					
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	General Cou	ınsel 		American Pharmacies			
	Date 05/15/2023	Full name of contributor Rodriguez, Miguel (Mr.) Contributor address; City; St Austin, TX 78704	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$100.00
	Principal occu General Cou	pation / Job title (See Instructions Insel)	Employer (See Instructions American Pharmacies	5)		
	Date 06/20/2023	Full name of contributor Rodriguez, Miguel (Mr.) Contributor address; City; St Austin, TX 78704	out-of-state PAC (ID#:ate; Zip Code			Amount of Contribution (\$)	\$100.00
	Principal occu General Cou	pation / Job title (See Instructions Insel		Employer (See Instructions American Pharmacies	s)		
			-				

	MONET	ARY POLITICAL CONTRIBUTIO	N	IS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	ori	m.	1	Total pages Schedule A1: Sch: 18/23 Rpt: 21/29	
2	FILER NAME APRX PAC				3	Filer ID (Ethics Commission 00051510	n Filers)
4	Date 01/30/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$62.50
		Victoria, TX 77901					
8	Principal occu Pharmacist	pation / Job title (See Instructions)	9	Employer (See Instructions Rogers Pharmacy #2	s)		
	Date 01/30/2023	Full name of contributor)		Amount of Contribution (\$)	\$250.00
	Principal occu	Victoria, TX 77901 pation / Job title (See Instructions)		Employer (See Instructions	:, 		
	Pharmacist	pation, 300 title (See Instituctions)		Rogers Pharmacy #1	"		
	Date 01/30/2023	Full name of contributor out-of-state PAC (ID#:_ Rogers R.Ph., Bruce (Mr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$62.50
		Victoria, TX 77901					
	Principal occu Pharmacist	pation / Job title (See Instructions)		Employer (See Instructions Rogers Pharmacy #3	s)		
	Date 04/28/2023	Full name of contributor out-of-state PAC (ID#:_ Rogers R.Ph., Bruce (Mr.) Contributor address; City; State; Zip Code Victoria, TX 77901				Amount of Contribution (\$)	\$250.00
	Principal occu Pharmacist	pation / Job title (See Instructions)		Employer (See Instructions Rogers Pharmacy #1	5)		
	Date 04/28/2023	Full name of contributor out-of-state PAC (ID#:_ Rogers R.Ph., Bruce (Mr.) Contributor address; City; State; Zip Code Victoria, TX 77901	••••			Amount of Contribution (\$)	\$62.50
	Principal occu Pharmacist	pation / Job title (See Instructions)		Employer (See Instructions Rogers Pharmacy #2	5)		

	MONEI	ARY POLITICAL CONTRIBUTIO	N	S		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	orr	m.	1	Total pages Schedule A1: Sch: 19/23 Rpt: 22/29	
2	FILER NAME APRX PAC				3	Filer ID (Ethics Commission 00051510	n Filers)
4	Date 04/28/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$62.50
8	Principal occu Pharmacist	Victoria, TX 77901 pation / Job title (See Instructions)	9	Employer (See Instructions Rogers Pharmacy #3	5)		
	Date 01/16/2023	Full name of contributor out-of-state PAC (ID#:_ Spence R.Ph., David (Mr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$250.00
	Principal occu Pharmacist	Lake Jackson, TX 77566 pation / Job title (See Instructions)		Employer (See Instructions Spence Pharmacies	<u>;</u>)		
	Date 02/16/2023	Full name of contributor out-of-state PAC (ID#: Spence R.Ph., David (Mr.) Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$250.00
		Lake Jackson, TX 77566					
	Principal occu Pharmacist	pation / Job title (See Instructions)		Employer (See Instructions Spence Pharmacies	5)		
	Date 03/16/2023	Full name of contributor out-of-state PAC (ID#:_ Spence R.Ph., David (Mr.) Contributor address; City; State; Zip Code Lake Jackson, TX 77566				Amount of Contribution (\$)	\$250.00
	Principal occu Pharmacist	pation / Job title (See Instructions)		Employer (See Instructions Spence Pharmacies	<u> </u>		
	Date 04/17/2023	Full name of contributor out-of-state PAC (ID#:_ Spence R.Ph., David (Mr.) Contributor address; City; State; Zip Code Lake Jackson, TX 77566)		Amount of Contribution (\$)	\$250.00
	Principal occu Pharmacist	pation / Job title (See Instructions)		Employer (See Instructions Spence Pharmacies)		

	MONEI	ARY POLITICAL CONTRIB	UTION	S		SCHEDUI	E A1
	The Instru	ction Guide explains how to complete	this forr	n.	1	Total pages Schedule A1: Sch: 20/23 Rpt: 23/29	
2	FILER NAME APRX PAC				3	Filer ID (Ethics Commission 00051510	on Filers)
4	Date 05/15/2023	 Full name of contributor out-of-state PA Spence R.Ph., David (Mr.) Contributor address; City; State; Zip Code 	AC (ID#:		7	Amount of Contribution (\$)	\$250.00
_		Lake Jackson, TX 77566					
8	Principal occu Pharmacist	pation / Job title (See Instructions)	9	Employer (See Instructions Spence Pharmacies)		
	Date 06/20/2023	Full name of contributor out-of-state PA Spence R.Ph., David (Mr.) Contributor address; City; State; Zip Code	AC (ID#:			Amount of Contribution (\$)	\$250.00
		Lake Jackson, TX 77566					
	Principal occu Pharmacist	pation / Job title (See Instructions)		Employer (See Instructions Spence Pharmacies)		
	Date 02/16/2023	Full name of contributor out-of-state PA Vo R.Ph., Matthew (Mr.) Contributor address; City; State; Zip Code	AC (ID#:)		Amount of Contribution (\$)	\$1,000.00
		Houston, TX 77064					
	Principal occu Pharmacist	pation / Job title (See Instructions)		Employer (See Instructions Harvest Pharmacy)		
	Date 01/30/2023	Full name of contributor out-of-state PA Vogler R.Ph., Mark (Mr.) Contributor address; City; State; Zip Code Amarillo, TX 79120	AC (ID#:			Amount of Contribution (\$)	\$500.00
	Principal occu Pharmacist	pation / Job title (See Instructions)		Employer (See Instructions Martin Tipton Pharmacy	-		
	Date 04/28/2023	Full name of contributor out-of-state PA Vogler R.Ph., Mark (Mr.) Contributor address; City; State; Zip Code Amarillo, TX 79120	AC (ID#:)		Amount of Contribution (\$)	\$500.00
	Principal occu Pharmacist	pation / Job title (See Instructions)		Employer (See Instructions Martin Tipton Pharmacy			
			•				

	MONEI	ARY POLITICAL CONTRIBU		SCHEDULE A1			
	The Instru	ction Guide explains how to complete th	is for	m.	1	Total pages Schedule A1: Sch: 21/23 Rpt: 24/29	
2	FILER NAME APRX PAC				3	Filer ID (Ethics Commission 00051510	n Filers)
4	Date 01/16/2023	 Full name of contributor	ID#:		7	Amount of Contribution (\$)	\$100.00
_	Delevie de la com	Belton, TX 76513		Faralassa (One Instructions	<u>Γ</u>		
8		pation / Job title (See Instructions) ting, Communications and Data Strategy	9	Employer (See Instructions American Pharmacies	5)		
	Date 02/16/2023	Full name of contributor out-of-state PAC (Waters, Chuck (Mr.) Contributor address; City; State; Zip Code	ID#:)		Amount of Contribution (\$)	\$100.00
		Belton, TX 76513					
		pation / Job title (See Instructions)		Employer (See Instructions	s)		
	VP of Marke	ting, Communications and Data Strategy		American Pharmacies	_		
	Date 03/16/2023	Full name of contributor	ID#:)		Amount of Contribution (\$)	\$100.00
		Belton, TX 76513					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	VP of Marke	ting, Communications and Data Strategy		American Pharmacies			
	Date 04/17/2023	Full name of contributor out-of-state PAC (Waters, Chuck (Mr.) Contributor address; City; State; Zip Code Belton, TX 76513	ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	VP of Marke	ting, Communications and Data Strategy		American Pharmacies			
	Date 05/15/2023	Full name of contributor out-of-state PAC (Waters, Chuck (Mr.) Contributor address; City; State; Zip Code Belton, TX 76513	ID#:		•	Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	VP of Marke	ting, Communications and Data Strategy		American Pharmacies			

	MONEI	ARY POLITICAL CO	NIRIBUTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 22/23 Rpt: 25/29	
2	FILER NAME APRX PAC				3	Filer ID (Ethics Commission 00051510	n Filers)
4	Date 06/22/2023	Waters, Chuck (Mr.) 6 Contributor address; City; State;	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$100.00
_	5	Belton, TX 76513	- Ia				
8		pation / Job title (See Instructions) ting, Communications and Data S		Employer (See Instructions American Pharmacies)		
	Date 01/30/2023	Full name of contributor Wilson R.Ph., John (Mr.) Contributor address; City; State;	out-of-state PAC (ID#: Zip Code)		Amount of Contribution (\$)	\$250.00
		Amarillo, TX 79106	į				
	Principal occu Pharmacist	pation / Job title (See Instructions)		Employer (See Instructions Catching's Prescriptions			
	Date 04/28/2023	Full name of contributor Wilson R.Ph., John (Mr.) Contributor address; City; State;	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$250.00
		Amarillo, TX 79106					
	Principal occu Pharmacist	pation / Job title (See Instructions)		Employer (See Instructions Catching's Prescriptions			
	Date 01/16/2023	Full name of contributor Wright, Michael (Mr.) Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$250.00
	Principal occu VP Governm	pation / Job title (See Instructions) nent Affairs		Employer (See Instructions American Pharmacies)		
	Date 02/16/2023	Full name of contributor Wright, Michael (Mr.) Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$250.00
	Principal occu VP Governm	pation / Job title (See Instructions) nent Affairs		Employer (See Instructions American Pharmacies)		
			<u> </u>				

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this 1	form.	1	Total pages Schedule A1: Sch: 23/23 Rpt: 26/29	
2	FILER NAME APRX PAC			3	Filer ID (Ethics Commission 00051510	n Filers)
4	Date 03/17/2023			7	Amount of Contribution (\$)	\$250.00
		Austin, TX 78759	T			
8		incipal occupation / Job title (See Instructions) P Government Affairs 9 Employer (See Instruction American Pharmacies		s) 		
	Date 04/17/2023	Full name of contributor out-of-state PAC (ID#:_ Wright, Michael (Mr.) Contributor address; City; State; Zip Code Austin, TX 78759		•	Amount of Contribution (\$)	\$250.00
		pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
VP Governme		nent Affairs	American Pharmacies			
	Date 05/15/2023	Full name of contributor out-of-state PAC (ID#:_ Wright, Michael (Mr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$250.00
		Austin, TX 78759				
		Employer (See Instructions American Pharmacies	s)			
	Date Full name of contributor out-of-state PAC (ID: 06/20/2023 Wright, Michael (Mr.) Contributor address; City; State; Zip Code]		Amount of Contribution (\$)	\$250.00
		Austin, TX 78759				
	Principal occupation / Job title (See Instructions) VP Government Affairs Employer (See Instruction American Pharmacies		s)			

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District Travel in District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment						
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
Sch: 1/3 Rpt: 27/29	APRX PAC 00051510					
3011. 1/3 Kpt. 21129	APRX PAC 00051510					
4 Date	5 Payee name					
06/22/2023	Bobby Guerra					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$500.00	10213 N. 10th Street					
φ300.00	10210 14. 1041 041001					
Expenditure from						
corporate funds	McAllen, TX 78504					
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF	Contributions/Donations Made By					
EXPENDITURE	Candidate/Officeholder/Political Committee					
	Campaign Contribution					
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
expenditure to benefit C/O						
5 .						
Date	Payee name					
06/26/2023	Bryan Hughes					
Amount (\$)	Payee address; City; State; Zip Code					
\$2,000.00	P.O. Box 450					
, ,						
Expenditure from						
corporate funds	Mineola, TX 75773					
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE	Contributions/Donations Made By					
EXI ENDITORE	Candidate/Officeholder/Political Committee					
	Campaign Contribution					
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
expenditure to benefit C/O	1					
Date	Davies same					
	Payee name					
06/26/2023	Caroline Harris					
Amount (\$)	Payee address; City; State; Zip Code					
\$1,000.00	P.O. Box 700					
Expenditure from corporate funds	Round Rock, TX 78680					
•						
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
EXPENDITURE	Contributions/Donations Made By Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.					
	Candidate/Officeholder/Political Committee					
	Campaign Continuation					
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
expenditure to benefit C/O						

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

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District
OTHER (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to com	nplete this form.
1 Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	3 Filer ID (Ethics Commission Filers)
Sch: 2/3 Rpt: 28/29	APRX PAC	00051510
4 Date	5 Payee name	<u> </u>
06/26/2023	Charles Schwertner	
6 Amount (\$)	7 Payee address; City; State; Zip Cod	le
\$2,000.00	P.O. Box 2448	
Expenditure from corporate funds	Georgetown, TX 78627	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF	Contributions/Donations Made By	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee	Check if Austin, TX, officeholder living expense
		Campaign Contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office soug	ht Office held
expenditure to benefit C/OI	•	
Dete		
Date	Payee name	
06/26/2023	Cole Hefner	
Amount (\$)	Payee address; City; State; Zip Cod	le
\$500.00	P.O. Box 167	
Expenditure from corporate funds	Mount Pleasant, TX 75456	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Contributions/Donations Made By	Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Candidate/Officeholder/Political Committee	Check if Austin, TX, officeholder living expense
		Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office soug	ht Office held
expenditure to benefit C/OI	1	
Date	Davida nama	
06/20/2023	Payee name	
	Elizabeth Campos	
Amount (\$)	Payee address; City; State; Zip Cod	le
\$1,000.00	1028 Rigsby	
Expenditure from corporate funds	San Antonio, TX 78210	
PURPOSE	(a) Catagony	(h) Description
OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By	(b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee	Check if Austin, TX, officeholder living expense
	Sansada, Sinosiolasiri Sinodi Sommittee	Campaign Contribution
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office soug	ht Office held
expenditure to benefit C/OI		Office field
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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 Committe Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment	cal Committee Legal Services Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)
·	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 3/3 Rpt: 29/29	APRx PAC	00051510
4 Date	5 Payee name	
06/20/2023	Philip Cortez	
6 Amount (ft)	<u> </u>	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$500.00	P.O. Box 276155	
Expenditure from corporate funds	San Antonio, TX 78227	
<u> </u>		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Contributions/Bonations Wade By	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense
	Campaign C	Softifibation
9 Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/O	Ж	
 Date	Payee name	
	Tom Oliverson	
06/22/2023		
Amount (\$)	Payee address; City; State; Zip Code	
\$2,500.00	1 E. Greenwood Plaza	
	Suite 225	
Expenditure from		
corporate funds	Houston, TX 77046	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Bonations Wade By	el outside of Texas. Complete Schedule T.
2/11/21/21/21	Garrandate/Grinderioladi/i dilateta Garrinitate	tin, TX, officeholder living expense
	Campaign C	Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/O	DH .	