FORM MPAC MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID 2 Total pages filed: The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00016104 3 COMMITTEE NAME **OFFICE USE ONLY** Texas Osteopathic Medical Association Political Action Committee Date Received **ELECTRONICALLY FILED** 12/27/2023 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 3305 Steck Ave. Ste. 200 Change of Address Austin, TX 78757 Date Hand-delivered or Date Postmarked MS / MRS / MR **FIRST CAMPAIGN** MI **TREASURER** Receipt # Amount Dr. John C. NAME Date Processed **NICKNAME** LAST **SUFFIX** D.O. Date Imaged McDonald CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 313 Forest Hills Drive STREET **ADDRESS** (Residence or Business) Harrison, TX 75650 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 3305 Steck Ave. MAILING **ADDRESS** Ste. 200 Change of Address Austin, TX 78757 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (512) 708-8662 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY X January 5 April 5 July 5 October 5 REPORT FILING **DEADLINE** February 5 May 5 August 5 November 5 March 5 September 5 December 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED**

11/26/2023

12/25/2023

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

			-		
L2 COMMITTEE NAME			13 Fi		(Ethics Commission Filers)
Texas Osteopathic Med	lical Association Politic	al Action Committee	00	016104	
4 COMMITTEE ACTIVITY	1. Candidates	A. Supported			
ACTIVITY	(Identify by name or, if applicable, classify by party.)				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	Measures (Describe by date and location	A. Supported			
	of election and nature of issue.)				
		B. Opposed			
	3. Officeholders				
	Assisted (Identify by name or, if applicable, classify by party.)				
.5 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	POLITICAL CONTRIBUTIONS (OTF DR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold		\$	0.00
	2. TOTAL POLITICA		u	-	
	(OTHER THAN PLEI	OGES, LOANS, OR GUARANTEES O	F LOANS)	\$	775.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES		\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES		\$	100.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTING	ONTRIBUTIONS MAINTAINED AS C PERIOD	OF THE LAST DAY	\$	68,429.99
OUTSTANDING LOAN TOTALS		MOUNT OF ALL OUTSTANDING LO	DANS AS OF THE	\$	0.00
.6 AFFIDAVIT	I				
		I swear, or affirm, unde true and correct and inc under Title 15, Election	cludes all information	that the a	ccompanying report is I to be reported by me
		I	Dr. John C. McDo	nald D.C).
		Si	ignature of Campaig	ın Treasuı	rer
AFFIX NOTARY	STAMP / SEAL ABOVE				
Sworn to and subscribed	before me, by the said		, this the	9	day
		hich, witness my hand and seal of of			
Signature of officer ad	ministering oath	Printed name of officer administering	oath Ti	tle of offic	eer administering oath

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

		3 of 7
17 COMMITTEE NAME Texas Osteopathic Medical Association Political Action Committee	18 Filer ID 00016104	(Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 775.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LAI ORGANIZATION	BOR	\$
5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPO LABOR ORGANIZATION	RATION OR	\$
6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR OF	RGANIZATION	\$
7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABO ORGANIZATION	DR	\$
8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR	R ORGANIZATION	\$
9. SCHEDULE E: LOANS		\$
10. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	NS	\$ 100.00
11. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBU	TIONS	\$
13. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBU	TIONS	\$
15. X SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	S RETURNED	\$ 5.52

	MONEI	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/2 Rpt: 4/7	
2	FILER NAME	nothic Madical Accordation Political Action Committee	20	3	Filer ID (Ethics Commission	n Filers)
_		pathic Medical Association Political Action Committee		╽_	00016104	
4	Date 12/19/2023	 5 Full name of contributor)		Amount of Contribution (\$)	\$100.00
g	Principal occu	Irving, TX 75062 pation / Job title (See Instructions)	9 Employer (See Instructions	e)		
0	Physician Physician	pation / Job title (See Instructions)	Physician	3)		
	Date 12/04/2023	Full name of contributor out-of-state PAC (ID#:_ Benenate D.O., Joseph (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
	D: : 1	Dallas, TX 75243	- 1 (0 1 : :	Ĺ		
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions Self-employed	S)		
	Date 12/19/2023	Full name of contributor out-of-state PAC (ID#:_ Herrington D.O., Darrell (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$75.00
		San Angelo, TX 76904				
		pation / Job title (See Instructions)	Employer (See Instructions			
	Physician		West Texas Medical As	SOC	ciates	
	Date 12/08/2023	Full name of contributor out-of-state PAC (ID#:_Hill D.O., Elizabeth (Dr.) Contributor address; City; State; Zip Code Euless, TX 76040)		Amount of Contribution (\$)	\$100.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions North Hills Hospital	s)		
	Date 12/04/2023	Full name of contributor out-of-state PAC (ID#:_ Martin D.O., Randall (Dr.) Contributor address; City; State; Zip Code Arlington, TX 76016)		Amount of Contribution (\$)	\$100.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions Self-Employed	s)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 2/2 Rpt: 5/7	
2	FILER NAME Texas Osteo	opathic Medical Association Political Action Committe	e	3	Filer ID (Ethics Commissio 00016104	n Filers)
4	Date 12/13/2023	 Full name of contributor out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$100.00
		Bridge City, TX 77611				
8	Principal occu Physician	upation / Job title (See Instructions)	9 Employer (See Instructions Self-Employed	s)		
	Date 12/07/2023	Full name of contributor out-of-state PAC (ID#:_ Proffitt D.O., Paul (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
	Principal occu	Austin, TX 78755 upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Physician		Self-Employed			
	Date 12/13/2023	Full name of contributor out-of-state PAC (ID#: Smola D.O., Jeremy (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
		Sweetwater, TX 79556				
	Principal occu Physician	upation / Job title (See Instructions)	Employer (See Instructions Self-Employed	s)		
	Date 12/18/2023	Full name of contributor out-of-state PAC (ID#:_ Toaston D.O., Tanisha (Dr.) Contributor address; City; State; Zip Code Irving, TX 75063			Amount of Contribution (\$)	\$100.00
	Principal occu Physician	upation / Job title (See Instructions)	Employer (See Instructions Self-Employed	s)		

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 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

	Consuling Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	By - Gift/Awards/Memorials Expense Printing Expense Printing Expense Printing Expense 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:	1: 2 FILER NAME 3 Filer ID (Ethics Commission Fi	ilers)
	Sch: 1/1 Rpt: 6/7	Texas Osteopathic Medical Association Political Action 00016104	
4	Date	5 Payee name	
	12/08/2023	FREY, PAULA (Miss)	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$100.00	8906 PARKFIELD DRIVE UNIT D	
		Unit D	
	Expenditure from corporate funds	AUSTIN, TX 78758	
_	<u> </u>		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Compliance reporting	
		- Compilation reporting	
_	Complete ONLY if direct	Candidate/Officeholder name Office county Office hold	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held OH	

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 7/7 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Texas Osteopathic Medical Association Political Action Committee 00016104 8 Amount (\$) Date 5 Name of person from whom amount is received 11/30/2023 \$5.52 First Texas Bank 6 Address of person from whom amount is received; City; State; Zip Code Georgetown, TX 78767-0649 Purpose for which amount is received Check if political contribution returned to filer Interest earned on account