

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) 00055953	2 Total pages filed: 8
3 COMMITTEE NAME Texas Academy of Audiology Political Action Committee		OFFICE USE ONLY	
		Date Received ELECTRONICALLY FILED 01/02/2024	
		Date Hand-delivered or Date Postmarked	
		Receipt #	Amount
		Date Processed	
		Date Imaged	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 4016 Tiffany Trail College Station, TX 77845		
	5 CAMPAIGN TREASURER NAME MS / MRS / MR FIRST MI Ms. Kimberly M. NICKNAME LAST SUFFIX DeBona Au.D		
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4016 Tiffany Trail College Station, TX 77845		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 4016 Tiffany Trail College Station, TX 77845		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (979) 690-5030		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input 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 Month Day Year 07/01/2023 THROUGH 12/31/2023		
11 ELECTION	ELECTION DATE Month Day Year 03/05/2024	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input 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 Academy of Audiology Political Action Committee	13 Filer ID (Ethics Commission Filers) 00055953
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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)	\$ 2,215.00
	<input checked="" type="checkbox"/> check here if this report qualifies for the higher itemization threshold	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 7,105.40
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 18,670.63
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.

Ms. Kimberly M. DeBona Au.D

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 Academy of Audiology Political Action Committee		18 Filer ID (Ethics Commission Filers) 00055953
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 7,105.40
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
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 checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 0.00
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 0.00
11.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
12.	<input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$ 0.00
13.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 77.35
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/2 Rpt: 4/8
2 FILER NAME Texas Academy of Audiology Political Action Committee		3 Filer ID (Ethics Commission Filers) 00055953
4 Date 10/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Board, Tracy	7 Amount of Contribution (\$) \$490.40
	6 Contributor address; City; State; Zip Code San Antonio, TX 78247	
8 Principal occupation / Job title (See Instructions) Audiologist		9 Employer (See Instructions) Audicles Hearing Services
Date 10/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) House, Kelli	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Austin, TX 78749	
Principal occupation / Job title (See Instructions) Audiologist		Employer (See Instructions) Estes Audiology
Date 10/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lyon, Matthew (Mr.)	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code El Paso, TX 79902	
Principal occupation / Job title (See Instructions) Audiologist		Employer (See Instructions) Self
Date 10/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marquardt, Scott (Dr.)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Tomball, TX 77377	
Principal occupation / Job title (See Instructions) Audiologist		Employer (See Instructions) Self
Date 10/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morris, Alex (Dr.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Richmond, TX 77406	
Principal occupation / Job title (See Instructions) Audiologist		Employer (See Instructions) Oticon

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/2 Rpt: 5/8
2 FILER NAME Texas Academy of Audiology Political Action Committee		3 Filer ID (Ethics Commission Filers) 00055953
4 Date 09/29/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pourasef, Elly (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77079	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Audiologist		9 Employer (See Instructions) Memorial Hearing
Date 10/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Powell, Kelly <hr/> Contributor address; City; State; Zip Code Austin, TX 78731	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Audiologist		Employer (See Instructions)
Date 10/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wall, Gemma <hr/> Contributor address; City; State; Zip Code Houston, TX 77084	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Audiologist		Employer (See Instructions)
Date 10/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watson, Jane <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78218	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Audiologist		Employer (See Instructions) Retired

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:
Sch: 1/1 Rpt: 6/8

2 FILER NAME
Texas Academy of Audiology Political Action Committee

3 Filer ID (Ethics Commission Filers)
00055953

4 TOTAL OF UNITEMIZED PLEDGES

\$ 0.00

5 Date

6 Full name of pledgor out-of-state PAC (ID#: _____)

8 Amount of
pledge (\$)

9 In-kind description
(If applicable)

7 Pledgor Address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 1/1 Rpt: 7/8
2 FILER NAME Texas Academy of Audiology Political Action Committee		3 Filer ID (Ethics Commission Filers) 00055953
4 TOTAL OF UNITEMIZED LOANS		\$ 0.00
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial institution?	8 Lender address; City; State; Zip Code	10 Interest Rate
		11 Maturity Date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	
	18 Guarantor address; City; State; Zip Code	
20 Principal occupation		19 Amount Guaranteed (\$)
21 Employer (See Instructions)		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 1/1 Rpt: 8/8	2 FILER NAME Texas Academy of Audiology Political Action Committee	3 Filer ID (Ethics Commission Filers) 00055953
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 0.00
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5 Date 10/13/2023	6 Payee name Square.com
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7 Amount (\$) \$4.85 <input type="checkbox"/> Expenditure from corporate funds	8 Payee address; City; State; Zip Code 1455 Market Street, Suite 600 San Francisco, CA 94103
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9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense credit card fees
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/16/2023	Payee name Square.com
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Amount (\$) \$72.50 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1455 Market Street, Suite 600 San Francisco, CA 94103
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TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense credit card fees
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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