

# GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC  
COVER SHEET PG 1

<b>The GPAC Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers) 00017033	<b>2</b> Total pages filed: 8
<b>3</b> COMMITTEE NAME Texas Occupational Therapy Association Political Action Committee		<b>OFFICE USE ONLY</b>	
		Date Received ELECTRONICALLY FILED 01/15/2024	
<b>4</b> COMMITTEE ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2323 Clear Lake City Blvd Suite 180-197 Houston, TX 77062		
	Date Hand-delivered or Date Postmarked		
	Receipt #	Amount	
	Date Processed		
Date Imaged			
<b>5</b> CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	Ms.	Eva-Maria	
NICKNAME		LAST	SUFFIX
		Anger	
<b>6</b> CAMPAIGN TREASURER STREET ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2506 Lazy Lake Drive Harlingen, TX 78550		
	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2506 Lazy Lake Drive Harlingen, TX 78550		
<b>7</b> CAMPAIGN TREASURER MAILING ADDRESS  <input type="checkbox"/> Change of Address	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2506 Lazy Lake Drive Harlingen, TX 78550		
	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2506 Lazy Lake Drive Harlingen, TX 78550		
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
		(832) 687-1687	
<b>9</b> 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	
<b>10</b> PERIOD COVERED	Month Day Year	THROUGH	Month Day Year
	07/31/2023		12/31/2023
<b>11</b> ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff <input type="checkbox"/> Other
		<input type="checkbox"/> General	<input type="checkbox"/> Special

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# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**  
COVER SHEET PG 2

<b>12 COMMITTEE NAME</b> Texas Occupational Therapy Association Political Action Committee	<b>13 Filer ID</b> (Ethics Commission Filers) 00017033
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<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

<b>15 CONTRIBUTION TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b> <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 500.00
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 262.53
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 7,054.35
OUTSTANDING LOAN TOTALS	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 0.00

**16 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Ms. Eva-Maria Anger  
\_\_\_\_\_  
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

<b>17 COMMITTEE NAME</b> Texas Occupational Therapy Association Political Action Committee	<b>18 Filer ID</b> (Ethics Commission Filers) 00017033
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<b>19 SCHEDULE SUBTOTALS</b>		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	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	\$	262.53
11. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
12. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
13. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
14. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
15. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 1/3 Rpt: 4/8
2 FILER NAME Texas Occupational Therapy Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00017033
4 Date 12/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Alexander, Tara	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code  Dallas, TX 75249	
8 Principal occupation / Job title (See Instructions) Occupational Therapist		9 Employer (See Instructions)
Date 09/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bachmeier, Kimberly	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Galveston, TX 77551	
Principal occupation / Job title (See Instructions) Occupational Therapist		Employer (See Instructions)
Date 11/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Clark, Monica	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  San Antonio, TX 78254	
Principal occupation / Job title (See Instructions) Occupational Therapist		Employer (See Instructions)
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Faghihifar, Justine	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Carrollton, TX 75007	
Principal occupation / Job title (See Instructions) Occupational Therapist		Employer (See Instructions)
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gardner, Karen	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Brenham, TX 77833	
Principal occupation / Job title (See Instructions) Occupational Therapist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 2/3 Rpt: 5/8
2 FILER NAME Texas Occupational Therapy Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00017033
4 Date 11/01/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Justiss, Michael	7 Amount of Contribution (\$)  \$100.00
	6 Contributor address; City; State; Zip Code  Fort Worth, TX 76132	
8 Principal occupation / Job title (See Instructions) Occupational Therapist		9 Employer (See Instructions)
Date 09/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lohman, Alicia	Amount of Contribution (\$)  \$20.00
	Contributor address; City; State; Zip Code  Houston, TX 77096	
Principal occupation / Job title (See Instructions) Occupational Therapist		Employer (See Instructions)
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Luna, John	Amount of Contribution (\$)  \$50.00
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Occupational Therapist		Employer (See Instructions)
Date 08/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Neunherz, Sherry	Amount of Contribution (\$)  \$20.00
	Contributor address; City; State; Zip Code  Flower Mound, TX 75028	
Principal occupation / Job title (See Instructions) Occupational Therapy Assistant		Employer (See Instructions)
Date 12/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pulley, Tina	Amount of Contribution (\$)  \$50.00
	Contributor address; City; State; Zip Code  College Station, TX 77845	
Principal occupation / Job title (See Instructions) Occupational Therapist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/3 Rpt: 6/8
<b>2</b> FILER NAME Texas Occupational Therapy Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00017033
<b>4</b> Date 08/14/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rios, Maria <hr/> <b>6</b> Contributor address; City; State; Zip Code  Edinburg, TX 78539	<b>7</b> Amount of Contribution (\$)  \$20.00
<b>8</b> Principal occupation / Job title (See Instructions) Occupational Therapist		<b>9</b> Employer (See Instructions)
<b>Date</b> 10/10/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tran, Huyen <hr/> <b>Contributor address; City; State; Zip Code</b>  Houston, TX 77077	<b>Amount of Contribution (\$)</b>  \$10.00
<b>Principal occupation / Job title (See Instructions)</b> Occupational Therapy Assistant Student		<b>Employer (See Instructions)</b>
<b>Date</b> 11/03/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Winthrop, Barbara <hr/> <b>Contributor address; City; State; Zip Code</b>  Houston , TX 77005	<b>Amount of Contribution (\$)</b>  \$100.00
<b>Principal occupation / Job title (See Instructions)</b> Occupational Therapist		<b>Employer (See Instructions)</b>

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/2 Rpt: 7/8	<b>2</b> FILER NAME Texas Occupational Therapy Association Political Action	<b>3</b> Filer ID (Ethics Commission Filers) 00017033
<b>4</b> Date 08/01/2023	<b>5</b> Payee name Kurt & Associates, P.C.	
<b>6</b> Amount (\$) \$175.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 333 Cypress Run, Ste. 210  Houston, TX 77094	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CPA services
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 08/01/2023	Payee name NMI Headquarters -PayScape	
Amount (\$) \$12.95  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1450 American Lane, Suite 1200 Schaumburg, IL 60173	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly fees expense.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 09/01/2023	Payee name NMI Headquarters -PayScape	
Amount (\$) \$15.36  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1450 American Lane, Suite 1200 Schaumburg, IL 60173	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly fees expense.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 2/2 Rpt: 8/8	<b>2</b> FILER NAME Texas Occupational Therapy Association Political Action	<b>3</b> Filer ID (Ethics Commission Filers) 00017033
<b>4</b> Date 10/02/2023	<b>5</b> Payee name NMI Headquarters -PayScape	
<b>6</b> Amount (\$) \$20.12  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 1450 American Lane, Suite 1200 Schaumburg, IL 60173	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly fees expense.
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/01/2023	Payee name NMI Headquarters -PayScape	
Amount (\$) \$20.01  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1450 American Lane, Suite 1200 Schaumburg, IL 60173	
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 Monthly fees expense.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/01/2023	Payee name NMI Headquarters -PayScape	
Amount (\$) \$19.09  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1450 American Lane, Suite 1200 Schaumburg, IL 60173	
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 Monthly fees expense.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held