#### 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) 00051030 3 COMMITTEE NAME **OFFICE USE ONLY** Texas Academy of Physician Assistants - PAC Date Received **ELECTRONICALLY FILED** 01/16/2024 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** PO Box 4968 Date Hand-delivered or Date Postmarked Change of Address Lago Vista, TX 78645 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Kent NAME NICKNAME LAST **SUFFIX** Prickett STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 21410 Bluejay Blvd. STREET **ADDRESS** (Residence or Business) Lago Vista, TX 78645 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** PO Box 4968 MAILING **ADDRESS** Lago Vista, TX 78645 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (800) 280-7655 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Day Month Day Year Month **COVERED THROUGH** 07/01/2023 12/31/2023 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year χ Primary Runoff Other 03/05/2024 General Special

## GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

# FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Texas Academy of Ph	ysician Assistants - PAC		00051030	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported The Honorable John Bucy Sta	te Representa	ative
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures    (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	Officeholders     Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	AL CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS)	\$	19,732.02
EXPENDITURE TOTALS	3. TOTAL UNITEMIZE	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	19,539.15
CONTRIBUTION BALANCE	5. TOTAL POLITICAL ( OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	28,620.24
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	-		<u> </u>	
		I swear, or affirm, under penalty of pe true and correct and includes all informunder Title 15, Election Code.		
		Mr. Ken	t Prickett	
		Signature of Car	mpaign Treasur	rer
AFFIX NOTAR	Y STAMP / SEAL ABOVE			
Sworn to and subscribe	ed before me, by the said _	, th	nis the	day
		which, witness my hand and seal of office.		
Signature of officer a	administering oath	Printed name of officer administering oath	Title of office	er administering oath
Signature of officer of	anninotering outil	Times have or other administering out	THE OF OTHER	or administering outil

#### FORM GPAC ADDENDUM

Page 3 of 55

					90 0 01 00
12 COMMITTEE NAME				13 Filer ID (Ethics Comm	ission Filers)
Texas Academy of Physician	Assistants - PA	vC		00051030	
ACTIVITY (Identif	andidates fy by name or, if able, classify by party.)	A. Supported	The Honorable Caroline Harris	State Representative	
(Attach lists on plain paper to complete this report if necessary.)	-	B. Opposed			
(Descri location	leasures ibe by date and n of election and of issue.)	A. Supported			
		B. Opposed			
A: (Identif	officeholders ssisted fy by name or, if able, classify by party.)				
	andidates	A. Supported	The Honorable Elizabeth Campo	s State Representative	
ACTIVITY (Identif applica	fy by name or, if able, classify by party.)				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
(Descri location	leasures ibe by date and n of election and of issue.)	A. Supported			
		B. Opposed			
A: (Identif	officeholders ssisted fy by name or, if able, classify by party.)				
COMMITTEE 1. C ACTIVITY (Identif	<u> </u>	A. Supported	The Honorable Matt Shaheen S	tate Representative	
(Attach lists on plain paper to complete this report if necessary.)	-	B. Opposed			
(Descri location	leasures ibe by date and n of election and of issue.)	A. Supported			
		B. Opposed			
A: (Identif	officeholders ssisted fy by name or, if able, classify by party.)				
1."					

#### FORM GPAC ADDENDUM

Page 4 of 55

					1 ago 1 01 00
12	COMMITTEE NAME				13 Filer ID (Ethics Commission Filers)
	Texas Academy of Phys	sician Assistants - P	AC		00051030
14	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	The Honorable Mihaela Plesa S	I State Representative
	(Attach lists on plain paper to complete this report if necessary.)		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.)			
	COMMITTEE	1. Candidates	A. Supported	The Honorable Stephanie Klick	State Representative
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		The first state of the first sta	Cano respisación de la constitución de la constituc
	(Attach lists on plain paper to complete this report if necessary.)		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.)			
	COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)	A. Supported	The Honorable Jacey Jetton Sta	ate Representative
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
			B. Opposed		
		Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)			
		1	<u> </u>		

#### FORM GPAC ADDENDUM

Page 5 of 55

<b>12</b> COMM	IITTEE NAME				13 Filer ID (Ethics Commission Filers)
Texas	Academy of Phys	sician Assistants - PA	AC		00051030
14 COMM ACTIV		Candidates     (Identify by name or, if applicable, classify by party.)		The Honorable Nicole Collier Sta	ate Representative
paper	n lists on plain to complete this if necessary.)		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.)			
COMM ACTIV	IITTEE ITY	Candidates (Identify by name or, if applicable, classify by party.)		The Honorable Drew Darby Stat	e Representative
paper	n lists on plain to complete this if necessary.)		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.)			
COMM ACTIV	MITTEE HTY	Candidates (Identify by name or, if applicable, classify by party.)		The Honorable Dade Phelan Sta	ate Representative
paper	n lists on plain to complete this if necessary.)		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.)			

#### FORM GPAC ADDENDUM

Page 6 of 55

rsician Assistants - PA	AC		13 Filer ID (Ethics Commission 00051030	n Filers)
	AC		00051030	
			00001000	
Candidates (Identify by name or, if applicable, classify by party.)		The Honorable Steve Allison St	ate Representative	
	B. Opposed			
2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
	B. Opposed			
Officeholders     Assisted  (Identify by name or, if applicable, classify by party.)				
Candidates  (Identify by name or, if applicable, classify by party.)		The Honorable Jolanda Jones \$	State Representative	
	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.)				
Candidates  (Identify by name or, if applicable, classify by party.)		The Honorable Tom Oliverson, I	M.D. State Representative	
	B. Opposed			
2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
	B. Opposed			
Officeholders     Assisted  (Identify by name or, if applicable, classify by party.)				
	2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders    Assisted (Identify by name or, if applicable, classify by party.)  1. Candidates (Identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders    Assisted (Identify by name or, if applicable, classify by party.)  1. Candidates (Identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders    Assisted (Identify by name or, if applicable, classify by party.)  3. Officeholders    Assisted (Identify by name or, if applicable, classify by party.)	applicable, classify by party.)  B. Opposed  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  1. Candidates (Identify by name or, if applicable, classify by party.)  B. Opposed  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  B. Opposed  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  B. Opposed  2. Measures (Identify by name or, if applicable, classify by party.)  B. Opposed  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  B. Opposed  3. Opposed  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  B. Opposed  3. Opposed	applicable, classify by party.)  B. Opposed  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  1. Candidates (Identify by name or, if applicable, classify by party.)  B. Opposed  The Honorable Jolanda Jones State (Identify by name or, if applicable, classify by party.)  B. Opposed  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  1. Candidates (Identify by name or, if applicable, classify by party.)  B. Opposed  The Honorable Tom Oliverson, I applicable, classify by party.)  B. Opposed  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  B. Opposed  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  B. Opposed  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  B. Opposed	B. Opposed  2. Measures Obescribe by date and relature of issue.)  B. Opposed  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  B. Opposed  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  B. Opposed  4. Supported The Honorable Jolanda Jones State Representative (Identify by name or, if applicable, classify by party.)  B. Opposed  5. Opposed  6. Opposed  7. Measures Obescribe by date and relative of issue.)  8. Opposed  8. Opposed  7. Measures Obescribe by date and relative of issue.  8. Opposed  8. Opposed  8. Opposed  8. Opposed  8. Opposed  9. Candidates Obescribe by date and location of election and relative of issue.)  8. Opposed  9. Opposed  1. Candidates Obescribe by date and location of election and relative of issue.)  8. Opposed  9. Opposed  1. Candidates Obescribe by date and location of election and relative of issue.)  8. Opposed  9. Opposed  1. Opposed  1. Opposed  1. Opposed  1. Opposed  1. Opposed  1. Opposed  2. Measures Obescribe by date and location of election and relative of issue.)  8. Opposed  1. Opposed

#### FORM GPAC ADDENDUM

Page 7 of 55

					1 ago 1 01 00
12	COMMITTEE NAME				13 Filer ID (Ethics Commission Filers)
	Texas Academy of Phys	sician Assistants - PA	AC		00051030
14	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	The Honorable Josey Garcia S	I ate Representative
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
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.)			
	COMMITTEE	1. Candidates	A. Supported	The Honorable Philip Cortez St	ate Representative
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		·	·
	(Attach lists on plain paper to complete this report if necessary.)		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.)			
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	The Honorable Gina Hinojosa S	State Representative
	(Attach lists on plain paper to complete this report if necessary.)		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.)			
		applicable, classify by party.)			

#### FORM GPAC ADDENDUM

Page 8 of 55

					1 ago o o o oo
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texas Academy of Physic	cian Assistants - PA	AC .		00051030	
	1. Candidates		The Honorable Lois Kolkhorst S		
ACTIVITY	(Identify by name or, if applicable, classify by party.)		THE HUHURADIE LUIS KUIKHUIST S	state Seriator	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
[7	2. Measures	A. Supported			
l i	(Describe by date and location of election and nature of issue.)				
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
		<u> </u>	The Hammalla 2, 20, 7, 20, 1, 5	Nata Carrie	
A CTIV //TV/	Candidates (Identify by name or, if	A. Supported	The Honorable Judith Zaffirini S	state Senator	
6	applicable, classify by party.)				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and	A. Supported			
	nature of issue.)				
		B. Opposed			
[	3. Officeholders Assisted				
	(Identify by name or, if applicable, classify by party.)				
ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		The Honorable Angela Paxton	State Senator	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
[2	2. Measures	A. Supported			
[1	(Describe by date and location of election and nature of issue.)				
		B. Opposed			
[	3. Officeholders Assisted				
	(Identify by name or, if applicable, classify by party.)				

#### **SUBTOTALS - GPAC**

## FORM GPAC COVER SHEET PG 3

				O V EI ( OI IEI	9 of 55
<b>17</b> COM	MITTE	E NAME	18 Filer ID	(Ethics Commiss	sion Filers)
		demy of Physician Assistants - PAC	00051030	_	
		E SUBTOTALS SCHEDULE		SUBTOTAL	_ AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	16,722.00
2.	Х	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	3,010.02
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 (	DRGANIZATION	\$	
9.		SCHEDULE E: LOANS		\$	
10.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$	19,539.15
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 I TO FILER	RETURNED	\$	

	MONEI	ARY POLITICAL CONTRIBUTION	)NS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/31 Rpt: 10/55	
2	FILER NAME Texas Acade	emy of Physician Assistants - PAC		3	Filer ID (Ethics Commission 00051030	n Filers)
4	Date 09/16/2023	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_Akpan P.A., Habiba</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7	Amount of Contribution (\$)	\$300.00
8	Principal occu Physician As	Pearland, TX 77584 pation / Job title (See Instructions) sistant	9 Employer (See Instructions	s)		
	Date Full name of contributor out-of-state PAC (ID#:)  O9/16/2023 Allman P.A., Monique  Contributor address; City; State; Zip Code  Houston, TX 77044			Amount of Contribution (\$)	\$25.00	
	Principal occu Physician As	pation / Job title (See Instructions) sistant	Employer (See Instructions	5)		
	Date 10/16/2023	Full name of contributor out-of-state PAC (ID#:_Allman P.A., Monique  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$25.00
	Principal occu	Houston, TX 77044 pation / Job title (See Instructions) sistant	Employer (See Instructions	<u> </u> ;)		
	Date 11/16/2023	Full name of contributor out-of-state PAC (ID#:_Allman P.A., Monique  Contributor address; City; State; Zip Code  Houston, TX 77044			Amount of Contribution (\$)	\$25.00
	Principal occu Physician As	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Date 12/16/2023	Full name of contributor out-of-state PAC (ID#:_Allman P.A., Monique  Contributor address; City; State; Zip Code  Houston, TX 77044			Amount of Contribution (\$)	\$25.00
	Principal occu Physician As	oation / Job title (See Instructions) sistant	Employer (See Instructions	5)		
			<u> </u>			

	MONET	ARY POLITICAL CONTRIE	BUTION	IS		SCHEDUL	E <b>A1</b>
	The Instruc	etion Guide explains how to complet	te this for	m.	1	Total pages Schedule A1: Sch: 2/31 Rpt: 11/55	
2	FILER NAME Texas Acade	my of Physician Assistants - PAC			3	Filer ID (Ethics Commission 00051030	n Filers)
4	Date 09/16/2023	<ul> <li>Full name of contributor</li></ul>			7	Amount of Contribution (\$)	\$50.00
0	Dringing occur	Lewisville, TX 75056	اما	Employer (See Instructions			
8	Physician As	pation / Job title (See Instructions) sistant	l <sup>a</sup>	Employer (See Instructions	5)		
	Date Full name of contributor out-of-state PAC (ID#:)  07/20/2023 Barry P.A., Troy  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00		
	Principal occu	Pearland, TX 77584 pation / Job title (See Instructions)		Employer (See Instructions	 ;)		
	Physician Assistant						
	Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$100.00	
		Hutto, TX 78634					
	Principal occu Physician As	pation / Job title (See Instructions) sistant		Employer (See Instructions	s)		
	Date 09/15/2023	Full name of contributor out-of-state Bean P.A., Dee Ann Contributor address; City; State; Zip Code  Monahans, TX 79756		)		Amount of Contribution (\$)	\$300.00
	Principal occu Physician As	oation / Job title (See Instructions) sistant		Employer (See Instructions	s)		
	Date 09/22/2023	Full name of contributor out-of-state Bobick P.A., Carrie  Contributor address; City; State; Zip Code  Austin, TX 78731				Amount of Contribution (\$)	\$35.00
	Principal occu Physician As	oation / Job title (See Instructions) sistant		Employer (See Instructions	5)		
			L				

	MONET	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 3/31 Rpt: 12/55	
2	FILER NAME Texas Acade	emy of Physician Assistants - F	PAC		3	Filer ID (Ethics Commission 00051030	n Filers)
4	Date 09/01/2023	<ul><li>5 Full name of contributor</li><li>Bollner P.A., Megan</li><li>6 Contributor address; City; State</li></ul>			7	Amount of Contribution (\$)	\$50.00
		Dallas, TX 75206	<u>,</u>				
8	Principal occu Physician As	pation / Job title (See Instructions) ssistant		9 Employer (See Instructions	5)		
	Date 09/15/2023	Date Full name of contributor out-of-state PAC (ID#:)				Amount of Contribution (\$)	\$250.00
		Taft, TX 78390 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Date 09/15/2023				Amount of Contribution (\$)	\$50.00	
		Houston, TX 77047					
	Principal occu Physician As	pation / Job title (See Instructions) ssistant		Employer (See Instructions	s)		
	Date 09/15/2023	Full name of contributor Bostick P.A., Bailiegh Contributor address; City; Sta		)	•	Amount of Contribution (\$)	\$75.00
	Principal occu Physician As	pation / Job title (See Instructions) ssistant		Employer (See Instructions	5)		
	Date 09/15/2023	Full name of contributor  Bostick P.A., Bailiegh  Contributor address; City; Sta	out-of-state PAC (ID#: atte; Zip Code	)		Amount of Contribution (\$)	\$25.00
	Principal occu Physician As	pation / Job title (See Instructions) ssistant		Employer (See Instructions	5)		
			I				

	MONEI	ARY POLITICAL C	ONTRIBUTIO	DNS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 4/31 Rpt: 13/55	
2	FILER NAME Texas Acade	emy of Physician Assistants -	PAC		3	Filer ID (Ethics Commission 00051030	n Filers)
4	Date 07/20/2023	<ul><li>5 Full name of contributor Boutte P.A., Matthew</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	\$50.00
8	Dringinal occu	Dallas, TX 75201		Employer (See Instructions			
0	Physician As		)	9 Employer (See Instructions	s)		
	Date 09/15/2023	Full name of contributor Boutte P.A., Matthew Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code		•	Amount of Contribution (\$)	\$250.00
	Principal occu	Dallas, TX 75201 pation / Job title (See Instructions	<u>)</u>	Employer (See Instructions	<u>s)</u>		
	Physician Assistant				<i>-</i> )		
	Date 08/29/2023	Full name of contributor Boyd P.A., Debbie Contributor address; City; St	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$10.00
		Angleton, TX 77515					
	Principal occu Physician As	pation / Job title (See Instructions ssistant	)	Employer (See Instructions	5)		
	Date 09/14/2023	Full name of contributor Bradley-Guidry P.A., Caro Contributor address; City; St Combine, TX 75159			•	Amount of Contribution (\$)	\$100.00
	Principal occu Physician As	I pation / Job title (See Instructions ssistant	)	Employer (See Instructions	<u>1</u> S)		
	Date 09/17/2023	Full name of contributor Bronson P.A., Amy Contributor address; City; St Richardson, TX 75069	out-of-state PAC (ID#:_ ate; Zip Code			Amount of Contribution (\$)	\$50.00
	Principal occu Physician As	pation / Job title (See Instructions ssistant	)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL C	NS 		SCHEDUL	E <b>A1</b>	
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 5/31 Rpt: 14/55	
2	FILER NAME Texas Acade	emy of Physician Assistants - P	AC		3	Filer ID (Ethics Commission 00051030	n Filers)
4	Date 07/05/2023	<ul><li>5 Full name of contributor [ Cambron P.A., Michele</li><li>6 Contributor address; City; Sta</li></ul>			7	Amount of Contribution (\$)	\$50.00
		Saginaw, TX 76131					
8	Principal occu Physician As	pation / Job title (See Instructions) sistant	9	Employer (See Instructions	s)		
	Date 09/15/2023	Full name of contributor  Carrales P.A., Juan  Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$100.00
	Principal occu	Eagle Pass, TX 78852 pation / Job title (See Instructions)	1	Employer (See Instructions	<u> </u> s)		
	Physician As			, . , . (	,		
	Date 09/16/2023	Full name of contributor  Catacutan P.A., Kristi  Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code	)		Amount of Contribution (\$)	\$30.00
		Garland, TX 75043					
	Principal occu Physician As	pation / Job title (See Instructions) sistant		Employer (See Instructions	5)		
	Date 10/16/2023	Full name of contributor  Catacutan P.A., Kristi  Contributor address; City; Sta  Garland, TX 75043	out-of-state PAC (ID#: te; Zip Code	)		Amount of Contribution (\$)	\$30.00
	Principal occu Physician As	pation / Job title (See Instructions) sistant		Employer (See Instructions	5)		
	Date 11/16/2023	Full name of contributor  Catacutan P.A., Kristi  Contributor address; City; Sta  Garland, TX 75043	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$30.00
	Principal occu Physician As	pation / Job title (See Instructions) sistant		Employer (See Instructions	5)		
			l				

	MONET	ARY POLITICAL CONT	ETART POLITICAL CONTRIBUTIONS					
	The Instru	ction Guide explains how to con	plete this form.	1	Total pages Schedule A1: Sch: 6/31 Rpt: 15/55			
2	FILER NAME Texas Acade	my of Physician Assistants - PAC		3	Filer ID (Ethics Commission 00051030	r Filers)		
4	Date 12/16/2023	<ul> <li>Full name of contributor  out-of  catacutan P.A., Kristi</li> <li>Contributor address; City; State; Zip C</li> </ul>			Amount of Contribution (\$)	\$30.00		
		Garland, TX 75043						
8	Principal occu Physician As	pation / Job title (See Instructions) sistant	9 Employer	(See Instructions)				
	Date 09/14/2023	Cavazos P.A., Valerie Dezarae  Contributor address; City; State; Zip C	state PAC (ID#:		Amount of Contribution (\$)	\$50.00		
	Principal occu Physician As	Austin, TX 78723 Dation / Job title (See Instructions) sistant	Employer	(See Instructions)				
	Date 09/16/2023	Cavazos P.A., Valerie Dezarae  Contributor address; City; State; Zip C			Amount of Contribution (\$)	\$45.00		
	Principal occu Physician As	Austin, TX 78723  pation / Job title (See Instructions)	Employer	(See Instructions)				
	Date 07/31/2023	Full name of contributor out-of	state PAC (ID#:		Amount of Contribution (\$)	\$50.00		
	Principal occu Physician As	pation / Job title (See Instructions)	Employer	(See Instructions)				
	Date 09/15/2023	Chaney P.A., Mark	estate PAC (ID#:		Amount of Contribution (\$)	\$50.00		
	Principal occu Physician As	pation / Job title (See Instructions) sistant	Employer	(See Instructions)				
			1					

	MONET	ARY POLITICAL CON	S		SCHEDUL	E <b>A1</b>	
	The Instruc	ction Guide explains how to co	omplete this form	n.	1	Total pages Schedule A1: Sch: 7/31 Rpt: 16/55	
2	FILER NAME Texas Acade	my of Physician Assistants - PAC			3	Filer ID (Ethics Commission 00051030	n Filers)
4	Date 09/16/2023	<ul> <li>5 Full name of contributor out</li> <li>Chaney P.A., Mark</li> <li>6 Contributor address; City; State; Zip</li> </ul>		)	7	Amount of Contribution (\$)	\$100.00
_	Deinsinal	Eastland, TX 76448	lo-	Faralousy (Co.s. Instructions			
8	Principal occul Physician As	pation / Job title (See Instructions) sistant	9	Employer (See Instructions	)		
	Date 09/15/2023	Christensen P.A., Bruce  Contributor address; City; State; Zip	t-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$100.00
	Principal occu	San Antonio, TX 78253  pation / Job title (See Instructions)		Employer (See Instructions	)		
	Physician As	sistant					
	Date 09/15/2023	Full name of contributor out Clark P.A., Michael Contributor address; City; State; Zip	t-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$100.00
		Fort Worth, TX 76132					
	Principal occu Physician As	pation / Job title (See Instructions) sistant		Employer (See Instructions	)		
	Date 09/08/2023	Full name of contributor out Covey P.A., Andrew Contributor address; City; State; Zip				Amount of Contribution (\$)	\$50.00
	Principal occu Physician As	oation / Job title (See Instructions) sistant		Employer (See Instructions	)		
	Date 09/17/2023	Full name of contributor out Covey P.A., Andrew  Contributor address; City; State; Zip	t-of-state PAC (ID#:			Amount of Contribution (\$)	\$35.00
	Principal occu Physician As	oation / Job title (See Instructions) sistant		Employer (See Instructions	)		
			<b>'</b>				

	WONEI	ARY POLITICAL C	ON I KIBUTIC	CVIV		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 8/31 Rpt: 17/55	
2	FILER NAME Texas Acade	emy of Physician Assistants -	PAC		3	Filer ID (Ethics Commission 00051030	n Filers)
4	Date 09/15/2023	<ul><li>5 Full name of contributor Crosby P.A., Karrie</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#:_ ate; Zip Code	)	7	Amount of Contribution (\$)	\$500.00
8	Drincinal occu	Robinson, TX 76706 pation / Job title (See Instructions	<b>)</b>	9 Employer (See Instructions			
°	Physician As	'	)	BSW Health	>)		
	Date 09/15/2023	Full name of contributor Crosby P.A., Karrie Contributor address; City; St				Amount of Contribution (\$)	\$155.00
	Principal occu	Robinson, TX 76706 pation / Job title (See Instructions	)	Employer (See Instructions	;) 		
	Physician As		,	Employer (See mondetions	٠,		
	Date 07/30/2023	Full name of contributor  Davenport P.A., Chandra  Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code			Amount of Contribution (\$)	\$50.00
		Dallas, TX 75238			L		
	Principal occu Physician As	pation / Job title (See Instructions ssistant	)	Employer (See Instructions	5)		
	Date 09/15/2023	Full name of contributor  Davenport P.A., Chandra  Contributor address; City; St  Dallas, TX 75238		)		Amount of Contribution (\$)	\$50.00
	Principal occu Physician As	pation / Job title (See Instructions ssistant	)	Employer (See Instructions	5)		
	Date 09/15/2023	Full name of contributor Davenport P.A., Chandra Contributor address; City; St Dallas, TX 75238		)	•	Amount of Contribution (\$)	\$500.00
	Principal occu Physician As	pation / Job title (See Instructions	)	Employer (See Instructions Presbyterian Village No			
	i-nysician As	ວາວເສາເ		Fresbytenan village No	1 (11)		

	MONET	ARY POLITICAL CON	S		SCHEDUL	E <b>A1</b>	
	The Instruc	ction Guide explains how to c	omplete this form	n.	1	Total pages Schedule A1: Sch: 9/31 Rpt: 18/55	
2	FILER NAME Texas Acade	emy of Physician Assistants - PAC			3	Filer ID (Ethics Commission 00051030	n Filers)
4	Date 09/16/2023	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$50.00
_	Dringing Lagor	Dallas, TX 75238	lo.	Frankston (Cookstants)	_		
8	Principal occul Physician As	pation / Job title (See Instructions) ssistant	9	Employer (See Instructions	5)		
	Date 09/14/2023	Davis-Lopez P.A., Heather  Contributor address; City; State; Zi				Amount of Contribution (\$)	\$500.00
	Principal occu	McAllen, TX 78504 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Physician As			CareNow Urgent Care			
	Date 09/14/2023	DeLucia P.A., Katie  Contributor address; City; State; Zi	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu	Friendswood, TX 77546 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Physician As	sistant					
	Date 09/14/2023	Full name of contributor ou Delucia P.A., Katie Contributor address; City; State; Zi Friendswood, TX 77546	ut-of-state PAC (ID#: ip Code	)		Amount of Contribution (\$)	\$50.00
	Principal occu Physician As	pation / Job title (See Instructions) ssistant		Employer (See Instructions	)		
	Date 09/14/2023	Delucia P.A., Katie	ut-of-state PAC (ID#: ip Code	)		Amount of Contribution (\$)	\$25.00
	Principal occu Physician As	pation / Job title (See Instructions) ssistant		Employer (See Instructions	i)		
			1				

	MONET	ARY POLITICAL CON	S		SCHEDUL	E <b>A1</b>	
	The Instru	ction Guide explains how to co	omplete this forn	n.	1	Total pages Schedule A1: Sch: 10/31 Rpt: 19/55	
2	FILER NAME Texas Acade	my of Physician Assistants - PAC			3	Filer ID (Ethics Commission 00051030	n Filers)
4	Date 09/14/2023	<ul> <li>Full name of contributor  out</li> <li>Delucia P.A., Katie</li> <li>Contributor address; City; State; Zip</li> </ul>			7	Amount of Contribution (\$)	\$100.00
		Friendswood, TX 77546	i -				
8	Principal occu Physician As	pation / Job title (See Instructions) sistant	9	Employer (See Instructions	)		
	Date 09/15/2023	Full name of contributor out  Eames P.A., Jennifer  Contributor address; City; State; Zip	t-of-state PAC (ID#: p Code			Amount of Contribution (\$)	\$100.00
	Principal occu	Abilene, TX 79602 pation / Job title (See Instructions)		Employer (See Instructions			
	Physician As			Employer (See manucuons	,		
	Date 09/17/2023	Emanuel P.A., Tatiana	t-of-state PAC (ID#: p Code			Amount of Contribution (\$)	\$100.00
		San Antonio, TX 78254					
	Principal occu Physician As	pation / Job title (See Instructions) sistant		Employer (See Instructions	)		
	Date 09/14/2023	English P.A., Ryan	t-of-state PAC (ID#: p Code			Amount of Contribution (\$)	\$63.00
	Principal occu Physician As	oation / Job title (See Instructions) sistant		Employer (See Instructions	)		
	Date 10/14/2023	English P.A., Ryan				Amount of Contribution (\$)	\$63.00
	Principal occu Physician As	pation / Job title (See Instructions) sistant		Employer (See Instructions	)		
			1				

	MONET	ARY POLITICAL CO	S		SCHEDULE	E A1	
	The Instru	ction Guide explains how to	complete this form	m.	1	Total pages Schedule A1: Sch: 11/31 Rpt: 20/55	
2	FILER NAME Texas Acade	emy of Physician Assistants - PA	С		3	Filer ID (Ethics Commission 00051030	Filers)
4	Date 11/14/2023	<ul><li>5 Full name of contributor</li><li>English P.A., Ryan</li><li>6 Contributor address; City; State</li></ul>	out-of-state PAC (ID#:; Zip Code	)	7	Amount of Contribution (\$)	\$63.00
		Richardson, TX 75080					
8	Principal occu Physician As	pation / Job title (See Instructions) sistant	9	Employer (See Instructions	5)		
	Date 12/14/2023	Full name of contributor English P.A., Ryan Contributor address; City; State	out-of-state PAC (ID#:; Zip Code			Amount of Contribution (\$)	\$63.00
	Principal occu	Richardson, TX 75080 pation / Job title (See Instructions)		Employer (See Instructions	i)		
	Physician As				,		
	Date 09/14/2023	Full name of contributor  Flecha P.A., Ismael  Contributor address; City; State	out-of-state PAC (ID#:; Zip Code	)		Amount of Contribution (\$)	\$25.00
		Belton, TX 76513					
	Principal occu Physician As	pation / Job title (See Instructions) sistant		Employer (See Instructions	s)		
	Date 10/14/2023	Full name of contributor Flecha P.A., Ismael  Contributor address; City; State  Belton, TX 76513	out-of-state PAC (ID#:; Zip Code	)		Amount of Contribution (\$)	\$25.00
	Principal occu Physician As	pation / Job title (See Instructions) sistant		Employer (See Instructions	5)		
	Date 11/14/2023	Full name of contributor  Flecha P.A., Ismael  Contributor address; City; State  Belton, TX 76513	out-of-state PAC (ID#: ; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu Physician As	pation / Job title (See Instructions) sistant		Employer (See Instructions	5)		
			L				

MONET	ARY POLITICAL CONTRIBUTI	ONS		SCHEDUL	E <b>A1</b>
The Instruc	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 12/31 Rpt: 21/55	
2 FILER NAME Texas Acade	emy of Physician Assistants - PAC		3	Filer ID (Ethics Commissio 00051030	n Filers)
12/14/2023	<ul> <li>Full name of contributor  out-of-state PAC (ID# Flecha P.A., Ismael</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7	Amount of Contribution (\$)	\$25.00
	Belton, TX 76513	_			
Principal occup     Physician As:	pation / Job title (See Instructions) sistant	9 Employer (See Instructions	5)		
Date 09/15/2023	Full name of contributor out-of-state PAC (ID# Forsberg P.A., Julia  Contributor address; City; State; Zip Code	<u>;                                    </u>	•	Amount of Contribution (\$)	\$300.00
	Austin, TX 78748				
Principal occup Physician As	pation / Job title (See Instructions) sistant	Employer (See Instructions	s)		
Date 09/15/2023	Full name of contributor out-of-state PAC (ID# Foster P.A., Dana Contributor address; City; State; Zip Code	<u>;                                    </u>	•	Amount of Contribution (\$)	\$500.00
	Rosenberg, TX 77469				
Principal occup Physician As:	pation / Job title (See Instructions) sistant	Employer (See Instructions El Campo Memorial Hos		ral	
Date 09/15/2023	Foyt P.A., Angela	<u>;                                    </u>		Amount of Contribution (\$)	\$50.00
Principal occup Physician Ass	pation / Job title (See Instructions)	Employer (See Instructions	5)		
Date 09/16/2023	Full name of contributor out-of-state PAC (ID# Garcia P.A., Roxana  Contributor address; City; State; Zip Code  San Antonio, TX 78254		-	Amount of Contribution (\$)	\$100.00
Principal occup  Physician As	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		

	MONET	ARY POLITICAL CONTRIBU		SCHEDUL	E <b>A1</b>		
	The Instruc	etion Guide explains how to complete	this for	rm.	1	Total pages Schedule A1: Sch: 13/31 Rpt: 22/55	
2	FILER NAME Texas Acade	my of Physician Assistants - PAC			3	Filer ID (Ethics Commission 00051030	n Filers)
4	Date 09/16/2023	<ul> <li>Full name of contributor  out-of-state PA George P.A., Lora</li> <li>Contributor address; City; State; Zip Code</li> </ul>		)	7	Amount of Contribution (\$)	\$75.00
8	Dringing aggr	Floresville, TX 78114	ام	Employer (See Instructions			
0	Physician As	pation / Job title (See Instructions) sistant	ا	Employer (See Instructions	)		
	Date 09/16/2023	Full name of contributor out-of-state PA Green P.A., Janelle Contributor address; City; State; Zip Code	•			Amount of Contribution (\$)	\$50.00
	Principal occu	The Woodlands, TX 77383 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	Physician As			, ., . (	,		
	Date 08/30/2023	Full name of contributor out-of-state PA Griffith P.A., Cynthia  Contributor address; City; State; Zip Code	C (ID#:			Amount of Contribution (\$)	\$100.00
		Arlington, TX 76005					
	Principal occu Physician As	pation / Job title (See Instructions) sistant		Employer (See Instructions	5)		
	Date 07/03/2023	Full name of contributor out-of-state PA Hanson P.A., Jessica Contributor address; City; State; Zip Code Rosharon, TX 77583				Amount of Contribution (\$)	\$50.00
	Principal occu Physician As	oation / Job title (See Instructions) sistant		Employer (See Instructions	s)		
	Date 07/17/2023	Full name of contributor out-of-state PA Harris P.A., Tammy  Contributor address; City; State; Zip Code  San Antonio, TX 78256		)		Amount of Contribution (\$)	\$50.00
	Principal occu Physician As	oation / Job title (See Instructions) sistant		Employer (See Instructions	5)		
			L				

	WONEI	ARY POLITICAL C	ONTRIBUTIC	CNIC		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how t	co complete this fo	orm.	1	Total pages Schedule A1: Sch: 14/31 Rpt: 23/55	
2	FILER NAME Texas Acade	emy of Physician Assistants - P	AC		3	Filer ID (Ethics Commission 00051030	on Filers)
4	Date 09/14/2023	<ul><li>5 Full name of contributor Hinojos P.A., Sissy</li><li>6 Contributor address; City; State</li></ul>	out-of-state PAC (ID#:_ e; Zip Code		7	Amount of Contribution (\$)	\$100.00
8		Odessa, TX 79761 pation / Job title (See Instructions)		9 Employer (See Instructions	s)		
	Date 09/16/2023	Full name of contributor [ Hlavin P.A., Joseph  Contributor address; City; Stat	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$250.00
	Principal occu Physician As	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Date 09/16/2023	Full name of contributor [ Holley P.A., Katrina  Contributor address; City; Stat  Arlington, TX 76005	out-of-state PAC (ID#:_  e; Zip Code			Amount of Contribution (\$)	\$50.00
	Principal occu Physician As	pation / Job title (See Instructions)		Employer (See Instructions	<u>l</u> 5)		
	Date 09/14/2023	Full name of contributor  Holmes P.A., Victor  Contributor address; City; State  Plano, TX 75093	out-of-state PAC (ID#:_ e; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu Physician As	pation / Job title (See Instructions) sistant		Employer (See Instructions University of North Texa	•	Health Science Center	
	Date 09/17/2023	Full name of contributor  Kankanala P.A., Molly  Contributor address; City; State  Fort Worth, TX 76112	out-of-state PAC (ID#:_ e; Zip Code			Amount of Contribution (\$)	\$20.00
	Principal occu Physician As	pation / Job title (See Instructions) sistant		Employer (See Instructions	5)		

	MONET	ARY POLITICAL C	ONTRIBUTIO	JNS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 15/31 Rpt: 24/55	
2	FILER NAME Texas Acade	emy of Physician Assistants -	PAC		3	Filer ID (Ethics Commission 00051030	n Filers)
4	Date 09/15/2023	<ul><li>5 Full name of contributor</li><li>Kaur P.A., Jasleen</li><li>6 Contributor address; City; St</li></ul>			7	Amount of Contribution (\$)	\$550.00
		Houston, TX 77065					
8	Principal occu	pation / Job title (See Instructions	)	9 Employer (See Instructions	5)		
	Physician As	ssistant		Cypress Creek Hospital			
	Date 09/15/2023	Full name of contributor Kaur P.A., Jasleen Contributor address; City; St	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$210.00
		Houston, TX 77065					
	Principal occu	pation / Job title (See Instructions	)	Employer (See Instructions	s)		
	Physician As	ssistant					
	Date 07/29/2023	Full name of contributor Kay P.A., Brianna Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code	)		Amount of Contribution (\$)	\$50.00
		New Braunfels, TX 78132					
	Principal occu Physician As	I pation / Job title (See Instructions ssistant	)	Employer (See Instructions	<u>I</u> 5)		
	Date 08/31/2023	Full name of contributor Krause P.A., Stacy Contributor address; City; St Plano, TX 75075		)		Amount of Contribution (\$)	\$500.00
	Principal occu Physician As	pation / Job title (See Instructions	)	Employer (See Instructions Children's Health	<u>                                      </u>		
	Date 09/14/2023	Full name of contributor LaFon P.A., Jason  Contributor address; City; St  Allen, TX 75002	out-of-state PAC (ID#:_ ate; Zip Code			Amount of Contribution (\$)	\$100.00
	Principal occu Physician As	pation / Job title (See Instructions	)	Employer (See Instructions	<u>I</u> 5)		

	MONET	ARY POLITICAL (	ETARY POLITICAL CONTRIBUTIONS					
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 16/31 Rpt: 25/55		
2	FILER NAME Texas Acade	emy of Physician Assistants -	PAC		3	Filer ID (Ethics Commission 00051030	n Filers)	
4	Date 09/15/2023	<ul><li>5 Full name of contributor Langeberg P.A., Lauren</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:_ ate; Zip Code		7	Amount of Contribution (\$)	\$50.00	
		Grapevine, TX 76051						
8	Principal occu Physician As	pation / Job title (See Instructions ssistant	s)	9 Employer (See Instructions	s)			
	Date 09/14/2023	Full name of contributor  Lauren P.A., Lauren  Contributor address; City; S	out-of-state PAC (ID#:_		•	Amount of Contribution (\$)	\$45.00	
	Principal occu Physician As	Aledo, TX 76107 pation / Job title (See Instructionssistant	s)	Employer (See Instructions	<u> </u> S)			
	Date 10/14/2023	Full name of contributor Lauren P.A., Lauren Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$45.00	
	Principal occu	Aledo, TX 76107 pation / Job title (See Instructions	.)	Employer (See Instructions	-, 			
	Physician As		·)	Employer (See Instructions	۰)			
	Date 11/14/2023	Full name of contributor Lauren P.A., Lauren Contributor address; City; S Aledo, TX 76107	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$45.00	
	Principal occu Physician As	pation / Job title (See Instructions	5)	Employer (See Instructions	5)			
	Date 12/14/2023	Full name of contributor Lauren P.A., Lauren Contributor address; City; S Aledo, TX 76107	out-of-state PAC (ID#:_		•	Amount of Contribution (\$)	\$45.00	
	Principal occu Physician As	pation / Job title (See Instructions ssistant	s)	Employer (See Instructions	5)			

	MONET	ARY POLITICAL CONT		SCHEDULE A			
	The Instru	ction Guide explains how to co	mplete this form	n.	1	Total pages Schedule A1: Sch: 17/31 Rpt: 26/55	
2	FILER NAME Texas Acade	my of Physician Assistants - PAC			3	Filer ID (Ethics Commission 00051030	n Filers)
4	Date 09/15/2023	5 Full name of contributor out-of-state PAC (ID#:) Lopez P.A., Benito  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$200.00	
		McAllen, TX 78504					
8	Principal occu Physician As	pation / Job title (See Instructions) sistant	9	Employer (See Instructions	i)		
	Date 08/30/2023	Full name of contributor out-	of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occu	Houston, TX 77009  pation / Job title (See Instructions)		Employer (See Instructions	i)		
	Physician As	sistant					
	Date 09/14/2023				Amount of Contribution (\$)	\$100.00	
		Houston, TX 77009					
	Principal occu Physician As	oation / Job title (See Instructions) sistant		Employer (See Instructions	5)		
	Date 09/14/2023	Martinez P.A., Eric	of-state PAC (ID#:	)		Amount of Contribution (\$)	\$100.00
	Principal occu Physician As	oation / Job title (See Instructions) sistant		Employer (See Instructions	)		
	Date 09/15/2023	Martinez P.A., Jose	of-state PAC (ID#:			Amount of Contribution (\$)	\$250.00
	Principal occu Physician As	oation / Job title (See Instructions) sistant		Employer (See Instructions	<u> </u>		
			L				

	MONET	ARY POLITICAL CONTRIBUTIO		SCHEDULE A1		
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 18/31 Rpt: 27/55	
2	FILER NAME Texas Acade	emy of Physician Assistants - PAC		3	Filer ID (Ethics Commission 00051030	Filers)
4	Date 07/07/2023	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_McDonald P.A., Katherine</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7	Amount of Contribution (\$)	\$25.00
8	Principal occur	Tomball, TX 77377 pation / Job title (See Instructions)	<b>9</b> Employer (See Instructions			
0	Physician As	· · · · · · · · · · · · · · · · · · ·	Employer (See instructions	,		
	Date 08/07/2023	Full name of contributor out-of-state PAC (ID#: McDonald P.A., Katherine Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occur	Tomball, TX 77377 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Physician As		Employer (GGC mondoner)	,		
	Date 09/07/2023	Full name of contributor out-of-state PAC (ID#: McDonald P.A., Katherine Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$25.00
		Tomball, TX 77377				
	Principal occu Physician As	pation / Job title (See Instructions) sistant	Employer (See Instructions	)		
	Date 10/07/2023	Full name of contributor out-of-state PAC (ID#:_McDonald P.A., Katherine  Contributor address; City; State; Zip Code  Tomball, TX 77377	)		Amount of Contribution (\$)	\$25.00
	Principal occu Physician As	pation / Job title (See Instructions) sistant	Employer (See Instructions	)		
	Date 11/07/2023	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$25.00
	Principal occu Physician As	pation / Job title (See Instructions) sistant	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1		
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 19/31 Rpt: 28/55	
2	FILER NAME	emy of Physician Assistants - PAC		3	Filer ID (Ethics Commission 00051030	n Filers)
4	Date	I		7	Amount of Contribution (\$)	
•	12/07/2023	5 Full name of contributor   out-of-state PAC (ID#:   McDonald P.A., Katherine		<b> </b>	Amount of Contribution (4)	\$25.00
		6 Contributor address; City; State; Zip Code				
		Tomball, TX 77377				
8		,	Employer (See Instructions	5)		
	Physician As	ssistant				
	Date	Full name of contributor  ut-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	09/14/2023	Moore Gottschalk P.A., Melinda				\$42.00
		Contributor address; City; State; Zip Code				
		Georgetown, TX 78628				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician As	ssistant				
	Date	Full name of contributor  ut-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	10/14/2023	Moore Gottschalk P.A., Melinda				\$42.00
		Contributor address; City; State; Zip Code				
		Georgetown, TX 78628				
	Principal occu Physician As	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	PHYSICIAIT AS			_		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	11/14/2023	Moore Gottschalk P.A., Melinda				\$42.00
		Contributor address; City; State; Zip Code				
		Coorgotown TV 79629				
	Dringing coor	Georgetown, TX 78628 pation / Job title (See Instructions)	Employer (See Instructions	·/_		
	Physician As	' '	Employer (See Instructions	)		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	12/14/2023	Moore Gottschalk P.A., Melinda				\$42.00
		Contributor address; City; State; Zip Code				
		Georgetown, TX 78628				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>                                      </u>		
	Physician As			,		
_		<u>'</u>				

	MONET	ARY POLITICAL CONTRIBU	SCHEDULE	SCHEDULE A1	
	The Instru	ction Guide explains how to complete t	this form.	1 Total pages Schedule A1: Sch: 20/31 Rpt: 29/55	
2	FILER NAME Texas Acade	emy of Physician Assistants - PAC		3 Filer ID (Ethics Commission Fi 00051030	ilers)
4	Date 09/15/2023	<ul> <li>Full name of contributor  out-of-state PAC Napier P.A., Dineen</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7 Amount of Contribution (\$)	\$50.00
		McKinney, TX 75070			
8	Principal occu Physician As	pation / Job title (See Instructions) sistant	9 Employer (See Instructions	ions)	
	Date 09/16/2023	Full name of contributor out-of-state PAG Oliver P.A., Kathryn Contributor address; City; State; Zip Code	C (ID#:)	Amount of Contribution (\$)	\$50.00
	Principal occu	Houston, TX 77003 pation / Job title (See Instructions)	Employer (See Instruction:	ions)	
	Physician As	sistant			
	Date 09/16/2023	Full name of contributor out-of-state PAC Orme P.A., Brittani  Contributor address; City; State; Zip Code	C (ID#:)	Amount of Contribution (\$)	\$50.00
		Grapevine, TX 76051			
	Principal occu Physician As	oation / Job title (See Instructions) sistant	Employer (See Instructions	ions)	
	Date 09/15/2023	Full name of contributor out-of-state PAC Owen-Wyatt P.A., Lydia  Contributor address; City; State; Zip Code  Dallas, TX 75228	C (ID#:)	Amount of Contribution (\$)	\$30.00
	Principal occu Physician As	pation / Job title (See Instructions) sistant	Employer (See Instructions	ions)	
	Date 10/15/2023	Full name of contributor out-of-state PAG Owen-Wyatt P.A., Lydia Contributor address; City; State; Zip Code Dallas, TX 75228	(ID#:)	Amount of Contribution (\$)	\$30.00
	Principal occu Physician As	pation / Job title (See Instructions) sistant	Employer (See Instructions	ions)	
			1		

	MONET	ARY POLITICAL (		SCHEDULE A1			
	The Instru	ction Guide explains hov	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 21/31 Rpt: 30/55	
2	FILER NAME Texas Acade	emy of Physician Assistants -	PAC		3	Filer ID (Ethics Commission 00051030	n Filers)
4	Date 11/15/2023	5 Full name of contributor out-of-state PAC (ID#:) Owen-Wyatt P.A., Lydia 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$30.00	
		Dallas, TX 75228					
8	Principal occu Physician As	pation / Job title (See Instructions ssistant	5)	9 Employer (See Instructions	S)		
	Date 12/15/2023	Full name of contributor Owen-Wyatt P.A., Lydia Contributor address; City; S	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$30.00
	Principal occu Physician As	Dallas, TX 75228 pation / Job title (See Instructions	s)	Employer (See Instructions	<u> </u> S)		
	Date 09/14/2023	Full name of contributor out-of-state PAC (ID#:)			Amount of Contribution (\$)	\$50.00	
	Principal occu	Austin, TX 78752 pation / Job title (See Instructions	s)	Employer (See Instructions	<u> </u> s)		
	Date 09/16/2023	Full name of contributor Patel P.A., Arpita Contributor address; City; S Dallas, TX 75206		)		Amount of Contribution (\$)	\$100.00
	Principal occu Physician As	pation / Job title (See Instructions ssistant	5)	Employer (See Instructions	5)		
	Date 09/15/2023	Full name of contributor Patel P.A., Mamta  Contributor address; City; S  Arlington, TX 76005	out-of-state PAC (ID#:_	)	•	Amount of Contribution (\$)	\$50.00
	Principal occu Physician As	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruc	ction Guide explains how to o	complete this forr	n.	1	Total pages Schedule A1: Sch: 22/31 Rpt: 31/55		
2	FILER NAME Texas Acade	emy of Physician Assistants - PAC			3	Filer ID (Ethics Commission 00051030	ı Filers)	
4	Date 09/15/2023	Reyes P.A., Martin  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$100.00		
0	Dringing con	Plano, TX 75025	lo.	Employer (See Instructions				
8	Physician As	pation / Job title (See Instructions) sistant	9	Employer (See Instructions	)			
	Date 09/15/2023	Full name of contributor on the contributor of contributor address; City; State; Z	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$50.00	
	Principal occu	Grapevine, TX 76051 pation / Job title (See Instructions)	1	Employer (See Instructions				
	Physician As			Employer (See instructions	,			
	Date Full name of contributor out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$35.00		
		Grapevine, TX 76051						
	Principal occu Physician As	pation / Job title (See Instructions) sistant		Employer (See Instructions	)			
	Date 09/15/2023	Full name of contributor				Amount of Contribution (\$)	\$50.00	
	Principal occu Physician As	oation / Job title (See Instructions) sistant		Employer (See Instructions	)			
	Date 07/08/2023	Sallee P.A., Kaylin				Amount of Contribution (\$)	\$50.00	
	Principal occu Physician As	pation / Job title (See Instructions) sistant		Employer (See Instructions	)			
			l .					

	MONET	ARY POLITICAL CO	IS	SCHEDULE <b>A1</b>			
	The Instru	ction Guide explains how t	o complete this for	m.	1	Total pages Schedule A1: Sch: 23/31 Rpt: 32/55	
2	FILER NAME Texas Acade	emy of Physician Assistants - PA	AC		3	Filer ID (Ethics Commission 00051030	n Filers)
4	Date 09/15/2023	5 Full name of contributor out-of-state PAC (ID#:)  Sallee P.A., Patricia  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$120.00	
		Boerne, TX 78015					
8	Principal occu Physician As	pation / Job title (See Instructions) ssistant	9	Employer (See Instructions	s) 		
	Date 09/16/2023	Full name of contributor Schweitzer P.A., Brooke Contributor address; City; State Austin, TX 78701	out-of-state PAC (ID#: e; Zip Code			Amount of Contribution (\$)	\$250.00
	Principal occu Physician As	pation / Job title (See Instructions)		Employer (See Instructions	<u>                                      </u>		
	Date 07/24/2023	Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$50.00
	Principal occu Physician As	Arlington, TX 76005 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Date 09/14/2023	Full name of contributor  Scott P.A., Margaret  Contributor address; City; State  Arlington, TX 76005	out-of-state PAC (ID#:e; Zip Code	)		Amount of Contribution (\$)	\$30.00
	Principal occu Physician As	pation / Job title (See Instructions)		Employer (See Instructions	<u>I</u> 5)		
	Date 09/15/2023	Full name of contributor  Scott P.A., Margaret  Contributor address; City; State  Arlington, TX 76005	out-of-state PAC (ID#:e; Zip Code	)		Amount of Contribution (\$)	\$450.00
	Principal occu Physician As	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			-				

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruc	etion Guide explains how to complete	this for	m.	1	Total pages Schedule A1: Sch: 24/31 Rpt: 33/55		
2	FILER NAME Texas Acade	my of Physician Assistants - PAC			3	Filer ID (Ethics Commission 00051030	n Filers)	
4	Date 10/14/2023	Scott P.A., Margaret  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$30.00		
8	Principal occu	Arlington, TX 76005 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u>			
	Physician As				,			
	Date 11/14/2023	Full name of contributor out-of-state PA Scott P.A., Margaret  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$30.00	
		Arlington, TX 76005						
	Principal occu Physician As	pation / Job title (See Instructions) sistant		Employer (See Instructions	5)			
	Date 12/14/2023	Full name of contributor  out-of-state PA Scott P.A., Margaret  Contributor address; City; State; Zip Code	C (ID#:			Amount of Contribution (\$)	\$30.00	
		Arlington, TX 76005						
	Principal occu Physician As	oation / Job title (See Instructions) sistant		Employer (See Instructions	)			
	Date 09/15/2023	Full name of contributor out-of-state PA Smith P.A., Robert  Contributor address; City; State; Zip Code  Lewisville, TX 75067		)		Amount of Contribution (\$)	\$20.00	
	Principal occu Physician As	oation / Job title (See Instructions) sistant		Employer (See Instructions	)			
	Date 09/16/2023	Full name of contributor out-of-state PAStaples P.A., Shelby  Contributor address; City; State; Zip Code  Houston, TX 77006				Amount of Contribution (\$)	\$165.00	
	Principal occu Physician As	pation / Job title (See Instructions) sistant		Employer (See Instructions	5)			
			<b>I</b>					

	MONET	ARY POLITICAL CO	S	SCHEDULE <b>A1</b>			
	The Instru	ction Guide explains how to d	complete this forn	n.	1	Total pages Schedule A1: Sch: 25/31 Rpt: 34/55	
2	FILER NAME Texas Acade	emy of Physician Assistants - PAC			3	Filer ID (Ethics Commission 00051030	n Filers)
4	Date 09/15/2023	5 Full name of contributor out-of-state PAC (ID#:) Stephen P.A., Saneese  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$100.00	
		Sugar Land, TX 77498					
8	Principal occu Physician As	pation / Job title (See Instructions) sistant	9	Employer (See Instructions	5)		
	Date 08/15/2023	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occu	Dallas, TX 75219 pation / Job title (See Instructions)		Employer (See Instructions	) 		
	Physician As			Employer (eee meadeane	,		
	Date 07/13/2023	Full name of contributor out-of-state PAC (ID#:)  Sutherland P.A., Elizabeth  Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$50.00
		Houston, TX 77044					
	Principal occu Physician As	pation / Job title (See Instructions) sistant		Employer (See Instructions	i)		
	Date 07/12/2023	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occu Physician As	pation / Job title (See Instructions) sistant		Employer (See Instructions	()		
	Date 09/14/2023	Telford P.A., Carolyn	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$250.00
	Principal occu Physician As	pation / Job title (See Instructions) sistant		Employer (See Instructions	)		
			I				

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruc	ction Guide explains how to cor	mplete this for	n.	1	Total pages Schedule A1: Sch: 26/31 Rpt: 35/55		
2	FILER NAME Texas Acade	my of Physician Assistants - PAC			3	Filer ID (Ethics Commission 00051030	n Filers)	
4	Date 09/15/2023	Telford P.A., Carolyn  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$50.00		
_	Deignaignal	Euless, TX 76040	lo.	Franks on (Cook bathweting				
8	Principal occu Physician As	pation / Job title (See Instructions) sistant	9	Employer (See Instructions	)			
	Date 09/15/2023	Full name of contributor out-o Telford P.A., Carolyn Contributor address; City; State; Zip 0				Amount of Contribution (\$)	\$130.00	
	Principal occu	Euless, TX 76040 pation / Job title (See Instructions)		Employer (See Instructions				
	Physician As			Employer (See instructions	,			
	Date Full name of contributor out-of-state PAC (ID#:)  09/16/2023 Torok P.A., Stephen  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00			
		Sinton, TX 78387						
	Principal occu Physician As	pation / Job title (See Instructions) sistant		Employer (See Instructions	)			
	Date 09/15/2023	Trent P.A., Alvis				Amount of Contribution (\$)	\$50.00	
	Principal occu Physician As	pation / Job title (See Instructions) sistant		Employer (See Instructions	)			
	Date 09/16/2023	Trent P.A., Alvis	of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00	
	Principal occu Physician As	pation / Job title (See Instructions) sistant		Employer (See Instructions	)			
			L_					

	MONET	ARY POLITICAL CO		SCHEDULE A1			
	The Instru	ction Guide explains how t	to complete this for	rm.	1	Total pages Schedule A1: Sch: 27/31 Rpt: 36/55	
2	FILER NAME Texas Acade	emy of Physician Assistants - Pa	AC		3	Filer ID (Ethics Commission 00051030	n Filers)
4	Date 07/31/2023	5 Full name of contributor out-of-state PAC (ID#:) Trent P.A., Ben  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$50.00	
		Abilene, TX 79606					
8	Principal occu Physician As	pation / Job title (See Instructions) ssistant	9	Employer (See Instructions	5)		
	Date 09/15/2023	Full name of contributor Tung P.A., Jessica Contributor address; City; Stat	out-of-state PAC (ID#: e; Zip Code			Amount of Contribution (\$)	\$50.00
	Principal occu	Houston, TX 77030 pation / Job title (See Instructions)		Employer (See Instructions	 		
	Physician As				•		
	Date 09/17/2023	Full name of contributor out-of-state PAC (ID#:)  Underbrink P.A., Ashton  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00	
		Houston, TX 77035					
	Principal occu Physician As	pation / Job title (See Instructions) ssistant		Employer (See Instructions	5)		
	Date 09/15/2023	Full name of contributor Urquiola P.A., Elizabeth Contributor address; City; Stat Houston, TX 77578	out-of-state PAC (ID#:	)	•	Amount of Contribution (\$)	\$250.00
	Principal occu Physician As	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 09/15/2023	Full name of contributor  Valdez P.A., Isabel  Contributor address; City; Stat  Houston, TX 77006	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu Physician As	pation / Job title (See Instructions)		Employer (See Instructions	5)		

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruction Guide explains how to complete this form.			m.	1	Total pages Schedule A1: Sch: 28/31 Rpt: 37/55	
2	FILER NAME Texas Acade	LER NAME exas Academy of Physician Assistants - PAC			3	Filer ID (Ethics Commission 00051030	n Filers)
4	Date 09/15/2023			7	Amount of Contribution (\$)	\$50.00	
8	Principal occu	Houston, TX 77006 pation / Job title (See Instructions)	ام	Employer (See Instructions			
0	Physician As		· · ·	Employer (See instructions	')		
	Date Full name of contributor out-of-state PAC (ID#:)  09/15/2023 Van de Putte, Leticia  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$50.00	
		Castle Hills, TX 78213					
	Principal occu Consultant	pation / Job title (See Instructions)		Employer (See Instructions	i)		
	Date Full name of contributor out-of-state PAC (ID#:) 09/15/2023 Van de Putte, Leticia  Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$25.00	
		Castle Hills, TX 78213					
	Principal occu Consultant	pation / Job title (See Instructions)		Employer (See Instructions	i)		
	Date 09/15/2023	Full name of contributor  Van de Putte, Leticia  Contributor address; City; State  Castle Hills, TX 78213	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$140.00
	Principal occu Consultant	pation / Job title (See Instructions)		Employer (See Instructions	)		
Date  O9/14/2023  Full name of contributor out-of-state PAC (ID#:)  Wallace P.A., Craigreon  Contributor address; City; State; Zip Code  Dallas, TX 75220			Amount of Contribution (\$)	\$100.00			
	Principal occu Physician As	pation / Job title (See Instructions) sistant		Employer (See Instructions	i)		

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruc	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 29/31 Rpt: 38/55	
2	FILER NAME Texas Acade	FILER NAME Texas Academy of Physician Assistants - PAC			3	Filer ID (Ethics Commission 00051030	n Filers)
4	Date 09/15/2023			7	Amount of Contribution (\$)	\$800.00	
_	Delicational	Dallas, TX 75220	I <sub>a</sub>	Faralas (Os a la struction	$\overline{\Gamma}$		
8	Principal occupation / Job title (See Instructions)  Physician Assistant  9 Employer (See Instruction  UT Southwestern Medi			Center			
	Date Full name of contributor out-of-state PAC (ID#:)  10/14/2023 Wallace P.A., Craigreon  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00		
	Principal occur	Dallas, TX 75220		Employer (See Instructions	·/_		
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Physician Assistant				Employer (See Instructions	·)		
	Date Full name of contributor out-of-state PAC (ID#:)  11/14/2023 Wallace P.A., Craigreon  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$100.00	
		Dallas, TX 75220					
	Principal occu Physician As	pation / Job title (See Instructions) ssistant		Employer (See Instructions	5)		
	Date 12/14/2023	Full name of contributor  Wallace P.A., Craigreon  Contributor address; City; Sta  Dallas, TX 75220		)		Amount of Contribution (\$)	\$100.00
	Principal occu Physician As	pation / Job title (See Instructions) ssistant		Employer (See Instructions	5)		
Date Full name of contributor out-of-state PAC (ID#:)  09/15/2023 Ward P.A., Monica  Contributor address; City; State; Zip Code  Richardson, TX 75080			Amount of Contribution (\$)	\$250.00			
	Principal occu Physician As	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			L				

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 30/31 Rpt: 39/55		
2	FILER NAME Texas Acade	FILER NAME Fexas Academy of Physician Assistants - PAC		3	Filer ID (Ethics Commission 00051030	n Filers)	
4	Date 09/15/2023			7	Amount of Contribution (\$)	\$50.00	
_	5	Fort Worth, TX 76244					
8	Principal occu Physician As	pation / Job title (See Instructions) sistant	9 Employer (See Instructions	)			
	Date  O9/15/2023  Full name of contributor out-of-state PAC (ID#:)  Weerasinghe P.A., Isuri  Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$125.00	
	Principal occu Physician As	Fort Worth, TX 76244 pation / Job title (See Instructions)	Employer (See Instructions	)			
	Date Full name of contributor out-of-state PAC (ID#:)  09/16/2023 Weerasinghe P.A., Isuri  Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$73.00	
	Principal occu Physician As	Fort Worth, TX 76244 pation / Job title (See Instructions) sistant	Employer (See Instructions	)			
	Date 10/16/2023	Full name of contributor out-of-state PAC (ID#:_ Weerasinghe P.A., Isuri  Contributor address; City; State; Zip Code  Fort Worth, TX 76244			Amount of Contribution (\$)	\$73.00	
	Principal occu Physician As	pation / Job title (See Instructions)	Employer (See Instructions	)			
Date Full name of contributor out-of-state PAC (ID#:)  11/16/2023 Weerasinghe P.A., Isuri  Contributor address; City; State; Zip Code  Fort Worth, TX 76244			Amount of Contribution (\$)	\$73.00			
	Principal occu Physician As	oation / Job title (See Instructions) sistant	Employer (See Instructions	)			

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 31/31 Rpt: 40/55		
2	FILER NAME Texas Acade	FILER NAME Texas Academy of Physician Assistants - PAC			3	Filer ID (Ethics Commission 00051030	n Filers)	
4	Date 12/16/2023	5 Full name of contributor out-of-state PAC (ID#:) Weerasinghe P.A., Isuri  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$73.00		
		Fort Worth, TX 76244						
8	Principal occu Physician As	pation / Job title (See Instructions ssistant	)	9 Employer (See Instructions	s)			
	Date Full name of contributor out-of-state PAC (ID#:)  09/15/2023 Wheaton P.A., Paige  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00			
	Houston, TX 77007  Principal occupation / Job title (See Instructions)  Physician Assistant  Employer (See Instructions)		Employer (See Instructions	<u> </u> S)				
	Date 09/16/2023			)		Amount of Contribution (\$)	\$100.00	
		Houston, TX 77059 pation / Job title (See Instructions	)	Employer (See Instructions	<u> </u> s)			
	Date 09/15/2023	Full name of contributor Yang P.A., Amery  Contributor address; City; Si  McAllen, TX 78503			•	Amount of Contribution (\$)	\$350.00	
	Principal occu Physician As	pation / Job title (See Instructions ssistant	·)	Employer (See Instructions	5)			
	Date Full name of contributor out-of-state PAC (ID#:) 07/27/2023 orme P.A., cameron  Contributor address; City; State; Zip Code  Grapevine, TX 76051			Amount of Contribution (\$)	\$50.00			
	Principal occu Physician As	pation / Job title (See Instructions	r)	Employer (See Instructions	5)			

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A2: Sch: 1/5 Rpt: 41/55		
2 FILER NAME Texas Acad	emy of Physician Assistants - PAC		3 Filer ID (Ethics Commission Filers) 00051030		
4	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$		
5 Date 09/13/2023	<ul> <li>Full name of contributor  out-of-state PAC (ID#:</li></ul>		8 Amount of 9 In-kind contribution contribution (\$) description \$120.00   Whiskey & Bacon Jerky		
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON			
Physician A					
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)		
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1			
Date 09/10/2023	Full name of contributor out-of-state PAC (ID#: Coleman PA-C, Veronica Lynn Contributor address; City; State; Zip Code	)	Amount of In-kind contribution contribution (\$) description \$50.00   Grilling utensil set		
	Dallas, TX 75235				
	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-JUDICIAL) (See instructions)		
Physician A		O - resulta de mar de la la siste	(FOR HIDIOIAL) (Considerations)		
Contributors	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date 09/14/2023	Full name of contributor out-of-state PAC (ID#: Dobbs PA-C, Lauren  Contributor address; City; State; Zip Code		Amount of In-kind contribution contribution (\$) description \$207.0012 Gift Baskets: Wine Basket, Coffee Basket		
	Aledo, TX 76008		I I Check if travel outside of Texas. Complete Schedule T.		
	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	,		
Physician A		UNT Health Science			
Contributor's	Contributor's principal occupation (FOR JUDICIAL)  Contributor's job title (FOR JUDICIAL) (See instructions)				
Contributor's	Contributor's employer/law firm (FOR JUDICIAL)  Law firm of contributor's spouse (if any) (FOR JUDICIAL)				
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	ı			

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A2: Sch: 2/5 Rpt: 42/55		
2 FILER NAME Texas Acad	FILER NAME Texas Academy of Physician Assistants - PAC			es Commission Filers)	
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$		
5 Date 09/12/2023	P9/12/2023 Holmes PA-C, Victor  7 Contributor address; City; State; Zip Code		contribution (\$) \$70.00	Autographed Ty Herndon Gift Set I I I	
10 Principal occu	Plano, TX 75093  upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON		outside of Texas. Complete Schedule T.	
Physician A		Fairfield Medical C			
	principal occupation (FOR JUDICIAL)	13 Contributor's job title		(See instructions)	
TE CONTINUES	principal decupation (i divide biolinity)	20 Continuator 3 job title	(1 011 000101112)	(eee meademe)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	or's spouse (if any) (	FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date 09/04/2023	Full name of contributor out-of-state PAC (ID#: Mills P.A., Janith Contributor address; City; State; Zip Code			In-kind contribution description 15 individual -Stanley Rhinestone Tumblers	
	Irving, TX 75038		Check if travel of	I butside of Texas. Complete Schedule T.	
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	-JUDICIAL) (See in	nstructions)	
Physician A	ssistant	Children's Health E	pilepsy Center		
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL)	(See instructions)	
Contributor's	Contributor's employer/law firm (FOR JUDICIAL)  Law firm of contributor's spouse (if any) (FOR JUDICIAL)				
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date 09/11/2023	Full name of contributor out-of-state PAC (ID#: Mills PA-C, Janith Contributor address; City; State; Zip Code		Amount of contribution (\$) \$250.00	In-kind contribution description Bedazzled Stanley Dallas Cowboys	
	Irving, TX 75038		Check if travel of	I I outside of Texas. Complete Schedule T.	
Principal occu Physician A	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON Children's Health E	,	nstructions)	
	principal occupation (FOR JUDICIAL)	Contributor's job title	· · ·	(See instructions)	
	Continuation 5 job title (1 ON GODICINE)				
Contributor's	Contributor's employer/law firm (FOR JUDICIAL)  Law firm of contributor's spouse (if any) (FOR JUDICIAL)				
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				

The Instru	ction Guide explains how to complete this t	form.	1 Total pages Schedule A2: Sch: 3/5 Rpt: 43/55		
2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
Texas Acad	emy of Physician Assistants - PAC		00051030		
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	SUTIONS	\$		
5 Date	6 Full name of contributor  ut-of-state PAC (ID#:	)	8 Amount of 9 In-kind contribution contribution (\$) description		
09/10/2023			contribution (\$) description \$175.00 Consuela Beach Bundle		
	7 Contributor address; City; State; Zip Code				
			ļ ļ		
	Austin, TX 78758		Check if travel outside of Texas. Complete Schedule T.		
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON			
Physician A	ssistant	Central Family Pra	ctice		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)		
<b>16</b> If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
_					
Date 09/10/2023	Full name of contributor out-of-state PAC (ID#:	)	Amount of In-kind contribution contribution (\$) description		
09/10/2023	Montes PA-C, Eva		\$100.00   2 Dirk West Football prints		
	Contributor address; City; State; Zip Code				
	Austin, TX 78758		Check if travel outside of Texas. Complete Schedule T.		
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON			
Physician A	ssistant	Central Family Practice			
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	Contributor's job title (FOR JUDICIAL) (See instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1			
Deta	Full name of contributes.		Amount of the bind contribution		
Date 09/10/2023	Full name of contributor out-of-state PAC (ID#: Montes PA-C, Eva	)	Amount of In-kind contribution contribution (\$) description		
03/10/2023	Contributor address; City; State; Zip Code		\$475.00 119 Texas Capitol		
	Contributor address, City, State, 21p Code		Ornaments		
			i		
	Austin, TX 78758		Check if travel outside of Texas. Complete Schedule T.		
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-JUDICIAL) (See instructions)		
Physician A		Central Family Pra	ctice		
Contributor's principal occupation (FOR JUDICIAL)  Contributor's job title (FOR JUDICIAL) (See instructions)					
Contributor's	Contributor's employer/law firm (FOR JUDICIAL)  Law firm of contributor's spouse (if any) (FOR JUDICIAL)				
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1			

The Instru	ection Guide explains how to complete this f	orm.	1 Total pages Schedule A2:			
			Sch: 4/5 Rpt: 44/55			
2 FILER NAME	: emy of Physician Assistants - PAC		3 Filer ID (Ethics Commission Filers) 00051030	)		
4	eniy di Friysician Assistants - FAC		00031030			
TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$			
5 Date	6 Full name of contributor out-of-state PAC (ID#:	)	8 Amount of 9 In-kind contribution (\$) description	ion		
09/13/2023			\$60.0012 necklaces			
	7 Contributor address; City; State; Zip Code		<u> </u>			
			1			
	Austin, TX 78758		Check if travel outside of Texas. Complete	Schedule T.		
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	-JUDICIAL) (See instructions)			
Physician A		Central Family Pra	ctice			
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)			
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	r's spouse (if any) (FOR JUDICIAL)			
16 If contributor	16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
10 ii continuatori	is a clinic, law littl of pareflics) (if any) (FOR JUDICIAL)					
Date	Full name of contributor	`	Amount of In-kind contributi	ion		
09/15/2023	Full name of contributor out-of-state PAC (ID#: Montes PA-C, Eva	)	contribution (\$) description	1011		
	Contributor address; City; State; Zip Code		\$391.00   2023 Christmas	didov		
			Ornaments for Ho Gifts	iluay		
	Austin, TX 78758		Check if travel outside of Texas. Complete	Schedule T.		
	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON-JUDICIAL) (See instructions)  Central Family Practice				
Physician A	principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See instructions)				
Contributor 3	principal occupation (i ON OODICIAE)	Contributor 3 job title	(I ON JODICIAL) (See Institutions)			
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	r's spouse (if any) (FOR JUDICIAL)			
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	•				
Date	Full name of contributor  ut-of-state PAC (ID#:	)	Amount of In-kind contribution	ion		
09/15/2023	Montes PA-C, Eva		contribution (\$) description \$52.02 Candy for PAC Bo	ooth		
	Contributor address; City; State; Zip Code		1			
			į			
	Austin, TX 78758		Check if travel outside of Texas. Complete	Schadula T		
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON		Jonedule 1.		
Physician A	ssistant	Central Family Pra	ctice			
Contributor's	Contributor's principal occupation (FOR JUDICIAL)  Contributor's job title (FOR JUDICIAL) (See instructions)					
Contributor's	Contributor's employer/law firm (FOR JUDICIAL)  Law firm of contributor's spouse (if any) (FOR JUDICIAL)					
If contribute:	is a shill low firm of payant(a) (if any) (EQD 31/D)(C(A))					
ii contributori	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					

#### NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 5/5 Rpt: 45/55 3 Filer ID (Ethics Commission Filers) FILER NAME Texas Academy of Physician Assistants - PAC 00051030 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor In-kind contribution Date out-of-state PAC (ID#: Amount of contribution (\$) description 09/12/2023 Rawls, Tammy \$60.00 i 2 gift baskets 7 Contributor address; City; State; Zip Code San Antonio, TX 78256 Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) (See instructions) Faculty UT Health San Antonio 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) Date Full name of contributor Amount of In-kind contribution out-of-state PAC (ID#: contribution (\$) description 08/22/2023 Spencer PA-C, Autumn \$125.00 Skin Care Consult and Contributor address; City; State; Zip Code Dermaplaning Certificate Round Rock, TX 78665 Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) Surgical Assistant Seton Brain & Spine Institute Neurosurgery Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See instructions)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Contributor's employer/law firm (FOR JUDICIAL)

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 1/10 Rpt: 46/55	Texas Academy of Physician Assistants - PAC  00051030
4 Date	5 Payee name
09/15/2023	Caroline Harris for State Representative
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code PO Box 700
Expenditure from corporate funds	Round Rock, TX 78680
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Political Contribution
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/06/2023	4Imprint
Amount (\$)	Payee address; City; State; Zip Code
\$682.79	101 Commerce St
Expenditure from corporate funds	Oshkosh, WI 54901
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  TAPA PAC cups for Event
	TAPA PAC cups for Everit
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
08/24/2023	Amazon
Amount (\$)	Payee address; City; State; Zip Code
\$143.32	410 Terry Ave. N
Expenditure from corporate funds	Seattle , WA 98109
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Supplies for Annual PAC meeting
Complete <u>ONLY</u> if direct expenditure to benefit C/O	L L Candidate/Officeholder name Office sought Office held H

### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al 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: 2/10 Rpt: 47/55	Texas Academy of Physician Assistants - PAC 00051030	
4 Date	5 Payee name	
09/08/2023	Amazon	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$48.70	410 Terry Ave. N	
Expenditure from corporate funds	Seattle , WA 98109	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
OF	Event Expense Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
	Balloon Arch for PAC Event	
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
experialiture to benefit C/O		
Date	Payee name	
10/17/2023	Angela Paxton Campaign	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,000.00	PO Box 2878	
Expenditure from corporate funds	McKinney, TX 75070	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF	Contributions/Donations Made By  Contributions/Donations Made By  Contributions/Donations Made By	
EXPENDITURE	Candidate/Officeholder/Political Committee	
	Political Contribution	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O	н	
Data		_
Date	Payee name	
10/17/2023	Drew Darby Campaign	
Amount (\$)	Payee address; City; State; Zip Code	
\$500.00	P.O. Box 3284	
Expenditure from corporate funds	San Angelo, TX 76902	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF	Contributions/Donations Made By	
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense	
	Political Contribution	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	$\dashv$
expenditure to benefit C/O		
		_

### SCHEDULE F1

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

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political C

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I 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:	
Sch: 3/10 Rpt: 48/55	Texas Academy of Physician Assistants - PAC 00051030
4 Date	5 Payee name
09/01/2023	Elite Casino Events
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,212.00	100 Congress Ave., Ste. 2000
Expenditure from corporate funds	Austin , TX 78701
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Event Expense
D. LIBITORE	Check if Austin, TX, officeholder living expense
	PAC Annual Meeting, Casino Night Event
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
3.,50.16.16.15 to bottom 0/01	
Date	Payee name
09/10/2023	FedEx Office
Amount (\$)	Payee address; City; State; Zip Code
\$129.90	1335 E Whitestone Blvd
Expenditure from corporate funds	Cedar Park, TX 78613
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Event PAC Banner
	Event FAC Danner
Complete ONLY if direct	Candidate/Officeholder name Office sought Office hold
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Data	
Date	Payee name
10/31/2023	FedEx Office
Amount (\$)	Payee address; City; State; Zip Code
\$35.34	1335 E Whitestone Blvd
Expenditure from	
corporate funds	Cedar Park, TX 78613
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense   Check if travel outside of Texas. Complete Schedule T.
Z. ZADITORE	Check if Austin, TX, officeholder living expense
	Courier service expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
SAPORALEIO TO BOHOIL O/OI	•

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

mbursement Solicitation/Fundraising Expense
tal Expense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
Travel Out of District

	Consulting Expense 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: 4/10 Rpt: 49/55	Texas Academy of Physician Assistants - PAC 00051030
4	Date	5 Payee name
l	11/21/2023	Friends of Tom Oliverson
6	Amount (\$)	7 Payee address; City; State; Zip Code
l	\$500.00	1 E Greenway Plaza
	, , , , , ,	Suite 225
╟	Expenditure from	
ഥ	☐ corporate funds	Houston, TX 77046
8	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.
		Candidate/Officeholder/Political Committee
		Folitical Contribution
Ļ		
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/01/2023	Frost Bank
⊢	Amount (\$)	Payee address; City; State; Zip Code
l	\$30.00	401 Congress Ave
l	Ψ00.00	401 Oungress / We
⊩	Expenditure from	A
ᆫ		Austin, TX 78701
l	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
l		Check if Austin, TX, officeholder living expense
l		Stop Payment Fee
L		
l	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experialitate to benefit 6/01	'
	Date	Payee name
	12/05/2023	Gina Hinojosa Campaign
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	PO Box 300095
	φοσο.σσ	1 O 20X 000000
╟	Expenditure from	A
ᆫ	corporate funds	Austin, TX 78703
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
l		Candidate/Officeholder/Political Committee
		Political Contribution
L		
1	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
L	experialitate to beliefft C/Of	<u> </u>
1		

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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

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
OTHEP (expense a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment			
Credit Card F dyment	The Instruction Guide explains how to complete this form.		
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
Sch: 5/10 Rpt: 50/55	Texas Academy of Physician Assistants - PAC 00051030		
4 Date	5 Payee name		
10/17/2023	Jacey Jetton Campaign		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$500.00	1723 Hearthside Ct		
Expenditure from corporate funds	Richmond, TX 77406		
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		
	Political Contribution		
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_	
expenditure to benefit C/O			
Date	Payee name	=	
09/15/2023	John Bucy Campaign		
		_	
Amount (\$)	Payee address; City; State; Zip Code		
\$500.00	PO Box 536		
Expenditure from			
corporate funds	Austin, TX 78767		
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 Check if Austin, TX, officeholder living expense		
	Political Contribution		
		_	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
experientare to benefit 6/61	<u> </u>		
Date	Payee name		
11/21/2023	Jolanda Jones Campaign		
Amount (\$)	Payee address; City; State; Zip Code		
\$500.00	10709 Marsha Lane		
Expenditure from corporate funds	Houston, TX 77024		
•		_	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  Contributions/Donations Made By		
EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense		
	Political Contribution		
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-	
expenditure to benefit C/O			

### 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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1: Sch: 6/10 Rpt: 51/55	2 FILER NAME Texas Academy of Physician Assistants - PAC 3 Filer ID (Ethics Commission Filers) 00051030
4 Date	5 Payee name
11/21/2023	Josey Garcia for Texas HD 124
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	110 E Houston St, 7th Fl
Expenditure from	San Antonio, TX 78205
corporate funds	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Political Contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H
Date	Davies warms
	Payee name
10/31/2023	Judith Zaffirini Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 627
Expenditure from	Lavada TV 70042
corporate funds	Laredo, TX 78042
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
ZAI ZHBITONZ	Candidate/Officeholder/Political Committee
	Political Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H
Data	Davies warms
Date	Payee name
09/27/2023	Kalahari Resorts & Conventions
Amount (\$)	Payee address; City; State; Zip Code
\$4,136.50	3001 Kalahari Blvd
Expenditure from corporate funds	Round Rock, TX 78665
-	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	PAC Event Space and hospitality
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H

### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comn

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	I 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: 7/10 Rpt: 52/55	Texas Academy of Physician Assistants - PAC 00051030	
4 Date	5 Payee name	
10/17/2023	Liz Campos Campaign	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$1,000.00	1035 Rigsby	
Expenditure from corporate funds	San Antonio, TX 78210	
8 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.	
	Candidate/Officeholder/Political Committee	
	Total Contribution	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI		
Data		
Date	Payee name	
11/21/2023	Lois Kolkhorst Campaign	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,000.00	P.O. Box 2546	
Expenditure from		
corporate funds	Brenham, TX 77834	
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.	
EXI ENDITORE	Candidate/Officeholder/Political Committee	
	Political Contribution	
2 1 2 2 1 1 2 1		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
10/17/2023	Matt Shaheen Campaign	
Amount (\$)	Payee address; City; State; Zip Code	
\$500.00	3917 Malton Dr	
Expenditure from corporate funds	Plano, TX 75025	
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	
	Political Contribution	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
·		

### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	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: 8/10 Rpt: 53/55	Texas Academy of Physician Assistants - PAC 00051030
4 Date	5 Payee name
07/14/2023	Mayer, Jennifer
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$50.00	23318 Emerald Pass
Expenditure from	
corporate funds	San Antonio, TX 78258
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Reimbursement of PAC Donation
	remisalsement of the Bollation
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1 °
Date	Payee name
10/17/2023	Mihaela Plesa Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 796311
Expenditure from corporate funds	Dallas, TX 75248
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
	Total Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
10/17/2023	Nicole Collier Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 24241
Expenditure from corporate funds	Fort Worth, TX 76124
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
	Political Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Ol	
Forms provided by Tayas F	thics Commission was athics state ty us Version V2.5.1.0hfcfh67

### 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

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: 9/10 Rpt: 54/55	Texas Academy of Physician Assistants - PAC 00051030	
4 Date	5 Payee name	
11/21/2023	Philip Cortez Campaign	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$1,000.00	7919 Liberty Island	
Expenditure from	Can Antonia TV 70227	
corporate funds	San Antonio, TX 78227	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By	
EXPENDITORE	Candidate/Officeholder/Political Committee	
	Political Contribution	
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
10/17/2023	Stephanie Klick Campaign	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,000.00	PO Box 7592	
Expenditure from corporate funds	Fort Worth, TX 76111	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EVENDITUE	Contributions/Donations Made By	
EXPENDITURE	Candidate/Officeholder/Political Committee	
	Political Contribution	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/Ol		
Date	Payee name	
11/21/2023	Steve Allison Campaign	
11/21/2023		
Amount (\$)	Payee address; City; State; Zip Code	
\$500.00	14546 Brook Hollow Blvd, Box #511	
Expenditure from corporate funds	San Antonio, TX 78232	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF OF	Contributions/Donations Made By  Contributions/Donations Made By  Contributions/Donations Made By	
EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Candidate/Officeholder living expense	
	Political Contribution	
	Totalog Continuation	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH		

#### 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
OTHER (other a cottographed listed above)

Candidate/Officeholder/Politica Credit Card Payment	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: 10/10 Rpt: 55/55	Texas Academy of Physician Assistants - PAC 00051030
4 Date	5 Payee name
10/17/2023	Texans for Dade Phelan
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	PO Box 848
Expenditure from corporate funds	Nederland, TX 77627
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Political Contribution
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/19/2023	USPS
Amount (\$)	Payee address; City; State; Zip Code
\$70.60	500 E Whitestone Blvd
Expenditure from corporate funds	Cedar Park, TX 78613
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense   Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Postage for mailers
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
<u> </u>	