

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC
COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00051030	2 Total pages filed: 55
3 COMMITTEE NAME Texas Academy of Physician Assistants - PAC		OFFICE USE ONLY	
		Date Received ELECTRONICALLY FILED 01/16/2024	
		Date Hand-delivered or Date Postmarked	
		Receipt #	Amount
		Date Processed	
		Date Imaged	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 4968 Lago Vista, TX 78645		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Kent NICKNAME LAST SUFFIX Prickett		
6 CAMPAIGN TREASURER STREET ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 21410 Bluejay Blvd. Lago Vista, TX 78645		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 4968 Lago Vista, TX 78645		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (800) 280-7655		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 07/01/2023 12/31/2023		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other 03/05/2024 <input type="checkbox"/> General <input type="checkbox"/> Special		

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GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME Texas Academy of Physician Assistants - PAC	13 Filer ID (Ethics Commission Filers) 00051030
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported The Honorable John Bucy 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.)	

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 19,732.02
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 19,539.15
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 28,620.24
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

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

Mr. Kent Prickett

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM **GPAC**
ADDENDUM

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12 COMMITTEE NAME Texas Academy of Physician Assistants - PAC		13 Filer ID (Ethics Commission Filers) 00051030
14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported The Honorable Caroline Harris 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.)	
COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported The Honorable Elizabeth Campos 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.)	
COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported The Honorable Matt Shaheen 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.)	

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12 COMMITTEE NAME Texas Academy of Physician Assistants - PAC		13 Filer ID (Ethics Commission Filers) 00051030
14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported The Honorable Mihaela Plesa 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.)	
COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported The Honorable Stephanie Klick 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.)	
COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported The Honorable Jacey Jetton 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.)	

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

12 COMMITTEE NAME Texas Academy of Physician Assistants - PAC		13 Filer ID (Ethics Commission Filers) 00051030
14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported The Honorable Nicole Collier 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.)	
	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported The Honorable Drew Darby 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.)	
1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported The Honorable Dade Phelan 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.)		

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12 COMMITTEE NAME Texas Academy of Physician Assistants - PAC		13 Filer ID (Ethics Commission Filers) 00051030
14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported The Honorable Steve Allison 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.)	
COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported 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.)	
COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported The Honorable Tom Oliverson, M.D. 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.)	

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12 COMMITTEE NAME Texas Academy of Physician Assistants - PAC		13 Filer ID (Ethics Commission Filers) 00051030
14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported The Honorable Josey Garcia 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.)	
	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported The Honorable Philip Cortez 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.)	
1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported The Honorable Gina Hinojosa 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.)		

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12 COMMITTEE NAME Texas Academy of Physician Assistants - PAC		13 Filer ID (Ethics Commission Filers) 00051030
14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported The Honorable Lois Kolkhorst State Senator 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 (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported The Honorable Judith Zaffirini State Senator 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 (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported The Honorable Angela Paxton State Senator 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.)	

SUBTOTALS - GPAC

17 COMMITTEE NAME Texas Academy of Physician Assistants - PAC		18 Filer ID (Ethics Commission Filers) 00051030
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 16,722.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 3,010.02
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 19,539.15
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/31 Rpt: 10/55
2 FILER NAME Texas Academy of Physician Assistants - PAC		3 Filer ID (Ethics Commission Filers) 00051030
4 Date 09/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Akpan P.A., Habiba <hr/> 6 Contributor address; City; State; Zip Code Pearland, TX 77584	7 Amount of Contribution (\$) \$300.00
8 Principal occupation / Job title (See Instructions) Physician Assistant		9 Employer (See Instructions)
Date 09/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allman P.A., Monique <hr/> Contributor address; City; State; Zip Code Houston, TX 77044	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allman P.A., Monique <hr/> Contributor address; City; State; Zip Code Houston, TX 77044	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allman P.A., Monique <hr/> Contributor address; City; State; Zip Code Houston, TX 77044	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 12/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allman P.A., Monique <hr/> Contributor address; City; State; Zip Code Houston, TX 77044	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/31 Rpt: 11/55
2 FILER NAME Texas Academy of Physician Assistants - PAC		3 Filer ID (Ethics Commission Filers) 00051030
4 Date 09/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Badejo P.A., Michael <hr/> 6 Contributor address; City; State; Zip Code Lewisville, TX 75056	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Physician Assistant		9 Employer (See Instructions)
Date 07/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barry P.A., Troy <hr/> Contributor address; City; State; Zip Code Pearland, TX 77584	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 09/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beahm P.A., Lance <hr/> Contributor address; City; State; Zip Code Hutto, TX 78634	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 09/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bean P.A., Dee Ann <hr/> Contributor address; City; State; Zip Code Monahans, TX 79756	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 09/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bobick P.A., Carrie <hr/> Contributor address; City; State; Zip Code Austin, TX 78731	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/31 Rpt: 12/55
2 FILER NAME Texas Academy of Physician Assistants - PAC		3 Filer ID (Ethics Commission Filers) 00051030
4 Date 09/01/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bollner P.A., Megan	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Dallas, TX 75206		
8 Principal occupation / Job title (See Instructions) Physician Assistant		9 Employer (See Instructions)
Date 09/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boostrom P.A., William	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Taft, TX 78390		
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 09/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bostick P.A., Bailiegh	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Houston, TX 77047		
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 09/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bostick P.A., Bailiegh	Amount of Contribution (\$) \$75.00
Contributor address; City; State; Zip Code Houston, TX 77047		
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 09/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bostick P.A., Bailiegh	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Houston, TX 77047		
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/31 Rpt: 13/55
2 FILER NAME Texas Academy of Physician Assistants - PAC		3 Filer ID (Ethics Commission Filers) 00051030
4 Date 07/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boutte P.A., Matthew <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75201	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Physician Assistant		9 Employer (See Instructions)
Date 09/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boutte P.A., Matthew <hr/> Contributor address; City; State; Zip Code Dallas, TX 75201	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 08/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boyd P.A., Debbie <hr/> Contributor address; City; State; Zip Code Angleton, TX 77515	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 09/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bradley-Guidry P.A., Carolyn <hr/> Contributor address; City; State; Zip Code Combine, TX 75159	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 09/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bronson P.A., Amy <hr/> Contributor address; City; State; Zip Code Richardson, TX 75069	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/31 Rpt: 14/55
2 FILER NAME Texas Academy of Physician Assistants - PAC		3 Filer ID (Ethics Commission Filers) 00051030
4 Date 07/05/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cambron P.A., Michele <hr/> 6 Contributor address; City; State; Zip Code Saginaw, TX 76131	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Physician Assistant		9 Employer (See Instructions)
Date 09/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carrales P.A., Juan <hr/> Contributor address; City; State; Zip Code Eagle Pass, TX 78852	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 09/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Catacutan P.A., Kristi <hr/> Contributor address; City; State; Zip Code Garland, TX 75043	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Catacutan P.A., Kristi <hr/> Contributor address; City; State; Zip Code Garland, TX 75043	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Catacutan P.A., Kristi <hr/> Contributor address; City; State; Zip Code Garland, TX 75043	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/31 Rpt: 15/55
2 FILER NAME Texas Academy of Physician Assistants - PAC		3 Filer ID (Ethics Commission Filers) 00051030
4 Date 12/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Catacutan P.A., Kristi	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Garland, TX 75043	
8 Principal occupation / Job title (See Instructions) Physician Assistant		9 Employer (See Instructions)
Date 09/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cavazos P.A., Valerie Dezarae	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78723	
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 09/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cavazos P.A., Valerie Dezarae	Amount of Contribution (\$) \$45.00
	Contributor address; City; State; Zip Code Austin, TX 78723	
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chaney P.A., Mark	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Abilene, TX 79606	
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 09/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chaney P.A., Mark	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Eastland, TX 76448	
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/31 Rpt: 16/55
2 FILER NAME Texas Academy of Physician Assistants - PAC		3 Filer ID (Ethics Commission Filers) 00051030
4 Date 09/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chaney P.A., Mark <hr/> 6 Contributor address; City; State; Zip Code Eastland, TX 76448	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Physician Assistant		9 Employer (See Instructions)
Date 09/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christensen P.A., Bruce <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78253	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 09/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark P.A., Michael <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76132	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 09/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Covey P.A., Andrew <hr/> Contributor address; City; State; Zip Code Pittsburg, TX 75686	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 09/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Covey P.A., Andrew <hr/> Contributor address; City; State; Zip Code Pittsburg, TX 75686	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/31 Rpt: 17/55
2 FILER NAME Texas Academy of Physician Assistants - PAC		3 Filer ID (Ethics Commission Filers) 00051030
4 Date 09/15/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crosby P.A., Karrie <hr/> 6 Contributor address; City; State; Zip Code Robinson, TX 76706	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Physician Assistant		9 Employer (See Instructions) BSW Health
Date 09/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crosby P.A., Karrie <hr/> Contributor address; City; State; Zip Code Robinson, TX 76706	Amount of Contribution (\$) \$155.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 07/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davenport P.A., Chandra <hr/> Contributor address; City; State; Zip Code Dallas, TX 75238	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 09/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davenport P.A., Chandra <hr/> Contributor address; City; State; Zip Code Dallas, TX 75238	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 09/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davenport P.A., Chandra <hr/> Contributor address; City; State; Zip Code Dallas, TX 75238	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions) Presbyterian Village North

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/31 Rpt: 18/55
2 FILER NAME Texas Academy of Physician Assistants - PAC		3 Filer ID (Ethics Commission Filers) 00051030
4 Date 09/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davenport P.A., Chandra <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75238	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Physician Assistant		9 Employer (See Instructions)
Date 09/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis-Lopez P.A., Heather <hr/> Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions) CareNow Urgent Care
Date 09/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeLucia P.A., Katie <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 09/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Delucia P.A., Katie <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 09/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Delucia P.A., Katie <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/31 Rpt: 19/55
2 FILER NAME Texas Academy of Physician Assistants - PAC		3 Filer ID (Ethics Commission Filers) 00051030
4 Date 09/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Delucia P.A., Katie <hr/> 6 Contributor address; City; State; Zip Code Friendswood, TX 77546	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Physician Assistant		9 Employer (See Instructions)
Date 09/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eames P.A., Jennifer <hr/> Contributor address; City; State; Zip Code Abilene, TX 79602	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 09/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Emanuel P.A., Tatiana <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78254	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 09/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) English P.A., Ryan <hr/> Contributor address; City; State; Zip Code Richardson, TX 75080	Amount of Contribution (\$) \$63.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 10/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) English P.A., Ryan <hr/> Contributor address; City; State; Zip Code Richardson, TX 75080	Amount of Contribution (\$) \$63.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/31 Rpt: 20/55
2 FILER NAME Texas Academy of Physician Assistants - PAC		3 Filer ID (Ethics Commission Filers) 00051030
4 Date 11/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) English P.A., Ryan <hr/> 6 Contributor address; City; State; Zip Code Richardson, TX 75080	7 Amount of Contribution (\$) \$63.00
8 Principal occupation / Job title (See Instructions) Physician Assistant		9 Employer (See Instructions)
Date 12/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) English P.A., Ryan <hr/> Contributor address; City; State; Zip Code Richardson, TX 75080	Amount of Contribution (\$) \$63.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 09/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flecha P.A., Ismael <hr/> Contributor address; City; State; Zip Code Belton, TX 76513	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 10/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flecha P.A., Ismael <hr/> Contributor address; City; State; Zip Code Belton, TX 76513	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 11/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flecha P.A., Ismael <hr/> Contributor address; City; State; Zip Code Belton, TX 76513	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/31 Rpt: 21/55
2 FILER NAME Texas Academy of Physician Assistants - PAC		3 Filer ID (Ethics Commission Filers) 00051030
4 Date 12/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flecha P.A., Ismael <hr/> 6 Contributor address; City; State; Zip Code Belton, TX 76513	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Physician Assistant		9 Employer (See Instructions)
Date 09/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Forsberg P.A., Julia <hr/> Contributor address; City; State; Zip Code Austin, TX 78748	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 09/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foster P.A., Dana <hr/> Contributor address; City; State; Zip Code Rosenberg, TX 77469	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions) El Campo Memorial Hospital
Date 09/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foyt P.A., Angela <hr/> Contributor address; City; State; Zip Code Houston, TX 77092	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 09/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia P.A., Roxana <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78254	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/31 Rpt: 22/55
2 FILER NAME Texas Academy of Physician Assistants - PAC		3 Filer ID (Ethics Commission Filers) 00051030
4 Date 09/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) George P.A., Lora <hr/> 6 Contributor address; City; State; Zip Code Floresville, TX 78114	7 Amount of Contribution (\$) \$75.00
8 Principal occupation / Job title (See Instructions) Physician Assistant		9 Employer (See Instructions)
Date 09/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Green P.A., Janelle <hr/> Contributor address; City; State; Zip Code The Woodlands, TX 77383	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 08/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griffith P.A., Cynthia <hr/> Contributor address; City; State; Zip Code Arlington, TX 76005	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanson P.A., Jessica <hr/> Contributor address; City; State; Zip Code Rosharon, TX 77583	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris P.A., Tammy <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78256	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/31 Rpt: 23/55
2 FILER NAME Texas Academy of Physician Assistants - PAC		3 Filer ID (Ethics Commission Filers) 00051030
4 Date 09/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hinojos P.A., Sissy <hr/> 6 Contributor address; City; State; Zip Code Odessa, TX 79761	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Physician Assistant		9 Employer (See Instructions)
Date 09/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hlavin P.A., Joseph <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78626	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 09/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holley P.A., Katrina <hr/> Contributor address; City; State; Zip Code Arlington, TX 76005	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 09/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holmes P.A., Victor <hr/> Contributor address; City; State; Zip Code Plano, TX 75093	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions) University of North Texas Health Science Center
Date 09/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kankanala P.A., Molly <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76112	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/31 Rpt: 24/55
2 FILER NAME Texas Academy of Physician Assistants - PAC		3 Filer ID (Ethics Commission Filers) 00051030
4 Date 09/15/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kaur P.A., Jasleen <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77065	7 Amount of Contribution (\$) \$550.00
8 Principal occupation / Job title (See Instructions) Physician Assistant		9 Employer (See Instructions) Cypress Creek Hospital
Date 09/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kaur P.A., Jasleen <hr/> Contributor address; City; State; Zip Code Houston, TX 77065	Amount of Contribution (\$) \$210.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 07/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kay P.A., Brianna <hr/> Contributor address; City; State; Zip Code New Braunfels, TX 78132	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 08/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krause P.A., Stacy <hr/> Contributor address; City; State; Zip Code Plano, TX 75075	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions) Children's Health
Date 09/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LaFon P.A., Jason <hr/> Contributor address; City; State; Zip Code Allen, TX 75002	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/31 Rpt: 25/55
2 FILER NAME Texas Academy of Physician Assistants - PAC		3 Filer ID (Ethics Commission Filers) 00051030
4 Date 09/15/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Langeberg P.A., Lauren <hr/> 6 Contributor address; City; State; Zip Code Grapevine, TX 76051	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Physician Assistant		9 Employer (See Instructions)
Date 09/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lauren P.A., Lauren <hr/> Contributor address; City; State; Zip Code Aledo, TX 76107	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 10/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lauren P.A., Lauren <hr/> Contributor address; City; State; Zip Code Aledo, TX 76107	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 11/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lauren P.A., Lauren <hr/> Contributor address; City; State; Zip Code Aledo, TX 76107	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 12/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lauren P.A., Lauren <hr/> Contributor address; City; State; Zip Code Aledo, TX 76107	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/31 Rpt: 26/55
2 FILER NAME Texas Academy of Physician Assistants - PAC		3 Filer ID (Ethics Commission Filers) 00051030
4 Date 09/15/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez P.A., Benito	7 Amount of Contribution (\$) \$200.00
6 Contributor address; City; State; Zip Code McAllen, TX 78504		
8 Principal occupation / Job title (See Instructions) Physician Assistant		9 Employer (See Instructions)
Date 08/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez P.A., Emilie	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Houston, TX 77009		
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 09/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez P.A., Emilie	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Houston, TX 77009		
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 09/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez P.A., Eric	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Houston, TX 77009		
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 09/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez P.A., Jose	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code New Braunfels, TX 78132		
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/31 Rpt: 27/55
2 FILER NAME Texas Academy of Physician Assistants - PAC		3 Filer ID (Ethics Commission Filers) 00051030
4 Date 07/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald P.A., Katherine <hr/> 6 Contributor address; City; State; Zip Code Tomball, TX 77377	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Physician Assistant		9 Employer (See Instructions)
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald P.A., Katherine <hr/> Contributor address; City; State; Zip Code Tomball, TX 77377	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 09/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald P.A., Katherine <hr/> Contributor address; City; State; Zip Code Tomball, TX 77377	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 10/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald P.A., Katherine <hr/> Contributor address; City; State; Zip Code Tomball, TX 77377	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 11/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald P.A., Katherine <hr/> Contributor address; City; State; Zip Code Tomball, TX 77377	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/31 Rpt: 28/55
2 FILER NAME Texas Academy of Physician Assistants - PAC		3 Filer ID (Ethics Commission Filers) 00051030
4 Date 12/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald P.A., Katherine	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Tomball, TX 77377		
8 Principal occupation / Job title (See Instructions) Physician Assistant		9 Employer (See Instructions)
Date 09/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore Gottschalk P.A., Melinda	Amount of Contribution (\$) \$42.00
Contributor address; City; State; Zip Code Georgetown, TX 78628		
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 10/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore Gottschalk P.A., Melinda	Amount of Contribution (\$) \$42.00
Contributor address; City; State; Zip Code Georgetown, TX 78628		
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 11/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore Gottschalk P.A., Melinda	Amount of Contribution (\$) \$42.00
Contributor address; City; State; Zip Code Georgetown, TX 78628		
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 12/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore Gottschalk P.A., Melinda	Amount of Contribution (\$) \$42.00
Contributor address; City; State; Zip Code Georgetown, TX 78628		
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/31 Rpt: 29/55
2 FILER NAME Texas Academy of Physician Assistants - PAC		3 Filer ID (Ethics Commission Filers) 00051030
4 Date 09/15/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Napier P.A., Dineen <hr/> 6 Contributor address; City; State; Zip Code McKinney, TX 75070	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Physician Assistant		9 Employer (See Instructions)
Date 09/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oliver P.A., Kathryn <hr/> Contributor address; City; State; Zip Code Houston, TX 77003	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 09/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Orme P.A., Brittani <hr/> Contributor address; City; State; Zip Code Grapevine, TX 76051	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 09/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Owen-Wyatt P.A., Lydia <hr/> Contributor address; City; State; Zip Code Dallas, TX 75228	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 10/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Owen-Wyatt P.A., Lydia <hr/> Contributor address; City; State; Zip Code Dallas, TX 75228	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/31 Rpt: 30/55
2 FILER NAME Texas Academy of Physician Assistants - PAC		3 Filer ID (Ethics Commission Filers) 00051030
4 Date 11/15/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Owen-Wyatt P.A., Lydia <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75228	7 Amount of Contribution (\$) \$30.00
8 Principal occupation / Job title (See Instructions) Physician Assistant		9 Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Owen-Wyatt P.A., Lydia <hr/> Contributor address; City; State; Zip Code Dallas, TX 75228	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 09/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PA-C P.A., Angelica <hr/> Contributor address; City; State; Zip Code Austin, TX 78752	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 09/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patel P.A., Arpita <hr/> Contributor address; City; State; Zip Code Dallas, TX 75206	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 09/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patel P.A., Mamta <hr/> Contributor address; City; State; Zip Code Arlington, TX 76005	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/31 Rpt: 31/55
2 FILER NAME Texas Academy of Physician Assistants - PAC		3 Filer ID (Ethics Commission Filers) 00051030
4 Date 09/15/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reyes P.A., Martin <hr/> 6 Contributor address; City; State; Zip Code Plano, TX 75025	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Physician Assistant		9 Employer (See Instructions)
Date 09/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robbins P.A., Deborah <hr/> Contributor address; City; State; Zip Code Grapevine, TX 76051	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 09/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robbins P.A., Deborah <hr/> Contributor address; City; State; Zip Code Grapevine, TX 76051	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 09/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rubio P.A., Karina <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78253	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 07/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sallee P.A., Kaylin <hr/> Contributor address; City; State; Zip Code Boerne, TX 78015	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/31 Rpt: 32/55
2 FILER NAME Texas Academy of Physician Assistants - PAC		3 Filer ID (Ethics Commission Filers) 00051030
4 Date 09/15/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sallee P.A., Patricia <hr/> 6 Contributor address; City; State; Zip Code Boerne, TX 78015	7 Amount of Contribution (\$) \$120.00
8 Principal occupation / Job title (See Instructions) Physician Assistant		9 Employer (See Instructions)
Date 09/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schweitzer P.A., Brooke <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott P.A., Margaret <hr/> Contributor address; City; State; Zip Code Arlington, TX 76005	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 09/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott P.A., Margaret <hr/> Contributor address; City; State; Zip Code Arlington, TX 76005	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 09/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott P.A., Margaret <hr/> Contributor address; City; State; Zip Code Arlington, TX 76005	Amount of Contribution (\$) \$450.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/31 Rpt: 33/55
2 FILER NAME Texas Academy of Physician Assistants - PAC		3 Filer ID (Ethics Commission Filers) 00051030
4 Date 10/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott P.A., Margaret <hr/> 6 Contributor address; City; State; Zip Code Arlington, TX 76005	7 Amount of Contribution (\$) \$30.00
8 Principal occupation / Job title (See Instructions) Physician Assistant		9 Employer (See Instructions)
Date 11/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott P.A., Margaret <hr/> Contributor address; City; State; Zip Code Arlington, TX 76005	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 12/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott P.A., Margaret <hr/> Contributor address; City; State; Zip Code Arlington, TX 76005	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 09/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith P.A., Robert <hr/> Contributor address; City; State; Zip Code Lewisville, TX 75067	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 09/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Staples P.A., Shelby <hr/> Contributor address; City; State; Zip Code Houston, TX 77006	Amount of Contribution (\$) \$165.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/31 Rpt: 34/55
2 FILER NAME Texas Academy of Physician Assistants - PAC		3 Filer ID (Ethics Commission Filers) 00051030
4 Date 09/15/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephen P.A., Saneese	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Sugar Land, TX 77498		
8 Principal occupation / Job title (See Instructions) Physician Assistant		9 Employer (See Instructions)
Date 08/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephens P.A., Elexis	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Dallas, TX 75219		
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 07/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sutherland P.A., Elizabeth	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Houston, TX 77044		
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 07/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Telford P.A., Carolyn	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Euless, TX 76040		
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 09/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Telford P.A., Carolyn	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Euless, TX 76040		
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/31 Rpt: 35/55
2 FILER NAME Texas Academy of Physician Assistants - PAC		3 Filer ID (Ethics Commission Filers) 00051030
4 Date 09/15/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Telford P.A., Carolyn	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Euless, TX 76040	
8 Principal occupation / Job title (See Instructions) Physician Assistant		9 Employer (See Instructions)
Date 09/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Telford P.A., Carolyn	Amount of Contribution (\$) \$130.00
	Contributor address; City; State; Zip Code Euless, TX 76040	
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 09/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torok P.A., Stephen	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Sinton, TX 78387	
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 09/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trent P.A., Alvis	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Abilene, TX 79606	
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 09/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trent P.A., Alvis	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Abilene, TX 79606	
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/31 Rpt: 36/55
2 FILER NAME Texas Academy of Physician Assistants - PAC		3 Filer ID (Ethics Commission Filers) 00051030
4 Date 07/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trent P.A., Ben <hr/> 6 Contributor address; City; State; Zip Code Abilene, TX 79606	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Physician Assistant		9 Employer (See Instructions)
Date 09/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tung P.A., Jessica <hr/> Contributor address; City; State; Zip Code Houston, TX 77030	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 09/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Underbrink P.A., Ashton <hr/> Contributor address; City; State; Zip Code Houston, TX 77035	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 09/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Urquiola P.A., Elizabeth <hr/> Contributor address; City; State; Zip Code Houston, TX 77578	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 09/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valdez P.A., Isabel <hr/> Contributor address; City; State; Zip Code Houston, TX 77006	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/31 Rpt: 37/55
2 FILER NAME Texas Academy of Physician Assistants - PAC		3 Filer ID (Ethics Commission Filers) 00051030
4 Date 09/15/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valdez P.A., Isabel <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77006	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Physician Assistant		9 Employer (See Instructions)
Date 09/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van de Putte, Leticia <hr/> Contributor address; City; State; Zip Code Castle Hills, TX 78213	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions)
Date 09/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van de Putte, Leticia <hr/> Contributor address; City; State; Zip Code Castle Hills, TX 78213	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions)
Date 09/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van de Putte, Leticia <hr/> Contributor address; City; State; Zip Code Castle Hills, TX 78213	Amount of Contribution (\$) \$140.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions)
Date 09/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallace P.A., Craigreon <hr/> Contributor address; City; State; Zip Code Dallas, TX 75220	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 29/31 Rpt: 38/55
2 FILER NAME Texas Academy of Physician Assistants - PAC		3 Filer ID (Ethics Commission Filers) 00051030
4 Date 09/15/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallace P.A., Craigreon <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75220	7 Amount of Contribution (\$) \$800.00
8 Principal occupation / Job title (See Instructions) Physician Assistant		9 Employer (See Instructions) UT Southwestern Medical Center
Date 10/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallace P.A., Craigreon <hr/> Contributor address; City; State; Zip Code Dallas, TX 75220	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 11/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallace P.A., Craigreon <hr/> Contributor address; City; State; Zip Code Dallas, TX 75220	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 12/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallace P.A., Craigreon <hr/> Contributor address; City; State; Zip Code Dallas, TX 75220	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 09/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ward P.A., Monica <hr/> Contributor address; City; State; Zip Code Richardson, TX 75080	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 30/31 Rpt: 39/55
2 FILER NAME Texas Academy of Physician Assistants - PAC		3 Filer ID (Ethics Commission Filers) 00051030
4 Date 09/15/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weerasinghe P.A., Isuri	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Fort Worth, TX 76244		
8 Principal occupation / Job title (See Instructions) Physician Assistant		9 Employer (See Instructions)
Date 09/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weerasinghe P.A., Isuri	Amount of Contribution (\$) \$125.00
Contributor address; City; State; Zip Code Fort Worth, TX 76244		
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 09/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weerasinghe P.A., Isuri	Amount of Contribution (\$) \$73.00
Contributor address; City; State; Zip Code Fort Worth, TX 76244		
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weerasinghe P.A., Isuri	Amount of Contribution (\$) \$73.00
Contributor address; City; State; Zip Code Fort Worth, TX 76244		
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weerasinghe P.A., Isuri	Amount of Contribution (\$) \$73.00
Contributor address; City; State; Zip Code Fort Worth, TX 76244		
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 31/31 Rpt: 40/55
2 FILER NAME Texas Academy of Physician Assistants - PAC		3 Filer ID (Ethics Commission Filers) 00051030
4 Date 12/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weerasinghe P.A., Isuri <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76244	7 Amount of Contribution (\$) \$73.00
8 Principal occupation / Job title (See Instructions) Physician Assistant		9 Employer (See Instructions)
Date 09/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wheaton P.A., Paige <hr/> Contributor address; City; State; Zip Code Houston, TX 77007	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 09/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wray P.A., Ashley <hr/> Contributor address; City; State; Zip Code Houston, TX 77059	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 09/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yang P.A., Amery <hr/> Contributor address; City; State; Zip Code McAllen, TX 78503	Amount of Contribution (\$) \$350.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 07/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) orme P.A., cameron <hr/> Contributor address; City; State; Zip Code Grapevine, TX 76051	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/5 Rpt: 41/55	
2 FILER NAME Texas Academy of Physician Assistants - PAC		3 Filer ID (Ethics Commission Filers) 00051030	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 09/13/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bostick, Bailiegh	8 Amount of contribution (\$) \$120.00	9 In-kind contribution description Whiskey & Bacon Jerky
	7 Contributor address; City; State; Zip Code Houston , TX 77047	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Physician Assistant		11 Employer (FOR NON-JUDICIAL) (See instructions)	
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 contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 09/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coleman PA-C, Veronica Lynn	Amount of contribution (\$) \$50.00	In-kind contribution description Grilling utensil set
	Contributor address; City; State; Zip Code Dallas, TX 75235	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Physician Assistant		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
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 09/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dobbs PA-C, Lauren	Amount of contribution (\$) \$207.00	In-kind contribution description 2 Gift Baskets: Wine Basket, Coffee Basket
	Contributor address; City; State; Zip Code Aledo, TX 76008	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Physician Assistant		Employer (FOR NON-JUDICIAL) (See instructions) UNT Health Science Center	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
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)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 2/5 Rpt: 42/55	
2 FILER NAME Texas Academy of Physician Assistants - PAC		3 Filer ID (Ethics Commission Filers) 00051030	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 09/12/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holmes PA-C, Victor	8 Amount of contribution (\$) \$70.00	9 In-kind contribution description Autographed Ty Herndon Gift Set
	7 Contributor address; City; State; Zip Code Plano, TX 75093		
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Physician Assistant		11 Employer (FOR NON-JUDICIAL) (See instructions) Fairfield Medical Center	
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 contributor'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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Mills P.A., Janith	Amount of contribution (\$) \$875.00	In-kind contribution description 5 individual -Stanley Rhinestone Tumblers
	Contributor address; City; State; Zip Code Irving, TX 75038		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Physician Assistant		Employer (FOR NON-JUDICIAL) (See instructions) Children's Health Epilepsy Center	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Mills PA-C, Janith	Amount of contribution (\$) \$250.00	In-kind contribution description Bedazzled Stanley Dallas Cowboys
	Contributor address; City; State; Zip Code Irving, TX 75038		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Physician Assistant		Employer (FOR NON-JUDICIAL) (See instructions) Children's Health Epilepsy Center	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
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)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 3/5 Rpt: 43/55	
2 FILER NAME Texas Academy of Physician Assistants - PAC		3 Filer ID (Ethics Commission Filers) 00051030	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 09/10/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montes PA-C, Eva	8 Amount of contribution (\$) \$175.00	9 In-kind contribution description Consuela Beach Bundle
	7 Contributor address; City; State; Zip Code Austin, TX 78758		
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Physician Assistant		11 Employer (FOR NON-JUDICIAL) (See instructions) Central Family Practice	
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 contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 09/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montes PA-C, Eva	Amount of contribution (\$) \$100.00	In-kind contribution description 2 Dirk West Football prints
	Contributor address; City; State; Zip Code Austin, TX 78758		
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Physician Assistant		Employer (FOR NON-JUDICIAL) (See instructions) Central Family Practice	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
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 09/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montes PA-C, Eva	Amount of contribution (\$) \$475.00	In-kind contribution description 19 Texas Capitol Ornaments
	Contributor address; City; State; Zip Code Austin, TX 78758		
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Physician Assistant		Employer (FOR NON-JUDICIAL) (See instructions) Central Family Practice	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
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)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 4/5 Rpt: 44/55	
2 FILER NAME Texas Academy of Physician Assistants - PAC		3 Filer ID (Ethics Commission Filers) 00051030	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 09/13/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montes PA-C, Eva	8 Amount of contribution (\$) \$60.00	9 In-kind contribution description 2 necklaces
7 Contributor address; City; State; Zip Code Austin, TX 78758		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Physician Assistant		11 Employer (FOR NON-JUDICIAL) (See instructions) Central Family Practice	
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 contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 09/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montes PA-C, Eva	Amount of contribution (\$) \$391.00	In-kind contribution description 2023 Christmas Ornaments for Holiday Gifts
7 Contributor address; City; State; Zip Code Austin, TX 78758		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Physician Assistant		Employer (FOR NON-JUDICIAL) (See instructions) Central Family Practice	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
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 09/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montes PA-C, Eva	Amount of contribution (\$) \$52.02	In-kind contribution description Candy for PAC Booth
7 Contributor address; City; State; Zip Code Austin, TX 78758		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Physician Assistant		Employer (FOR NON-JUDICIAL) (See instructions) Central Family Practice	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
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)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 5/5 Rpt: 45/55	
2 FILER NAME Texas Academy of Physician Assistants - PAC		3 Filer ID (Ethics Commission Filers) 00051030	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 09/12/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rawls, Tammy <hr/> 7 Contributor address; City; State; Zip Code San Antonio, TX 78256	8 Amount of contribution (\$) \$60.00	9 In-kind contribution description 2 gift baskets <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Faculty		11 Employer (FOR NON-JUDICIAL) (See instructions) UT Health San Antonio	
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 contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 08/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spencer PA-C, Autumn <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78665	Amount of contribution (\$) \$125.00	In-kind contribution description Skin Care Consult and Dermaplaning Certificate <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Surgical Assistant		Employer (FOR NON-JUDICIAL) (See instructions) Seton Brain & Spine Institute Neurosurgery	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
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)			

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/10 Rpt: 46/55	2 FILER NAME Texas Academy of Physician Assistants - PAC	3 Filer ID (Ethics Commission Filers) 00051030
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4 Date 09/15/2023	5 Payee name Caroline Harris for State Representative
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6 Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 700 Round Rock, TX 78680
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Contribution
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/06/2023	Payee name 4Imprint
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Amount (\$) \$682.79 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 101 Commerce St Oshkosh, WI 54901
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TAPA PAC cups for Event
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/24/2023	Payee name Amazon
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Amount (\$) \$143.32 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 410 Terry Ave. N Seattle , WA 98109
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies for Annual PAC meeting
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/10 Rpt: 47/55	2 FILER NAME Texas Academy of Physician Assistants - PAC	3 Filer ID (Ethics Commission Filers) 00051030
4 Date 09/08/2023	5 Payee name Amazon	
6 Amount (\$) \$48.70 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 410 Terry Ave. N Seattle , WA 98109	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Balloon Arch for PAC Event
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/17/2023	Payee name Angela Paxton Campaign	
Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 2878 McKinney, TX 75070	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/17/2023	Payee name Drew Darby Campaign	
Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 3284 San Angelo, TX 76902	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/10 Rpt: 48/55	2 FILER NAME Texas Academy of Physician Assistants - PAC	3 Filer ID (Ethics Commission Filers) 00051030
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4 Date 09/01/2023	5 Payee name Elite Casino Events
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6 Amount (\$) \$1,212.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 100 Congress Ave., Ste. 2000 Austin , TX 78701
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PAC Annual Meeting, Casino Night Event
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/10/2023	Payee name FedEx Office
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Amount (\$) \$129.90 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1335 E Whitestone Blvd Cedar Park, TX 78613
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event PAC Banner
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/31/2023	Payee name FedEx Office
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Amount (\$) \$35.34 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1335 E Whitestone Blvd Cedar Park, TX 78613
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Courier service expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/10 Rpt: 49/55	2 FILER NAME Texas Academy of Physician Assistants - PAC	3 Filer ID (Ethics Commission Filers) 00051030
4 Date 11/21/2023	5 Payee name Friends of Tom Oliverson	
6 Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1 E Greenway Plaza Suite 225 Houston, TX 77046	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Contribution
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/01/2023	Payee name Frost Bank	
Amount (\$) \$30.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 401 Congress Ave Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Stop Payment Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/05/2023	Payee name Gina Hinojosa Campaign	
Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 300095 Austin, TX 78703	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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
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4 Date 11/21/2023	5 Payee name Josey Garcia for Texas HD 124
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6 Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 110 E Houston St, 7th Fl San Antonio, TX 78205
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Contribution
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/31/2023	Payee name Judith Zaffirini Campaign
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Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 627 Laredo, TX 78042
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/27/2023	Payee name Kalahari Resorts & Conventions
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Amount (\$) \$4,136.50 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 3001 Kalahari Blvd Round Rock, TX 78665
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PAC Event Space and hospitality
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/10 Rpt: 52/55	2 FILER NAME Texas Academy of Physician Assistants - PAC	3 Filer ID (Ethics Commission Filers) 00051030
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4 Date 10/17/2023	5 Payee name Liz Campos Campaign
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6 Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1035 Rigsby San Antonio, TX 78210
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Contribution
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/21/2023	Payee name Lois Kolkhorst Campaign
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Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 2546 Brenham, TX 77834
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/17/2023	Payee name Matt Shaheen Campaign
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Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 3917 Malton Dr Plano, TX 75025
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/10 Rpt: 53/55	2 FILER NAME Texas Academy of Physician Assistants - PAC	3 Filer ID (Ethics Commission Filers) 00051030
4 Date 07/14/2023	5 Payee name Mayer, Jennifer	
6 Amount (\$) \$50.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 23318 Emerald Pass San Antonio, TX 78258	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement of PAC Donation
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/17/2023	Payee name Mihaela Plesa Campaign	
Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 796311 Dallas, TX 75248	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/17/2023	Payee name Nicole Collier Campaign	
Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 24241 Fort Worth, TX 76124	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/10 Rpt: 54/55	2 FILER NAME Texas Academy of Physician Assistants - PAC	3 Filer ID (Ethics Commission Filers) 00051030
4 Date 11/21/2023	5 Payee name Philip Cortez Campaign	
6 Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 7919 Liberty Island San Antonio, TX 78227	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Contribution
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/17/2023	Payee name Stephanie Klick Campaign	
Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 7592 Fort Worth, TX 76111	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/21/2023	Payee name Steve Allison Campaign	
Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 14546 Brook Hollow Blvd, Box #511 San Antonio, TX 78232	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | 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: 10/10 Rpt: 55/55	2 FILER NAME Texas Academy of Physician Assistants - PAC	3 Filer ID (Ethics Commission Filers) 00051030
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4 Date 10/17/2023	5 Payee name Texans for Dade Phelan
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6 Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 848 Nederland, TX 77627
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Contribution
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/19/2023	Payee name USPS
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Amount (\$) \$70.60 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 500 E Whitestone Blvd Cedar Park, TX 78613
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postage for mailers
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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