FORM GPAC GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00055953 3 COMMITTEE NAME **OFFICE USE ONLY** Texas Academy of Audiology Political Action Committee Date Received **ELECTRONICALLY FILED** 02/02/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 4016 Tiffany Trail Date Hand-delivered or Date Postmarked Change of Address College Station, TX 77845 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Ms. Kimberly M. NAME NICKNAME LAST **SUFFIX** DeBona Au.D STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 4016 Tiffany Trail STREET **ADDRESS** (Residence or Business) College Station, TX 77845 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 4016 Tiffany Trail MAILING **ADDRESS** College Station, TX 77845 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (979) 690-5030 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) X **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 01/01/2024 01/25/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year χ Primary Runoff Other 03/05/2024 General Special

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME		13 Filer ID	(Ethics Commission Filers)	
Texas Academy of A	udiology Political Action (Committee	00055953	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Sen. Phil King State Senator		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS N	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	125.00
	2. TOTAL POLITICA (OTHER THAN PLE	AL CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS)	\$	125.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZEI	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	AL EXPENDITURES	\$	9,000.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	9,746.96
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF TREPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT			<u> </u>	
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.		
		Ms. Kimberly N	м. DeBona Au	.D
		Signature of Ca	mpaign Treasur	er
AFFIX NOTA	RY STAMP / SEAL ABOVE			
		, t	his the	day
of	, 20, to certify	which, witness my hand and seal of office.		
Circulations (M	a ducini de cita e e e e e	Drinted some of all and advantage in the	Tid 6 60	
Signature of officer	auministering oath	Printed name of officer administering oath	TITIE OF OFFICE	er administering oath

FORM GPAC ADDENDUM

Page 3 of 16

IMITTEE NAME as Academy of Aud IMITTEE VITY ch lists on plain r to complete this rt if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders	A. Supported	Sen. Nathan Johnson State Ser	13 Filer ID (Ethics Commission Filers) 00055953 nator
IMITTEE VITY ch lists on plain r to complete this	1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders	A. Supported B. Opposed A. Supported	Sen. Nathan Johnson State Ser	
VITY ch lists on plain r to complete this	(Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders	B. Opposed A. Supported	Sen. Nathan Johnson State Ser	nator
r to complete this	(Describe by date and location of election and nature of issue.) 3. Officeholders	A. Supported		
	(Describe by date and location of election and nature of issue.) 3. Officeholders			
		B. Opposed		
	Assisted (Identify by name or, if applicable, classify by party.)			
IMITTEE	1. Candidates	A. Supported	Sen. Donna Campbell State Ser	nator
VITY	(Identify by name or, if applicable, classify by party.)		·	
ch lists on plain r to complete this rt if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted			
	Candidates (Identify by name or, if applicable, classify by party.)		Rep. Steve Toth State Represe	ntative
r to complete this		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	Officeholders Assisted			
	MMITTEE IVITY ch lists on plain er to complete this rt if necessary.)	(Identify by name or, if applicable, classify by party.) IMITTEE IVITY 1. Candidates (Identify by name or, if applicable, classify by party.) ch lists on plain er to complete this rt if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders	(Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if	(Identify by name or, if applicable, classify by party.) IMITTEE IVITY Ch lists on plain or to complete this rt if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed A. Supported Rep. Steve Toth State Represe Rep. Steve Toth State Represe R

FORM GPAC ADDENDUM

Page 4 of 16

					1 ago 1 01 10
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texas Academy of Aud	iology Political Action	n Committee		00055953	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Rep. Christian Manuel State Re	epresentative	
70 · 1 · 1 · 1 · 1 · 1 · 1	applicable, classify by party.)				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures	A. Supported			
	(Describe by date and location of election and nature of issue.)				
		B. Opposed			
	Officeholders Assisted (Identify by name or, if				
	applicable, classify by party.)				
COMMITTEE	1. Candidates	A. Supported	Rep. Jetton Jacey State Repres	sentative	
ACTIVITY	(Identify by name or, if applicable, classify by party.)				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted				
	(Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Rep. Donna Howard State Rep	resentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures	A. Supported			
	(Describe by date and location of election and nature of issue.)				
		B. Opposed			
	Officeholders Assisted				
	(Identify by name or, if applicable, classify by party.)				

FORM GPAC ADDENDUM

Page 5 of 16

COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Texas Academy of Audi	ology Political Actior	n Committee			00055953	
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Mr. Curry Pat State	Representat	tive	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Rep. Reggie Smith	State Repre	sentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Rep. Ben Bumgarne	er State Rep	resentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
	Assisted (Identify by name or, if					

FORM GPAC ADDENDUM

Page 6 of 16

COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texas Academy of Audi	ology Political Actior	n Committee		00055953	
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Rep. Matt Shaheen State Rep	oresentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Rep. Stan Kitzman State Rep	resentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Rep. Stephanie Klick State Re	epresentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	applicable, classify by party.)				

FORM GPAC **ADDENDUM**

ntify by name or, if cable, classify by party.) Measures cribe by date and ion of election and re of issue.)	Committee A. Supported B. Opposed A. Supported	Rep. Steve Allison State Repres	13 Filer ID 00055953 sentative	(Ethics Commission Filers)
Candidates ntify by name or, if cable, classify by party.) Measures cribe by date and ion of election and re of issue.)	A. Supported B. Opposed	Rep. Steve Allison State Repres		
ntify by name or, if cable, classify by party.) Measures cribe by date and ion of election and re of issue.)	B. Opposed	Rep. Steve Allison State Repres	sentative	
Measures cribe by date and ion of election and re of issue.)				
cribe by date and ion of election and re of issue.)	A. Supported			
F				
	B. Opposed			
Officeholders Assisted httify by name or, if cable, classify by party.)				
	A. Supported	Rep. Shawn Thierry State Repre	esentative	
ntify by name or, if cable, classify by party.)				
	B. Opposed			
Measures cribe by date and ion of election and re of issue.)	A. Supported			
	B. Opposed			
Officeholders Assisted				
cable, classify by party.)				
A nice C nice C A nice C A	Officeholders Assisted tify by name or, if cable, classify by party.) Candidates tify by name or, if cable, classify by party.) Measures cribe by date and on of election and e of issue.) Officeholders Assisted tify by name or, if	Assisted tify by name or, if cable, classify by party.) Candidates tify by name or, if cable, classify by party.) B. Opposed Measures cribe by date and on of election and e of issue.) B. Opposed Officeholders Assisted tify by name or, if	Officeholders Assisted tify by name or, if cable, classify by party.) Candidates tify by name or, if cable, classify by party.) B. Opposed Measures cribe by date and on of election and e of issue.) B. Opposed A. Supported A. Supported Description of the composition of th	Officeholders Assisted tify by name or, if cable, classify by party.) Candidates tify by name or, if cable, classify by party.) B. Opposed Measures cribe by date and on of election and e of issue.) B. Opposed A. Supported A. Supported A. Supported Difficeholders Assisted tify by name or, if

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3

8 of 16

17 COMMITTEE NAME Texas Academy of Audiology Political Action Committee 19 SCHEDULE SUBTOTALS NAME OF SCHEDULE 1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTION		18 Filer ID 00055953	(Ethics Commiss	on Filers)			
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		00055953	SUBTOTAL				
NAME OF SCHEDULE	0.10		SUBTOTAL				
SCHEDULE A1: MONETARY POLITICAL CONTRIBUTION	0110						
	UNS		\$	125.00			
2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICA	L CONTRIBUTIONS		\$	0.00			
3. X SCHEDULE B: PLEDGED CONTRIBUTIONS			\$	0.00			
4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM ORGANIZATION	CORPORATION OR LABOR	२	\$				
5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIB LABOR ORGANIZATION	UTIONS FROM CORPORA	TION OR	\$				
6. SCHEDULE C3: MONETARY SUPPORT FROM CORPO	6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION						
7. SCHEDULE C4: NON-MONETARY SUPPORT FROM C ORGANIZATION	7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION						
8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CC	PRPORATION OR LABOR O	RGANIZATION	\$				
9. X SCHEDULE E: LOANS			\$	0.00			
10. X SCHEDULE F1: POLITICAL EXPENDITURES FROM PO	DLITICAL CONTRIBUTIONS		\$	9,000.00			
11. X SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			\$	0.00			
12. X SCHEDULE F3: PURCHASE OF INVESTMENTS FROM	I POLITICAL CONTRIBUTIC	NS	\$	0.00			
13. X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CA	ARD		\$	0.00			
14. X SCHEDULE I: NON-POLITICAL EXPENDITURES FROM	POLITICAL CONTRIBUTIO	NS	\$	48.67			
15. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS TO FILER	S, AND CONTRIBUTIONS R	ETURNED	\$				

PLEI	DGED CONTRIBU	TIONS				SCHEDULE B
Т	he Instruction Guide ex	plains how to comp	lete this form.	1	Total pages Sche Sch: 1/1 Rpt: 9	
2 FILER N	AME Academy of Audiology Politica	al Action Committee		3	3 Filer ID (Ethics Commission Filers) 00055953	
1	AL OF UNITEMIZED PLEDGES				\$	0.00
5 Date	6 Full name of pledgor	out-of-state PAC (ID	#:	_) 8	Amount of pledge (\$)	9 In-kind description (If applicable)
	7 Pledgor Address;	City; State; Zip Coo	de		-	
10 Princinal	occupation / Job title (See Instri	ıctions)	11 Employer (See In	etructi		tside of Texas. Complete Schedule T.
20 Timolpai	roccupation / cob title (oce main	300013)	Employer (See in	Suucu	uris)	

	LOANS				SCHEDULE E		
	The Instructio	The Instruction Guide explains how to complete this form. 1 Total pag Sch: 1/1					
2	FILER NAME Texas Academy	of Audiology Political Action Committee		3 Filer ID 000559	(Ethics Commission Filers) 953		
4	TOTAL OF UN	IITEMIZED LOANS			\$ 0.00		
5	Date of loan	7 Name of lender out-of-state	PAC (ID#:		9 Loan Amount (\$)		
6	Is lender a financial institution?	8 Lender address; City; State	; Zip Code		10 Interest Rate		
					11 Maturity Date		
12	Principal occupation	on / Job title (See Instructions)	13 Employer (See Instruction	ns)	•		
14	Description of Coll	ateral	15 Check if personal funds	15 Check if personal funds were deposited into political account (See Instructions)			
16	GUARANTOR INFORMATION	17 Name of guarantor			19 Amount Guaranteed (\$)		
	not applicable	18 Guarantor address; City; State	; Zip Code				
-	Drive in all account to		los Funda de (Octobro)				
20	Principal occupation	on	21 Employer (See Instruction	ns)			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Candidate/Officeholder/Politica	
Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/5 Rpt: 11/16	Texas Academy of Audiology Political Action Committee 00055953
4 Date	5 Payee name
01/15/2024	Allison, Steve (Rep.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	1635 NE Loop 410 Suite 506
— Foresedit ve from	
Expenditure from corporate funds	San Antonio, TX 78209
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	To assist with campaign expenses
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
01/15/2024	Bumgarner, Ben (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	Ben Bumgarner Campaign
Ψ000.00	Den Bungamer Gampaign
Expenditure from corporate funds	Flower Mound, TX 75028
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense To assist with Campaign expenses
	To assist with Sampaight expenses
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
01/15/2024	Campbell, Campaign, Donna (Dr.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	1108 Lavaca
+ -,	Suite 110, #464
Expenditure from corporate funds	Austin, TX 78701
•	1
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	To assist with Campaign expenses
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiorare to beliefft C/OI	'

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
orodic odra i dymoni	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 2/5 Rpt: 12/16	Texas Academy of Audiology Political Action Committee 00055953
4 Date	5 Payee name
01/15/2024	Curry, Pat (Mr.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	204 Woodhew Dr
Expenditure from corporate funds	Waco, TX 76712
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee
	To assist with Campaign expenses
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	-
Date	Payee name
01/15/2024	Howard, Donna (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 5375
Expenditure from corporate funds	Austin, TX 78763
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	To assist with Campaign expenses
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experience to benefit even	
Date	Payee name
01/15/2024	Jetton, Jacey (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	1108 Soldiers Field Drive, Ste 360
Expenditure from corporate funds	Sugarland, TX 77479
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	To assist with Campaign expenses
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	-1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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)

Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 3/5 Rpt: 13/16	Texas Academy of Audiology Political Action Committee 00055953
4 Date	5 Payee name
01/15/2024	Johnson, Nathan (Sen.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	PO Box 670994
Expenditure from corporate funds	Dallas, TX 75367
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	To assist with Campaight expenses
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
01/15/2024	King, Phil (Sen.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 1913
Expenditure from	
corporate funds	Weatherford, TX 76086
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	To assist with Campaight expenses
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
01/15/2024	Kitzman, Stan (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 553
Expenditure from	
corporate funds	Pattison, TX 77466
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	To assist with sampaign expenses
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commi Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 4/5 Rpt: 14/16	Texas Academy of Audiology Political Action Committee 00055953
4 Date	5 Payee name
01/15/2024	Manuel, Christian (Rep.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	505 Orleans St
Expenditure from corporate funds	Beaumont, TX 77701
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	To assist with Campaign expenses
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Dete	
Date	Payee name
01/15/2024	Shaheen, Matt (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	3917 Malton Dr
Expenditure from corporate funds	Plano, TX 75025
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	To assist with Campaign expenses
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
 Date	Payee name
01/15/2024	Smith, Reggie (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	300 N Travis St
Expenditure from	
corporate funds	Sherman, TX 75090
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
LAFENDITORE	Candidate/Officeholder/Political Committee
	To assist with Campaign expenses
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiulture to betiefft C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of Static

Candidate/Officeholder/Politica Credit Card Payment	Al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 5/5 Rpt: 15/16	Texas Academy of Audiology Political Action Committee 00055953
4 Date	5 Payee name
01/15/2024	Stephanie, Klick (Rep.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	PO Box 7592
Expenditure from corporate funds	Ft Worth, TX 76111
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Contributions/Donations Made By Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	To assist with Campaign expenses
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H
Date	Payee name
01/15/2024	Thierry, Shawn (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	4410 Reed Road
Funanditura from	
Expenditure from corporate funds	Houston, TX 77051
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	10 assist with campaign expenses
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	H
Date	Payee name
01/15/2024	Toth, Steve (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	67 Chestnut Meadow Dr
	Suite 100
Expenditure from corporate funds	Conroe, TX 77384
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	10 assist with Campaign expenses
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE |

		The Instruction Guide explains how to complete this form.
1	Total pages Schedule I: Sch: 1/1 Rpt:	2 FILER NAME Texas Academy of Audiology Political Action Committee 3 Filer ID (Ethics Commission Filers) 00055953
4	Date 01/17/2024	5 Payee name UPS Store
6	Amount (\$) 12.67 Expenditure from corporate funds	7 Payee Address; City; State; Zip 3515 Longmire Dr, Ste B College Station, TX 77845
8	PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Postal (b) Description (See instructions regarding type of information required.) Postal charge to mail
	Date 01/15/2024	Payee name Wells Fargo Bank
	Amount (\$) 36.00 Expenditure from corporate funds	Payee Address; City; State; Zip 1801 Rock Prairie Rd College Station, TX 77845
	PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking (b) Description (See instructions regarding type of information required.) order of new checks for bank account