FORM MPAC MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID 2 Total pages filed: The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00016104 3 COMMITTEE NAME **OFFICE USE ONLY** Texas Osteopathic Medical Association Political Action Committee Date Received **ELECTRONICALLY FILED** 02/03/2024 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 3305 Steck Ave. Ste. 200 Change of Address Austin, TX 78757 Date Hand-delivered or Date Postmarked MS / MRS / MR **FIRST CAMPAIGN** MI **TREASURER** Receipt # Amount Dr. John C. NAME Date Processed **NICKNAME** LAST **SUFFIX** D.O. Date Imaged McDonald CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 313 Forest Hills Drive STREET **ADDRESS** (Residence or Business) Harrison, TX 75650 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 3305 Steck Ave. MAILING **ADDRESS** Ste. 200 Change of Address Austin, TX 78757 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (512) 708-8662 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY January 5 April 5 July 5 October 5 REPORT FILING **DEADLINE** February 5 May 5 August 5 November 5 March 5 September 5 December 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 12/26/2023 01/25/2024

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MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

L2 COMMITTEE NAME			13 Filer ID	
Texas Osteopathic N	Medical Association Politic	al Action Committee	00016	104
4 COMMITTEE ACTIVITY	1. Candidates	A. Supported		
ACTIVITY	(Identify by name or, if applicable, classify by party.)			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures	A. Supported		
	(Describe by date and location of election and nature of issue.)			
		B. Opposed		
	3. Officeholders			
	Assisted (Identify by name or, if applicable, classify by party.)			
.5 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS N	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA		\$	
	(OTHER THAN PLE	DGES, LOANS, OR GUARANTEES OF LOANS)		850.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZEI	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	100.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LA G PERIOD	ST DAY \$	69,185.38
OUTSTANDING LOAN TOTALS	1	AMOUNT OF ALL OUTSTANDING LOANS AS C REPORTING PERIOD	OF THE \$	0.00
.6 AFFIDAVIT			L	
		I swear, or affirm, under penalty of true and correct and includes all ir under Title 15, Election Code.	f perjury, that t nformation req	the accompanying report is uired to be reported by me
		Dr. John C	C. McDonald	D.O.
		Signature of	Campaign Tre	easurer
AFFIX NOTA	RY STAMP / SEAL ABOVE			
Sworn to and subscri	hed hefore me, by the said		this the	day
		which, witness my hand and seal of office.		uu
		•		
Signature of officer	r administering oath	Printed name of officer administering oath	Title of	officer administering oath

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

					3 of 8
		EE NAME teopathic Medical Association Political Action Committee	18 Filer ID 00016104	(Ethi	ics Commission Filers)
19 SC	HEDULI		SUBTOTAL AMOUNT		
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	850.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	- IR	\$	
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR ORGANIZATION	TION OR	\$	
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG.	ANIZATION	\$	
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$	
9.		SCHEDULE E: LOANS		\$	
10.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$	100.00
11.	11. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS				
12.	12. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS				
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15.	X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	5.39
				<u></u>	
l					

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1			
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 1/3 Rpt: 4/8			
2	FILER NAME	FILER NAME Texas Osteopathic Medical Association Political Action Committee			3	Filer ID (Ethics Commission 00016104	n Filers)	
_		<u> </u>			_			
4	Date 12/31/2023	 5 Full name of contributor)	,	Amount of Contribution (\$)	\$100.00	
		Universal City, TX 78418						
8	Principal occu Physician	pation / Job title (See Instructions)	9	Employer (See Instructions Self-Employed	5)			
	Date 01/16/2024	Full name of contributor out-of-state PAC (ID#:_Clark D.O., Robert (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00	
	Principal occu	Haltom City, TX 76117 pation / Job title (See Instructions)	_	Employer (See Instructions	·/			
	Physician Physician	pation / Job title (See Instructions)		Self-Employed	')			
	Date 12/27/2023	Full name of contributor out-of-state PAC (ID#:_ Gittings D.O., Mark (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00	
		Austin, TX 78731						
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self-Employed	5)			
	Date 12/31/2023	Full name of contributor out-of-state PAC (ID#:_Gonzales D.O., Antonio (Dr.) Contributor address; City; State; Zip Code Lubbock, TX 79410				Amount of Contribution (\$)	\$100.00	
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Emergency Medical Cer				
	Date 01/23/2024	Full name of contributor out-of-state PAC (ID#:_Kirkdorffer D.O., Duane (Dr.) Contributor address; City; State; Zip Code North Richland Hills, TX 76180				Amount of Contribution (\$)	\$100.00	
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions K Clinic	i)			

	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 2/3 Rpt: 5/8	
2 FILER NAME Texas Osteo	FILER NAME Fexas Osteopathic Medical Association Political Action Committee		Filer ID (Ethics Commission Filers) 00016104	
4 Date 12/31/2023	 Full name of contributor out-of-state PAC (ID#: Lawrence D.O., Verfurth (Dr.) Contributor address; City; State; Zip Code 		7 Amount of Contribution (\$)	
	The Woodlands, TX 77354			
8 Principal occul Physician	pation / Job title (See Instructions)	9 Employer (See Instructions HCA Houston Healthca		
Date 12/31/2023	Full name of contributor out-of-state PAC (ID#:_ Moomaw D.O., Ronald (Dr.) Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$5	
Principal occu	Houston, TX 77586 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 	
Physician		Self-Employed		
Date 12/26/2023	Full name of contributor out-of-state PAC (ID#:_ Pifer D.O., Kathryn (Dr.) Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$5	
	Pagosa Springs, CO 81147			
Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions Heritage Family Medicir		
Date 12/31/2023	Full name of contributor out-of-state PAC (ID#:_ Schafer D.O., Suzanne (Dr.) Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$5	
Principal occu Physician	League City, TX 77573 pation / Job title (See Instructions)	Employer (See Instructions Self-Employed	5)	
Date 01/10/2024	Full name of contributor out-of-state PAC (ID#: Smith D.O., Bobby (Dr.) Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$50	
Principal occu	Pampa, TX 79065 pation / Job title (See Instructions)	Employer (See Instructions	5)	
Physician		Medical Associates of N		

	MONET	ARY POLITICAL CONTRIBUTION	ΝC	IS		SCHEDULE A1
	The Instruction Guide explains how to complete this form.					Total pages Schedule A1: Sch: 3/3 Rpt: 6/8
2	FILER NAME Texas Osteo	FILER NAME Texas Osteopathic Medical Association Political Action Committee			3	Filer ID (Ethics Commission Filers) 00016104
4	Date 12/31/2023	 Full name of contributor)	7	Amount of Contribution (\$) \$100.00
8	Principal occu	Fort Worth, TX 76177 Ipation / Job title (See Instructions)	9	Employer (See Instruction: Self-Employed	<u> </u> s)	

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

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 in District
Travel Out of District

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/1 Rpt: 7/8	Texas Osteopathic Medical Association Political Action 00016104
4 Date	5 Payee name
01/17/2024	FREY, PAULA (Miss)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$100.00	8906 PARKFIELD DRIVE UNIT D
	Unit D
Expenditure from corporate funds	AUSTIN, TX 78758
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Compliance reporting
	Compliance reporting
9 Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 8/8 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Texas Osteopathic Medical Association Political Action Committee 00016104 8 Amount (\$) Date 5 Name of person from whom amount is received 12/29/2023 \$5.39 First Texas Bank 6 Address of person from whom amount is received; City; State; Zip Code Georgetown, TX 78767-0649 Purpose for which amount is received Check if political contribution returned to filer Interest earned on account