#### MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

#### FORM MPAC COVER SHEET PG 1

Tł	e MPAC Instruction (	2 Total pages filed: 12					
3	COMMITTEE NAME			OFFICE USE ONLY			
	Texas Physical The	erapy Assn. Inc. PAC					
	,			Date Received			
				02/05/2024			
Ļ				02/05/2024			
4	COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP				
		900 Congress Ave., Ste. L-110					
	Change of Address	Austin, TX 78701					
5	CAMPAIGN	MS / MRS / MR FIRST	MI	Date Hand-delivered or Date Postmarked			
ľ	TREASURER		1011	Receipt # Amount			
	NAME	Ms. Keri					
				Date Processed			
		NICKNAME LAST	SUF	=IX			
		Jackson		Date Imaged			
6	CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE)	; APT / SUITE #; CITY; S	STATE; ZIP CODE			
	STREET	900 Congress Ave. Ste. L110					
	ADDRESS (Residence or Business)						
	(Residence of Dusiness)	Austin, TX 78701					
7	CAMPAIGN	STREET ADDRESS OR PO BOX;	APT / SUITE #; CITY;	STATE; ZIP CODE			
	TREASURER MAILING	900 Congress Ave. Ste. L110					
	ADDRESS						
	Change of Address	Austin, TX 78701					
8	CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION				
	TREASURER PHONE	(512) 981-9574					
9	REPORT TYPE	X Monthly	10th day after campaign	Dissolution (Attach PAC-DR)			
			L treasurer termination				
10	MONTHLY REPORT FILING	January 5 Apri	I 5 July 5	October 5			
	DEADLINE			_			
		X February 5 May	August 5	November 5			
		March 5 June	e 5 September 5	December 5			
11	. PERIOD	Month Day Year	Mont	h Day Year			
	COVERED	12/26/2023	THROUGH 01/2	5/2024			
⊢		1					
	GO TO PAGE 2						
L							
FO	rms provided by Tex	as Ethics Commission www.e	thics.state.tx.us	Version V3.5.1.9000c47f			

#### MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

## FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)		
Texas Physical Therapy	Assn. Inc. PAC		0001734	3		
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported				
(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.)					
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00		
	2. TOTAL POLITICA (OTHER THAN PLEI	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	2,600.00		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00		
	4. TOTAL POLITICA	L EXPENDITURES	\$	101.62		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	7,205.45		
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF 1 REPORTING PERIOD	HE \$	0.00		
16 AFFIDAVIT	•		•			
	I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.					
		Ms. Keri	Jackson			
		Signature of Car	npaign Treas	surer		
AFFIX NOTARY STAMP / SEAL ABOVE						
Sworn to and subscribed	before me, by the said	, tł	nis the	day		
of, 20, to certify which, witness my hand and seal of office.						
Signature of officer ad	ninistering oath	Printed name of officer administering oath	Title of of	ficer administering oath		
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V3.5.1.9000c471		

## FORM MPAC COVER SHEET PG 3 3 of 12

17 COMMITTE	(Ethics Commission Filers)						
	Texas Physical Therapy Assn. Inc. PAC 00017343						
19 SCHEDUL NAME OF	SUBTOTAL AMOUNT						
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		<b>\$</b> 2,350.00				
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$				
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$				
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABC ORGANIZATION	R	\$				
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA LABOR ORGANIZATION	TION OR	\$				
6. X	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	<b>\$</b> 250.00				
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. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	5	<b>\$</b> 101.62				
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$				
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$				
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$				
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	ONS	\$				
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$				

**SUBTOTALS - MPAC** 

l						
The Instru	iction Guide explains how	<i>i</i> to complete this f	iorm.	1 Total pages Schedule A1: Sch: 1/7 Rpt: 4/12		
2 FILER NAME	2 FILER NAME			<b>3</b> Filer ID (Ethics Commissio	n Filers)	
	ical Therapy Assn. Inc. PAC			00017343	,	
4 Date	5 Full name of contributor	out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)		
01/19/2024					\$10.00	
	6 Contributor address; City; St	tate; Zip Code				
	bevieters TV 77060					
• Drincinal occ	houston, TX 77063 upation / Job title (See Instructions	-1	9 Employer (See Instructions)	١		
Student	Jugion / 200 line (See instructions	•)		)		
Date	Full name of contributor	out-of-state PAC (ID#:_	)	Amount of Contribution (\$)		
01/22/2024	Anderson, Alice M				\$50.00	
	Contributor address; City; St					
Drizpipal app	Dallas, TX 75238			、 、		
Principal occi Student	upation / Job title (See Instructions	<i>i</i> )	Employer (See Instructions)	)		
Date	Full name of contributor	out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	ቀርብ በብ	
01/18/2024		tata: Zin Cada			\$50.00	
	Contributor address; City; St	ate; Zip Code				
	Pittsburg, TX 75686					
Principal occi	upation / Job title (See Instructions		Employer (See Instructions)	)		
Student						
Date	Full name of contributor	out-of-state PAC (ID#:_	)	Amount of Contribution (\$)		
01/18/2024	,				\$10.00	
	Contributor address; City; St					
	Allen TX 75002					
Drincipal occ	Allen, TX 75002 upation / Job title (See Instructions		Employer (See Instructions)	)		
Student		<i>.</i> )		)		
	Full name of contributor		<u> </u>	Amount of Contribution (\$)		
Date 01/18/2024		out-of-state PAC (ID#:_	)		\$200.00	
01,10,202.	Contributor address; City; State; Zip Code				Ψ200.00	
	El Paso, TX 79912					
Principal occi	upation / Job title (See Instructions	s)	Employer (See Instructions)	)		
Student	Student					
1						

The Instru	ction Guide explains how to complete this t	1 Total pages Schedule A1: Sch: 2/7 Rpt: 5/12			
2 FILER NAME		3 Filer ID (Ethics Commission	n Filers)		
	ical Therapy Assn. Inc. PAC		00017343		
4 Date	5 Full name of contributor out-of-state PAC (ID#:	:)	7 Amount of Contribution (\$)		
01/18/2024	Calzada, Erik			\$15.00	
	6 Contributor address; City; State; Zip Code				
	Conroe, TX 77304				
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions)	.)		
Student					
Date	Full name of contributor out-of-state PAC (ID#:_	:)	Amount of Contribution (\$)		
01/19/2024	Cioti Dobson, Erica			\$10.00	
	SAN ANTONIO, TX 78251				
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	;)		
Student					
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)		
01/18/2024	Davis, Hannah	·		\$50.00	
	Contributor address; City; State; Zip Code				
	Houston, TX 77070				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	;)		
Student					
Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)		
01/18/2024	Diebels, Monique		• •	\$25.00	
	Contributor address; City; State; Zip Code				
	Dallas, TX 75214				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	;)		
Student					
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)		
01/18/2024	Egizio, Christopher			\$200.00	
Contributor address; City; State; Zip Code				·	
	Liberty Hill, TX 78642				
Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions)	) ;)		
Student					

The Instru	ction Guide explains how to complete this	1 Total pages Schedule A1: Sch: 3/7 Rpt: 6/12		
2 FILER NAME			3 Filer ID (Ethics Commission File	lers)
	ical Therapy Assn. Inc. PAC		00017343	
4 Date	5 Full name of contributor out-of-state PAC (ID#	t:)	7 Amount of Contribution (\$)	
01/19/2024	Geelhoed, Michael		\$1	100.00
	6 Contributor address; City; State; Zip Code			
	San Antonio, TX 78240			
	ipation / Job title (See Instructions)	9 Employer (See Instructions	i)	
Student				
Date	Full name of contributor out-of-state PAC (ID#	t:)	Amount of Contribution (\$)	
01/18/2024	Goodin, Lois		S	\$50.00
	Contributor address; City; State; Zip Code			
	Rowlett, TX 75089			
	ipation / Job title (See Instructions)	Employer (See Instructions	i)	
Student				
Date	Full name of contributor Out-of-state PAC (ID#	k:)	Amount of Contribution (\$)	
01/18/2024	Guevara, Christopher		S	\$10.00
	Contributor address; City; State; Zip Code			
- • • •	Amarillo, TX 79119			
	ipation / Job title (See Instructions)	Employer (See Instructions	;)	
Student				
Date	Full name of contributor Out-of-state PAC (ID#	t:)	Amount of Contribution (\$)	
01/18/2024	Hammonds, Basimma		\$1	100.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78737			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
Student			)	
Date	Full name of contributor out-of-state PAC (ID#	·:)	Amount of Contribution (\$)	<u>*</u> 50.00
01/19/2024	Hartnett, Regina		\$50.00	
Contributor address; City; State; Zip Code				
	San Angelo, TX 76905			
Drincinal occu	ipation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
Student			') '	

L	,						
	The Instruction Guide explains how to complete this form.					Total pages Schedule A1: Sch: 4/7 Rpt: 7/12	
2	2 FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Texas Physi	cal Therapy Assn. Inc. PAC				00017343	
4	Date	5 Full name of contributor out-of-state P	PAC (ID#:_	)	7	Amount of Contribution (\$)	
	01/18/2024	Issac, Rubin					\$10.00
	ļ	6 Contributor address; City; State; Zip Code					
		Mesquite, TX 75149					
8		pation / Job title (See Instructions)		9 Employer (See Instructions	)		
	Student						
	Date			)		Amount of Contribution (\$)	
	01/18/2024						\$200.00
		Contributor address; City; State; Zip Code					
		Graham, TX 76450-7021					
_	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Student				,		
⊢	Date	Full name of contributor out-of-state P		)		Amount of Contribution (\$)	
	01/18/2024	King, Christina	JAC (ID#	)			\$25.00
	01/10/2021						Ψ20.00
		Katy, TX 77494					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Student						
	Date	Full name of contributor out-of-state P	PAC (ID#:_	)		Amount of Contribution (\$)	
	01/18/2024	Lowe, Valerie					\$50.00
	1	Contributor address; City; State; Zip Code	,				
		1					
		Leveton TV 77024					
_	Dringing occu	Houston, TX 77024		Employer (See Instructions	\		
	Principal occupation / Job title (See Instructions) Employer (See Instruction Student				)		
╞						t south of Contribution (ft)	
	Date 01/18/2024	Full name of contributor 🛛 out-of-state P Luna, Sarah	PAC (ID#:	)		Amount of Contribution (\$)	\$100.00
						Ψ100.00	
	Contributor address; City; State; Zip Code						
		Helotes, TX 78023					
⊢	Principal occupation / Job title (See Instructions) Employer (See Instruction						
	Student						
┢							

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 5/7 Rpt: 8/12	
2 FILER NAME			3 Filer ID (Ethics Commission F	-ilers)
	cal Therapy Assn. Inc. PAC		00017343	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
01/19/2024	McCombs, Spencer			\$50.00
	6 Contributor address; City; State; Zip Code			
Dringinglocci	Lubbock, TX 79424 pation / Job title (See Instructions)	Employer (See Instructions)		
Student	pation / Job utie (See instructions)	9 Employer (See Instructions)	)	
Date	Full name of contributor Out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
01/22/2024	Full name of contributor out-of-state PAC (ID#: McGehee, Kevin	)		\$50.00
VIILLILVL.				ψ00.00
	Contributor address, City, State, Zip Code			
	Arlington, TX 76013			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	<i>i</i> )	
Student				
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
01/19/2024	Morris, Ashley			\$50.00
	Contributor address; City; State; Zip Code			
	Prosper, TX 75078			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions		
Student			,	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
01/18/2024	O'Connell, Janelle			\$50.00
	Contributor address; City; State; Zip Code			
	Abilene, TX 79602		-	
	pation / Job title (See Instructions)	Employer (See Instructions)	.)	
Student		<u> </u>		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	±100.00
U1/18/2024	01/18/2024 Patel, Rupal			\$100.00
	Contributor address; City; State; Zip Code			
	Missouri City, TX 77459-1652			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	;)	
Student				

The Instru	ction Guide explains how to complete t	his form.	1 Total pages Schedule A1: Sch: 6/7 Rpt: 9/12				
2 FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)					
Texas Physi	cal Therapy Assn. Inc. PAC		00017343				
4 Date 01/18/2024	5 Full name of contributor out-of-state PAC Reyna, Edward	: (ID#:)	7 Amount of Contribution (\$) \$50.00				
01/10/2024	-		430.00				
	6 Contributor address; City; State; Zip Code Edinburg, TX 78539						
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)				
Student							
Date	Full name of contributor out-of-state PAC	: (ID#:)	Amount of Contribution (\$)				
01/18/2024	Rojas, Marcela		\$50.00				
	Contributor address; City; State; Zip Code						
	Houston, TX 77004						
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)				
Student							
Date	Full name of contributor Out-of-state PAC		Amount of Contribution (\$)				
01/18/2024		. (ID#)	\$100.00				
U1/10/2024	Rutland, Marsha Contributor address; City; State; Zip Code		φ100.00				
	Ovalo, TX 79541						
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions					
Student							
Date	Full name of contributor 🔲 out-of-state PAC	(ID#:)	Amount of Contribution (\$)				
01/18/2024	SALGADO Pasantes, KILIAN		\$10.00				
	Contributor address; City; State; Zip Code						
	Houston, TX 77047						
	pation / Job title (See Instructions)	Employer (See Instructions	5)				
Student							
Date	Full name of contributor 🔲 out-of-state PAC	: (ID#:)	Amount of Contribution (\$)				
01/24/2024	Schwartz, Patti		\$50.00				
	Contributor address; City; State; Zip Code						
	Plano, TX 75075						
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>				
Student			<i>&gt;)</i>				

	The Instru	ction Guide explains how to complete this fo	1	Total pages Schedule A1: Sch: 7/7 Rpt: 10/12		
2	2 FILER NAME			3	Filer ID (Ethics Commission	) Filers)
ľ	Texas Physical Therapy Assn. Inc. PAC			ľ	00017343	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	01/19/2024	Smith, Allison				\$250.00
		6 Contributor address; City; State; Zip Code				
		Houston, TX 77096				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	PT					
⊨	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	01/18/2024	West, Jessica				\$100.00
	01/10/2024					Φ100.00
		Contributor address; City; State; Zip Code				
		Denton, TX 76209				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Student					
⊨	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
			)			¢100.00
	01/18/2024	Woo, Bryan				\$100.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78739				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Student					
⊨	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	01/23/2024	Wright, Kelly				\$25.00
	01/23/2024					Ψ23.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78729				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Student					
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# MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

	The Instruction Guide explains how to complete this form.			1	Total pages S Sch: 1/1 Rpt		
2	2 FILER NAME			3	Filer ID	(Ethics Commission Filers)	
	Texas Physical Therapy Assn. Inc. PAC				00017343		
4	Date	5	Corporation / Labor Organization name	6	Amount (\$)		
	01/19/2024		Therapy First			25	50.00

## POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		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)
<b>1</b> Total pages Schedule F1:	2 FILER NAME	3	Filer ID (Ethics Commission Filers)
Sch: 1/1 Rpt: 12/12	Texas Physical Therapy Assn. Inc. PA		00017343
4 Date	5 Payee name		
01/02/2024	Affiniscape Merchant Solutions		
6 Amount (\$)	7 Payee address; City; Stat	e; Zip Code	
\$18.62	200 Bridge Point Pkwy, Bldg 4 Ste 25	50	
Expenditure from corporate funds	Austin, TX 78730		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this se Accounting/Banking	Check if travel ou	tside of Texas. Complete Schedule T. X, officeholder living expense erchant Fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sought	Office held
Date	Payee name		
01/08/2024	NR Bookkeeping LLC		
Amount (\$)	Payee address; City; Stat	e; Zip Code	
\$83.00	PO Box 91061		
X Expenditure from corporate funds	Austin, TX 78709-1061		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this se Consulting Expense	Check if travel ou	tside of Texas. Complete Schedule T. 'X, officeholder living expense PrviceS
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name DH	Office sought	Office held