GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC COVER SHEET PG 1

Th	e GPAC Instruction	Guide explains how to complete this form.	1	Filer ID (Ethics Commission 00051510	Filers)	2 Total pages file	
3	COMMITTEE NAME					OFFICE U	ISE ONLY
	APRx PAC					Date Received	
						ELECTRONICA	LLY FILED
						02/23/2024	
4	COMMITTEE	ADDRESS / PO BOX; APT / SUITE #; CI	TY;	STATE;	ZIP CODE		
Ľ	ADDRESS	802 N. Carancahua St., Ste. 540	,	0,			
	_					Date Hand-delivered or	Date Postmarked
	Change of Address	Corpus Christi, TX 78401-0011				Receipt #	Amount
						Date Processed	
						Date Imaged	
5	CAMPAIGN	MS / MRS / MR FIRST				MI	
	TREASURER NAME	Mr. Laird					
		NICKNAME LAST				SUFFIX	
		Leavoy					
6		STREET ADDRESS (NO PO BOX PLEASE);		APT / S	SUITE #; CITY;	STA	TE; ZIP CODE
	TREASURER STREET	803 N. Carancahua St., Ste. 540					
	ADDRESS						
	(Residence or Business)	Corpus Christi, TX 78401					
7	CAMPAIGN TREASURER	STREET OR PO BOX;		APT /	SUITE #; CITY	; ST.	ATE; ZIP CODE
	MAILING	803 N. Carancahua St., Ste. 1830					
	ADDRESS						
	Change of Address	Corpus Christi, TX 78401					
8	CAMPAIGN	AREA CODE PHONE NUMBER	EX	FENSION			
	TREASURER PHONE	(877) 634-5445					
9	REPORT TYPE	January 15 30	0th d	lay before election		Dissolution (Attack	ו PAC-DR)
		X 81	th da	y before election		10th day after cam	npaign treasurer
		July 15	Runo	f		termination	
				•			
10	PERIOD COVERED	Month Day Year	יסיוי		Month Day	Year	
		01/26/2024 TI		DUGH	02/24/2024	4	
11	ELECTION	ELECTION DATE			ELECTION TYPE		
			Prim	_	Runoff	Other	
		03/05/2024	Gen	eral [Special		
			- 011				
\vdash		I I					
		GO ⁻	то	PAGE 2			
Fo	rms provided by Te	as Ethics Commission www.e	ethic	s.state.tx.us		Versio	on V3.5.1.9000c47f

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
APRx PAC			0005151	LO
14 COMMITTEE	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.)			
15 CONTRIBUTION	1. TOTAL UNITEMIZED	POLITICAL CONTRIBUTIONS (OTHER THAN		
TOTALS		OR GUARANTEES OF LOANS, OR	\$	0.00
		ADE ELECTRONICALLY) gualifies for the higher itemization threshold		0.00
	2. TOTAL POLITICA			
		DGES, LOANS, OR GUARANTEES OF LOANS)	\$	30,600.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZEL	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	
			ľ	1,500.00
		CONTRIBUTIONS MAINTAINED AS OF THE LAST		
BALANCE	OF THE REPORTING		\$	435,860.86
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 pe true and correct and includes all inforr under Title 15, Election Code.		
		Mr. Leir		
			d Leavoy	
		Signature of Car	npaign Trea	surer
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	before me, by the said	, th	nis the	day
		which, witness my hand and seal of office.		
		-		
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of o	fficer administering oath
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V3.5.1.9000c47f

SUBTOTALS - GPAC	C	FORM GPAC
17 COMMITTEE NAME APRX PAC	18 Filer ID 00051510	3 of 13 (Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 30,600.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO	R	\$
5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA	ATION OR	\$
6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$
7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$
8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$
9. SCHEDULE E: LOANS		\$
10. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$ 1,500.00
11. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
13. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
15. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$

<u> </u>	,					
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 1/9 Rpt: 4/13	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	APRx PAC				00051510	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	02/15/2024	Abeldt R.Ph., Jeffrey (Mr.)	1			\$100.00
	1	6 Contributor address; City; State; Zip Code		1		
	I		1			
	I		1			
	I	Tyler, TX 75707	1			
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions)	ـــــــــــــــــــــــــــــــــــــ		
	Pharmacist		Brickstreet Pharmacy			
⊨	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	02/15/2024	Alvarado R.Ph., Christopher (Mr.)	' I		Allount of contribution (+)	\$100.00
	021101202			•		Ψ100.00
	I	Contributor address; City; State; Zip Code	1			
	I		1			
	l	San Antonio, TX 78253				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	;)		
	Pharmacist		HEB Pharmacy			
╞	Date	Full name of contributor out-of-state PAC (ID#:	······································	Γ	Amount of Contribution (\$)	
	01/30/2024	Barrera R.Ph., Jaime (Mr.)			/ mount of 22000 ()	\$312.50
	01,00,			•		¥v=
	I	Contributor address, City, State, Zip Code	1			
	I		1			
	I	Alton, TX 78573	1			
⊢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ໄ</u>		
	Pharmacist		Richard's Pharmacy Alto			
╞			<u> </u>			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/30/2024	Barrera R.Ph., Ramiro (Mr.)				\$312.50
	I	Contributor address; City; State; Zip Code	1			
	I		1			
	I		1			
L		Edinburg, TX 78539	,!			
		upation / Job title (See Instructions)	Employer (See Instructions			
	Pharmacist		Richard's Pharmacy Edi	inb	urg	
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	01/30/2024	Eakman R.Ph., Doug (Mr.)	1			\$250.00
	I	Contributor address; City; State; Zip Code		1		
	I		1			
	I		1			
	I	San Angelo, TX 76901	1			
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
	Pharmacist	· · · · · · · · · · · · · · · · · · ·	Medical Arts Pharmacy			
⊢						

-	The Instru	ction Guide explains how to complete this f	orm.		Total pages Schedule A1: Sch: 2/9 Rpt: 5/13	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	APRx PAC				00051510	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	01/30/2024	Emde R.Ph., Ed (Mr.)				\$500.00
	I	6 Contributor address; City; State; Zip Code		·		
	I					
	I					
	I	Whitesboro, TX 76273				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	s)		
	Pharmacist		Hometown Pharmacy W	Vhite	esboro	
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/30/2024	Emde R.Ph., Ed (Mr.)				\$500.00
		Contributor address; City; State; Zip Code		1		
	I					
	I					
		Gainesville, TX 76240				
	•	pation / Job title (See Instructions)	Employer (See Instructions)			
	Pharmacist		Hometown Pharmacy G	Saine	esville	
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/30/2024	Eubanks R.Ph., Chuck (Mr.)				\$1,000.00
	I	Contributor address; City; State; Zip Code		1		
	I					
		Tyler, TX 75701				
	•	pation / Job title (See Instructions)	Employer (See Instructions)	s)		
	Pharmacist		Tyler Rx Pharmacy			
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	01/30/2024	Everett R.Ph., Lynn (Mr.)				\$3,000.00
	I	Contributor address; City; State; Zip Code		1		
	I					
	I	_				
		Waco, TX 76705				
		pation / Job title (See Instructions)	Employer (See Instructions)			
	Pharmacist		Lynn's La Vega Pharma	-		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/30/2024	Everett R.Ph., Steve (Mr.)				\$1,500.00
	I	Contributor address; City; State; Zip Code				
	I					
	I	Waco, TX 76706				
⊢	Drineirel eeu					
	Pharmacist	upation / Job title (See Instructions)	Employer (See Instructions) Circle Drug	S)		

	The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 3/9 Rpt: 6/13	
2	FILER NAME			3 Filer ID (Ethics Commission	on Filers)
ŕ	APRx PAC			00051510	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
	02/15/2024	Gorman R.Ph., Kelby (Mr.)			\$50.00
		6 Contributor address; City; State; Zip Code		1	
		Sinton, TX 78387			
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	s)	
	Pharmacist		Moore's Compounding F	Pharmacy	
F	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
	01/30/2024	Harrel III R.Ph., Nick (Mr.)			\$300.00
		Contributor address; City; State; Zip Code		•	
		Kingsville, TX 78363			
⊢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	۱ ۶)	
	Pharmacist		Harrel's Kingsville Pharr	macy	
⊨	Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)	
	01/30/2024	Hickman R.Ph., John (Mr.)	,		\$250.00
	01,00,11	Contributor address; City; State; Zip Code			<i><i>v</i></i> _ <i>v</i>
		כטוונוושענטו מעטוביז, כוגץ, סומוב, בוף כסמב			
		Farmersville, TX 75442			
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ۵)	
	Owner/Pharr		Dyer Drug Store	,	
⊨	Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
	01/30/2024	Hoffart R.Ph., Steve (Mr.)	/	Amount of Contraction (1)	\$2,500.00
	01/00/202 .			4	Ψ2,000.00
		Contributor address; City; State; Zip Code			
		Magnolia, TX 77354			
\vdash	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ۱)	
	Phamacist		Magnolia Pharmacy	<i>'</i>)	
╞				Amount of Contribution (\$)	
	Date 01/30/2024	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	\$1,000.00
	01/30/2024	Jackson R.Ph., Michael (Mr.)			Φ1,000.00
		Contributor address; City; State; Zip Code			
		San Augustine, TX 75972			
┝	Drincinal occu	upation / Job title (See Instructions)	Employer (See Instructions		
	Pharmacist		San Augustine Drug Co		
	Phaimacist		San Augusune Drug Co	прану	

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 4/9 Rpt: 7/13	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
Ĺ	APRx PAC			ľ	00051510	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	01/30/2024	Kanak R.Ph., Alton (Mr.)				\$500.00
		6 Contributor address; City; State; Zip Code		1		
	I					
	I					
		Katy, TX 77450				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u>.</u> 5)		
	Pharmacist	,	Katy Medical Complex			
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	01/30/2024	Kanak R.Ph., Alton (Mr.)				\$500.00
	I	Contributor address; City; State; Zip Code		ł		
	l					
	I					
	I	Kirbyville, TX 75956				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Pharmacist		Brookshire Brothers Kirk	byv	fille	
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	01/30/2024	Kanak R.Ph., Alton (Mr.)				\$500.00
	I	Contributor address; City; State; Zip Code		ł		
	I					
	I					
	I	Brenham, TX 77833				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Pharmacist		Norman's Pharmacy			
╞	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	01/30/2024	Kegans R.Ph., H.E. (Mr.)				\$1,000.00
	l	Contributor address; City; State; Zip Code		1		·
	I					
	I					
	I	Leonard, TX 75452				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Pharmacist		Leonard Pharmacy			
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	02/15/2024	Lee R.Ph., David (Mr.)				\$250.00
	l	Contributor address; City; State; Zip Code		1		
	I					
	l					
	I	Webster, TX 77598				
┢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Pharmacist		Clear Lake Pharmacy			
┝			<u> </u>			

SCHEDULE	A1
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1 Total pages Schedule A1: Sch: 5/9 Rpt: 8/13
3 Filer ID (Ethics Commission Filers)
00051510
) 7 Amount of Contribution (\$)
\$312.50
nployer (See Instructions)
chard's Pharmacy Donna
) Amount of Contribution (\$)
\$1,250.00
nployer (See Instructions)
nsey's Pharmacy
) Amount of Contribution (\$)
\$1,000.00
nployer (See Instructions)
avy Crockett Drug
) Amount of Contribution (\$)
\$1,000.00
nployer (See Instructions)
alacios Prescription Shop
) Amount of Contribution (\$)
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nployer (See Instructions)
bson Pharmacy

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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 6/9 Rpt: 9/13	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
_	APRx PAC				00051510	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	01/30/2024	Oben R.Ph., A.J. (Mr.)				\$250.00
		6 Contributor address; City; State; Zip Code	1	1		
		College Station, TX 77845				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
	Pharmacist		Goldstar Pharmacy			
⊨	Date	Full name of contributor Out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	01/30/2024	Ochoa R.Ph., Joe (Mr.)			,	\$625.00
	-			ł		
		Edinburg, TX 78539				
\vdash	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
	Pharmacist		Ochoa's Pharmacy Sout	th		
╞	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	01/30/2024	Ochoa R.Ph., Joe (Mr.)				\$625.00
		Contributor address; City; State; Zip Code		1		
		Edinburg, TX 78539				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions			
	Pharmacist		Ochoa's Pharmacy Cent	tra	1	
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	01/30/2024	Oglesbee R.Ph., Vance (Mr.)				\$1,500.00
		Contributor address; City; State; Zip Code		1		
		Fairfield, TX 75840				
		upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Pharmacist		Hometown Pharmacy			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/30/2024	Parker R.Ph., Doug (Mr.)				\$1,000.00
		Contributor address; City; State; Zip Code		1		
		Seguin, TX 78155				
		upation / Job title (See Instructions)	Employer (See Instructions			
	Pharmacist		Parker's City Pharmacy			

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 7/9 Rpt: 10/13 2 FILER NAME Filer ID (Ethics Commission Filers) 3 **APRx PAC** 00051510 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 01/30/2024 Patterson R.Ph., Laura (Ms.) \$500.00 6 Contributor address; City; State; Zip Code Hale Center, TX 79401 Principal occupation / Job title (See Instructions) 8 9 Employer (See Instructions) Pharmacist Hale Center Clinical Pharmacy Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 01/30/2024 Peippo R.Ph., Mark (Mr.) \$2,500.00 Contributor address; City; State; Zip Code Pottsboro, TX 75076 Principal occupation / Job title (See Instructions) Employer (See Instructions) Pharmacist Family Pharmacy of Pottsboro Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 02/15/2024 Pelzel R.Ph., Connor (Mr.) \$100.00 Contributor address; City; State; Zip Code Collinsville, TX 76233 Principal occupation / Job title (See Instructions) Employer (See Instructions) Hometown Pharmacy Pilot Point Pharmacist Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 01/30/2024 \$500.00 Pelzel R.Ph., Russell (Mr.) Contributor address; City; State; Zip Code Pilot Point, TX 76258 Principal occupation / Job title (See Instructions) Employer (See Instructions) Pharmacist Pelzel's Hometown Pharmacy Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 01/30/2024 \$1,000.00 Perrone R.Ph., Paula (Ms.) Contributor address; City; State; Zip Code Ft. Worth, TX 76116 Principal occupation / Job title (See Instructions) Employer (See Instructions) Pharmacist Perrone Pharmacy, Inc.

SCHEDULE	A1
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6 Contributor address; City; State; Zip Code Mission, TX 78572 9 B Principal occupation / Job title (See Instructions) Pharmacist 9 Employer (See Instructions) Richard's Pharmacy Mission Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$100.00 Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code Amount of Contribution (\$) \$100.00 Principal occupation / Job title (See Instructions) General Coursel Employer (See Instructions) American Pharmacies Amount of Contribution (\$) \$250.00 Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$250.00 O1/30/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$250.00 O1/30/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$250.00 Principal occupation / Job title (See Instructions) Yoakum, TX 77995 Employer (See Instructions) Yoakum Discount Pharmacy Pharmacist Full name of contributor out-of-state PAC (ID#:							
APRx PAC 00051510 4 Date 5 Full name of contributor out-of-state PAC (Date 7 Amount of Contribution (S) 01/30/2024 6 Contributor address; City; State; Zip Code 7 Amount of Contribution (S) 6 Contributor address; City; State; Zip Code 9 Employer (See Instructions) 7 Amount of Contribution (S) 7 Pharmacist 9 Participal occupation / Job title (See Instructions) 9 Employer (See Instructions) 7 Amount of Contribution (S) 7 Output Full name of contributor out-of-state PAC (Dete Amount of Contribution (S) 7 Output Full name of contributor out-of-state PAC (Dete Amount of Contribution (S) 7 Output Rodriguez, Miguel (Mr.) Contributor address; City; State: Zip Code Amount of Contribution (S) 7 Output Full name of contributor out-of-state PAC (Detec Amount of Contribution (S) 7 Output Full name of contributor out-of-state PAC (Detec Amount of Contribution (S) 7 Output Full name of contributor out-of-state PAC (Detec Amount of Contribution (S) 7 Output Schley R.Ph., Kell (Ms.) Employer (See Instructions) State Sta		The Instru	ction Guide explains how to complete this f	orm.	1		
4 Date S Full name of contributor out-of state PAC (ID#	2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
01/30/2024 Rawis R.Ph., Vanessa (Ms.) \$312.50 6 Contributor address; City; State; Zip Code \$312.50 7 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Pharmacist Pall name of contributor out-of-state PAC (IDE; Amount of Contribution (S) 02/15/2024 Full name of contributor out-of-state PAC (IDE; Amount of Contribution (S) 02/15/2024 Full name of contributor out-of-state PAC (IDE; Amount of Contribution (S) 01/30/2024 Full name of contributor out-of-state PAC (IDE; Amount of Contribution (S) 01/30/2024 Full name of contributor out-of-state PAC (IDE; Amount of Contribution (S) 01/30/2024 Full name of contributor out-of-state PAC (IDE; Amount of Contribution (S) 01/30/2024 Full name of contributor out-of-state PAC (IDE; Amount of Contribution (S) 02/15/2024 Full name of contributor out-of-state PAC (IDE; Amount of Contribution (S) 02/15/2024 Full name of contributor out-of-state PAC (IDE; Amount of Contribution (S) 02/15/2024 Full name of contributor out-of-state PAC (IDE; Amount of Contribution (S)		APRx PAC				00051510	
6 Contributor address; City; State; Zip Code Mission, TX 78572 9 8 Principal occupation / Job title (See Instructions) Pharmacist 9 Date Full name of contributor out-of-state PAC (DB; Austin, TX 78704 Principal occupation / Job title (See Instructions) Pharmacist Amount of Contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) General Counsel Employer (See Instructions) American Pharmacies Date Full name of contributor out-of-state PAC (tDI: Contributor address; City; State; Zip Code 01/30/2024 Full name of contributor out-of-state PAC (tDI: Voakum, TX 77995 Amount of Contribution (\$) \$250.00 Principal occupation / Job title (See Instructions) Pharmacies Employer (See Instructions) Yoakum Discount Pharmacy Amount of Contribution (\$) \$250.00 Date Full name of contributor out-of-state PAC (tDI: Yoakum Discount Pharmacy Amount of Contribution (\$) \$250.00 Principal occupation / Job title (See Instructions) Pharmacies Employer (See Instructions) Yoakum Discount Pharmacy Amount of Contribution (\$) \$250.00 Date Full name of contributor out-of-state PAC (tDI: Yogler R, Ph., Mark (Mr.) Amount of Contribution (\$) \$250.00 Date Full name of contributor out-of-state PAC	4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
6 Contributor address; City; State; Zip Code 7 Principal occupation / Job Itle (See Instructions) 7 Principal occupation / Job Itle (See Instructions) 7 Rodriguez, Miguel (Mr.) 7 Contributor address; City; State; Zip Code 7 Rodriguez, Miguel (Mr.) 7 Contributor address; City; State; Zip Code 7 Amount of Contribution (\$) 8 Full name of contributor address; City; State; Zip Code 7 Amount of Contribution (\$) 8 Full name of contributor address; City; State; Zip Code 7 Amount of Contribution (\$) 8 Schley R, Ph., Kelli (Ms.) 7 Contributor address; City; State; Zip Code 7 Yoakum, TX 77995 8 Principal occupation / Job Itle (See Instructions) 7 Principal occupation / Job Itle (See Instructions) 7 Contributor address; City; State; Zip Code 7 Yoakum, TX 77995 8 Principal occupation / Job Itle (See Instructions) 7 Principal occupation / Job Itle (See Instructions) 7 Spence R.Ph., David (Mr.) 202/15/2024 Full name of cont		01/30/2024					\$312.50
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Principal occupation / Job title (See Instructions) Employer (See Instructions)			Contributor address; City; State; Zip Code				
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			pation / Job title (See Instructions)				
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SCHEDULE	A1
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The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 9/9 Rpt: 12/13		
2	2 FILER NAME			3	Filer ID (Ethics Commission	on Filers)
	APRx PAC				00051510	
4	Date 5 Full name of contributor Out-of-state PAC (ID#:))	7	Amount of Contribution (\$)	
	02/15/2024	Waters, Chuck (Mr.)				\$100.00
		6 Contributor address; City; State; Zip Code				
		Belton, TX 76513				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	VP Marketing and Communications American Pharmacies					
F	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	01/30/2024	Wilson R.Ph., John (Mr.)	/			\$250.00
		Contributor address; City; State; Zip Code				
		Amarillo, TX 79106				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> چ)		
	Pharmacist		Catching's Prescriptions	5		
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	02/15/2024	Wright, Michael (Mr.)	/			\$250.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78759				
Principal occupation / Job title (See Instructions) Employer (See Instructions		5)				
		American Pharmacies				
F	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	01/30/2024	Yarbrough R.Ph., Sean (Mr.)				\$1,000.00
Contributor address; City; State; Zip Code						
		· · · · · · · · · · · · · · · · · · ·				
		Houston, TX 77081				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
Pharmacist Hillcroft Pharmacy						
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POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1: Sch: 1/1 Rpt: 13/13	2 FILER NAME 3 Filer ID (Ethics Commission Filers) APRx PAC 00051510
4 Date	5 Payee name
02/01/2024	John Kuempel
6 Amount (\$) \$750.00	7 Payee address; City; State; Zip Code P.O. Box 177
Expenditure from corporate funds	Seguin, TX 78156
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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/01/2024	Lacey Hull
Amount (\$) \$750.00	Payee address; City; State; Zip Code P.O. Box 19231
Expenditure from corporate funds	Houston, TX 77224
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held