MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC COVER SHEET PG 1

The MPAC	Image: Problem in the mean of the m				
3 COMM	ITTEE NAME			OFFICE USE ONLY	
Texas	Physical Th	erapy Assn. Inc. PAC			
				03/05/2024	
4 COMM		ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP		
ADDRE		900 Congress Ave., Ste. L-110	CITT, STATE, ZIP		
		Ster L-110			
Cha	ange of Address	Austin, TX 78701			
5 CAMPA		MS/MRS/MR FIRST	MI	Date Hand-delivered or Date Postmarked	
TREAS		Ms. Keri		Receipt # Amount	
NAME					
				Date Processed	
		NICKNAME LAST	SU		
		Jackson		Date Imaged	
6 CAMPA		STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #; CITY;	STATE; ZIP CODE	
TREAS	URER	900 Congress Ave. Ste. L110	$A = 750 \text{ mL}\pi$, $C = 17$,		
STREE ADDRE					
	ce or Business)	Austin, TX 78701			
7 CAMPA TREAS		STREET ADDRESS OR PO BOX;	APT / SUITE #; CITY;	STATE; ZIP CODE	
MAILIN ADDRE		900 Congress Ave. Ste. L110			
		Austin, TX 78701			
8 CAMPA	AIGN	AREA CODE PHONE NUMBER	EXTENSION		
TREAS PHONE		(512) 981-9574			
FIIONE	-	(312) 901-9374			
9 REPOF	RT TYPE	X Monthly	10th day after campaign	Dissolution (Attach PAC-DR)	
			L treasurer termination		
10 MONTH	HLY RT FILING	January 5 Apri	5 July 5	October 5	
DEADL					
		February 5 May	5 August 5	November 5	
		X March 5 June	e 5 September	5 December 5	
11 PERIO		Month Day Year	THROUGH	onth Day Year	
COVEF	RED	01/26/2024	02	2/25/2024	
		•			
GO TO PAGE 2					
Forms pro	vided by Tex	kas Ethics Commission www.e	thics.state.tx.us	Version V3.5.1.5b35d027	

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

2 COMMITTEE NAME 13 Filer ID (Ethics Commission Filers)				
Texas Physical Therapy	000173	43		
14 COMMITTEE ACTIVITY	1. Candidates	A. Supported Lynn Stucky State Represent	tative	
	(Identify by name or, if applicable, classify by party.)			
(Attach lists on plain paper to complete this		B. Opposed		
report if necessary.)				
	2. Measures (Describe by date and location	A. Supported		
	of election and nature of issue.)			
		B. Opposed		
	3. Officeholders			
	Assisted			
	(Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION		POLITICAL CONTRIBUTIONS (OTHER THAN		
TOTALS		OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY)	\$	0.00
		qualifies for the higher itemization threshold		
	2. TOTAL POLITICA	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	6,070.00
		POLITICAL EXPENDITURES		
TOTALS		I GENERE EN ENDITORES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	5 404 00
L				5,431.39
CONTRIBUTION BALANCE	5. TOTAL POLITICAL O	CONTRIBUTIONS MAINTAINED AS OF THE LAST	Г DAY \$	7,844.06
				7,044.00
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT				
		I swear, or affirm, under penalty of p	erjury, that th	e accompanying report is
		true and correct and includes all info under Title 15, Election Code.	rmation requi	ired to be reported by me
		MS. Ke Signature of Ca	ri Jackson	
		Signature of Ca		
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	before me, by the said		this the	day
		which, witness my hand and seal of office.		
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of c	officer administering oath
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V3.5.1.5b35d027

FORM MPAC MONTHLY FILING GPAC REPORT: PURPOSE ADDENDUM Page 3 of 9 **12** COMMITTEE NAME 13 Filer ID (Ethics Commission Filers) Texas Physical Therapy Assn. Inc. PAC 00017343 14 COMMITTEE 1. Candidates A. Supported Cody Harris State Representative ACTIVITY (Identify by name or, if applicable, classify by party.) (Attach lists on plain B. Opposed paper to complete this report if necessary.) 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.

FORM MPAC COVER SHEET PG 3

4 of 9

17 COMMITTEE NAME 18 Filer ID (Ethic			(Ethics Commission Filers)
Texas Phy			
19 SCHEDUL	SUBTOTAL AMOUNT		
NAME OF SCHEDULE SUBT			
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 6,070.00
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	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	\$ 5,431.39
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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/3 Rpt: 5/9	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Texas Physi	cal Therapy Assn. Inc. PAC				00017343	
4	Date 01/26/2024	5 Full name of contributor	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	\$250.00
		6 Contributor address; City; Sta	ate; Zip Code		1		
		Canyon, TX 79015					
8		pation / Job title (See Instructions)	i I	9 Employer (See Instructions	5)		
	Student	 			_		
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Ţ	Amount of Contribution (\$)	
	01/26/2024	Christy, Chase					\$5.00
		Contributor address; City; Sta					
		Amarillo, TX 79118					
	Principal occu	pation / Job title (See Instructions)	 }	Employer (See Instructions	<u>ا</u> ۱		
	Student	pation , cos and (,			,		
⊨	Date	Full name of contributor	out-of-state PAC (ID#:	<u> </u>	Γ	Amount of Contribution (\$)	
	01/26/2024	Church, Spencer				, whether of community (),	\$50.00
		Contributor address; City; Sta	ate: Zip Code				-
			····) [
		Amarillo, TX 79119					
		pation / Job title (See Instructions)	· · ·	Employer (See Instructions	5)		
L	Student						
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	01/26/2024	Corea, Robynn					\$5.00
		Contributor address; City; Sta	ate; Zip Code]		
		Amarillo, TX 79124					
	Principal occu	pation / Job title (See Instructions)	<u> </u>	Employer (See Instructions	<u> </u> ג)		
	Student	pation / 000 and (000 monace			,		
╞	Date	Full name of contributor	out-of-state PAC (ID#:_	<u> </u>	Γ	Amount of Contribution (\$)	
	01/26/2024	Cowan, Jordynn		,			\$25.00
		Contributor address; City; Sta	ate: Zip Code		$\left \right $		-
			, <u>-</u>				
		Amarillo, TX 79106					
		pation / Job title (See Instructions)	1	Employer (See Instructions	5)		
	Student						
1							

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

2 FiLER NAME 3 Filer ID (Ethics Commission Filers) 00017343 4 Date 5 Full name of contributor out-ot-state PAC (IDE 0 01/26/2024 5 Full name of contributor out-ot-state PAC (IDE 7 Amount of Contribution (S) 01/26/2024 5 Full name of contributor out-ot-state PAC (IDE 7 Amount of Contribution (S) 3 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Amount of Contribution (S) 5/Ludent Full name of contributor out-of-state PAC (IDE Amount of Contribution (S) \$25.00 01/27/2024 Full name of contributor out-of-state PAC (IDE Amount of Contribution (S) \$25.00 01/27/2024 Full name of contributor out-of-state PAC (IDE Amount of Contribution (S) \$25.00 01/27/2024 Geelhoed, Michael Contributor address; City, State; Zip Code Amount of Contribution (S) \$10.00 01/31/2024 Full name of contributor out-of-state PAC (IDE Amount of Contribution (S) \$100.00 Student Contributor address; City, State; Zip Code Contributor address; City, State; Zip Code Amount of C
Texas Physical Therapy Assn. Inc. PAC 00017343 4 Date 5 Full name of contributor out-of-state PAC (Dr) 7 Amount of Contribution (\$) 6 Contributor address; City; State; Zip Code 5 Full name of contributor \$10.00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Amount of Contribution (\$) 5 Student Full name of contributor out-of-state PAC (Dr) Amount of Contribution (\$) 5 Principal occupation / Job title (See Instructions) State; Zip Code Amount of Contribution (\$) 5 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$25.00 5 Student Employer (See Instructions) \$10.00 01/27/2024 Full name of contributor out-of-state PAC (Dr
01/26/2024 Estala, BreAnna \$10.00 6 Contributor address; City; State; Zip Code \$10.00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 5 Student 9 Employer (See Instructions) \$25.00 01/27/2024 Full name of contributor out-of-state PAC (ID#) Amount of Contribution (\$) \$25.00 01/27/2024 Full name of contributor out-of-state PAC (ID#) Amount of Contribution (\$) \$25.00 01/21/2024 Full name of contributor out-of-state PAC (ID#) Amount of Contribution (\$) \$25.00 01/31/2024 Full name of contributor out-of-state PAC (ID#) Amount of Contribution (\$) \$100.00 01/31/2024 Geelhoed, Michael Student Student \$100.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$100.00 Student San Antonio, TX 78240 Amount of Contribution (\$) \$25.00 01/26/2024 Full name of contributor out-of-state PAC (ID#
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6 Contributor address; City; State; Zip Code Amarillo, TX 79119 Amarillo, TX 79119 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Student Pole Full name of contributor out-of-state PAC (ID#;
Amarillo, TX 79119 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Student Pate Full name of contributor out-of-state PAC (ID#) Amount of Contribution (\$) Date Flores, Megan Contributor address; City; State; Zip Code Austin, TX 78748 Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Student Full name of contributor out-of-state PAC (ID#
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 9 Employer (See Instructions) Amount of Contribution (\$) 01/27/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 01/27/2024 Full name of contributor address; City; State; Zip Code Austin, TX 78748 Employer (See Instructions) 9 Employer (See Instructions) Employer (See Instructions) \$25.00 9 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 9 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 9 Student Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 9 San Antonio, TX 78240 Employer (See Instructions) Employer (See Instructions) \$100.00 9 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$25.00 01/26/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$25.00 01/26/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)
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Principal occupation / Job title (See Instructions) Employer (See Instructions) Student Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) 01/26/2024 Jensen, Wendy Amount of Contribution (\$) Contributor address; City; State; Zip Code \$25.00 Canyon, TX 79015 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Student Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Date Full name of contributor out-of-state PAC (ID#:) Manning, Rhonda \$50.00
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01/26/2024 Jensen, Wendy \$25.00 Contributor address; City; State; Zip Code \$25.00 Canyon, TX 79015 Employer (See Instructions) Student Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Manning, Rhonda \$50.00
01/26/2024 Jensen, Wendy \$25.00 Contributor address; City; State; Zip Code \$25.00 Canyon, TX 79015 Employer (See Instructions) Student Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Manning, Rhonda \$50.00
Contributor address; City; State; Zip Code Canyon, TX 79015 Principal occupation / Job title (See Instructions) Student Date Full name of contributor 01/27/2024 Manning, Rhonda
Canyon, TX 79015 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Student Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Manning, Rhonda Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Employer (See Instructions) Student Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) 01/27/2024 Manning, Rhonda
Principal occupation / Job title (See Instructions) Employer (See Instructions) Student Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) 01/27/2024 Manning, Rhonda
Student Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 01/27/2024 Manning, Rhonda \$50.00
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 01/27/2024 Manning, Rhonda \$50.00
01/27/2024 Manning, Rhonda \$50.00
Contributor address; City; State; Zip Code
El Paso, TX 79932-2452
Principal occupation / Job title (See Instructions) Employer (See Instructions)
Student

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instru	iction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/3 Rpt: 7/9	
2 FILER NAME	RNAME			Filer ID (Ethics Commission	on Filers)
Texas Phys	Texas Physical Therapy Assn. Inc. PAC			00017343	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
01/26/2024					\$25.00
	6 Contributor address; City; State; Zip Code		ł		,
	Contributor address, City, State, Zip Code				
	Quail Crossiing Rd, TX 79124				
8 Principal occ	upation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
Student	upation / Job title (See Instructions)		5)		
Student			_		
Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
01/26/2024	Tew, Dana				\$500.00
	Contributor address; City; State; Zip Code		1		
	Houston, TX 77040-6897				
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions	S)		
Physical Th	erapist				
Date	Full name of contributor Out-of-state PAC (ID#:)	Г	Amount of Contribution (\$)	
01/27/2024					\$5,000.00
			ł		, . ,
	Houston, TX 77027				
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> د)		
PT			,		

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/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/2 Rpt: 8/9	Texas Physical Therapy Assn. Inc. PAC 00017343
4 Date	5 Payee name
02/01/2024	Affiniscape Merchant Solutions
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$348.39	200 Bridge Point Pkwy, Bldg 4 Ste 250
Expenditure from corporate funds	Austin, TX 78730
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	Credit Card Merchant Fees
	Croak Gald Merchank (665
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/01/2024	Cody Harris for State Representative
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	1007 N. Mallard St.
Expenditure from corporate funds	Palestine, TX 75801
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/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/01/2024	Lynn Stucky Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	PO Box 464
Expenditure from corporate funds	Denton, TX 76202
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

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: 2/2 Rpt: 9/9	Texas Physical Therapy Assn. Inc. PAC 00017343
4 Date 02/05/2024	5 Payee name NR Bookkeeping LLC
6 Amount (\$) \$83.00	7 Payee address; City; State; Zip Code PO Box 91061
Expenditure from corporate funds	Austin, TX 78709-1061
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Compliance Consulting
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held