#### 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) 00011832 3 COMMITTEE NAME **OFFICE USE ONLY** Texas Chiropractic Assn. PAC Date Received **ELECTRONICALLY FILED** 04/05/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 1122 Colorado St., Suite 307 Change of Address Austin, TX 78701-2132 Date Hand-delivered or Date Postmarked MS / MRS / MR **CAMPAIGN FIRST** MI **TREASURER** Receipt # Amount Ryan NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged Bailey CAMPAIGN APT / SUITE #; STREET ADDRESS (NO PO BOX PLEASE); CITY; STATE; ZIP CODE **TREASURER** 1702 S. Clack STREET **ADDRESS** (Residence or Business) Abilene, TX 79605 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 1702 S. Clack MAILING **ADDRESS** Change of Address Abilene, TX 79605 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (325) 695-2225 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY January 5 X April 5 October 5 REPORT FILING July 5 **DEADLINE** February 5 May 5 August 5 November 5 September 5 December 5 March 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 02/26/2024 03/25/2024 **GO TO PAGE 2**

### MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

# FORM MPAC COVER SHEET PG 2

L2 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texas Chiropractic Ass	n. PAC			0001183	32
L4 COMMITTEE ACTIVITY	Candidates  (Identify by name or, if applicable, classify by party.)	A. Supported		I	
(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.)				
5 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS N	O POLITICAL CONTRI OR GUARANTEES OF IADE ELECTRONICAL qualifies for the higher ite	LY)	\$	125.01
		L CONTRIBUTIONS DGES, LOANS, OR GU	S JARANTEES OF LOANS)	\$	3,525.01
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	D POLITICAL EXPEND	DITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES		\$	600.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN		INTAINED AS OF THE LAST	DAY \$	12,606.80
OUTSTANDING LOAN TOTALS	1	AMOUNT OF ALL OUT REPORTING PERIOD	TSTANDING LOANS AS OF	THE \$	0.00
6 AFFIDAVIT				<u>'</u>	
		true and	or affirm, under penalty of p d correct and includes all info itle 15, Election Code.		
			Rvar	n Bailey	
			Signature of Ca		surer
AFFIX NOTARY	STAMP / SEAL ABOVE				
				this the	day
of	_, 20, to certify \	which, witness my hand	d and seal of office.		
Signature of officer ad	ministering oath	Printed name of office	r administering oath	Title of of	fficer administering oath

### **SUBTOTALS - MPAC**

# FORM MPAC COVER SHEET PG 3

ı				3 of 8
17 COMMITT	EE NAME	18 Filer ID	(Ethics Commi	ssion Filers)
Texas Ch				
19 SCHEDUL NAME OF	SUBTOTA	AL AMOUNT		
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	3,525.01
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00
3. X	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	DR	\$	
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$	
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	SANIZATION	\$	
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	?	\$	
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR	ORGANIZATION	\$	
9. X	SCHEDULE E: LOANS		\$	0.00
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	600.00
11. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00
12. X	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTI	ONS	\$	0.00
13. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTI	ONS	\$	
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	
			•	

	MONET	ARY POLITICAL (	CONTRIBUTIO	N	S		SCHEDUI	E A1
	The Instruc	ction Guide explains hov	v to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 1/2 Rpt: 4/8	
2	FILER NAME Texas Chirop	oractic Assn. PAC				3	Filer ID (Ethics Commission 00011832	on Filers)
4	Date 03/21/2024	<ul><li>5 Full name of contributor</li><li>Ashby D.C., Michael (Dr.</li><li>6 Contributor address; City; S</li></ul>			)	7	Amount of Contribution (\$)	\$50.00
8	Principal occu	Garland, TX 75044 pation / Job title (See Instruction	5)	9	Employer (See Instructions	 		
	Chiropractor				Self			
	Date 03/05/2024	Full name of contributor Blackwell D.C., Jon Contributor address; City; S			)		Amount of Contribution (\$)	\$50.00
		Amarillo, TX 79109						
		pation / Job title (See Instruction	5)		Employer (See Instructions	5)		
	Doctor of Ch	iropractic			Self			
	Date 03/23/2024	Full name of contributor  Henson, Justin  Contributor address; City; S	out-of-state PAC (ID#:_ tate; Zip Code		)		Amount of Contribution (\$)	\$50.00
		Boling-Lago, TX 77420						
	Principal occu Chiropractor	pation / Job title (See Instruction	5)		Employer (See Instructions	<u>(</u>		
	Date 03/08/2024	Full name of contributor Hergert D.C., Tyce Contributor address; City; S Southlake, TX 76092					Amount of Contribution (\$)	\$50.00
	Principal occu Chiropractor	pation / Job title (See Instruction	5)		Employer (See Instructions Self	s)		
	Date 02/28/2024	Full name of contributor Liechty D.C., Paul Contributor address; City; S Heath, TX 75032			)		Amount of Contribution (\$)	\$1,000.00
	Principal occu Chiropractor	pation / Job title (See Instruction	5)		Employer (See Instructions Self	5)		

	MONEI	ARY POLITICAL C	ONTRIBUTION	IS		SCHEDUI	E A1
	The Instru	ction Guide explains how t	to complete this for	n.	1	Total pages Schedule A1: Sch: 2/2 Rpt: 5/8	
2	FILER NAME Texas Chiro	oractic Assn. PAC			3	Filer ID (Ethics Commission 00011832	on Filers)
4	Date	5 Full name of contributor Γ	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	02/27/2024	Montgomery, Micah	_		-	γ αποαπικ οι σοπαποαποιπ (ψ)	\$100.00
		6 Contributor address; City; Stat  Belton, TX 76513	te, zip Code				
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	)		
_	Chiropractor			Self	,		
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	02/29/2024	Pettiet D.C., Devin					\$50.00
		Contributor address; City; Stat	te; Zip Code				
		Tomball, TX 77375					
		pation / Job title (See Instructions)		Employer (See Instructions	)		
	Chiropractor			Self			
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	03/06/2024	<u> </u>					\$1,000.00
		Contributor address; City; Stat	te; Zip Code				
		Heath, TX 75032					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Chiropractor			Self			
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	03/23/2024	Whitehead D.C., J. Todd (D	Dr.)				\$1,000.00
		Contributor address; City; Stat	te; Zip Code				
		Amarillo, TX 79106					
		pation / Job title (See Instructions)		Employer (See Instructions	)		
	Doctor of Ch	iropractic		self			
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	03/21/2024	Whitehead D.C., J. Todd (D	Dr.)				\$50.00
		Contributor address; City; Stat	te; Zip Code				
		Amarillo, TX 79106					
		pation / Job title (See Instructions)		Employer (See Instructions	)		
	Doctor of Ch	iropractic		self			

PLEI	DGED CONTRIBU	TIONS				SCHEDULE B	
T	he Instruction Guide exp	plains how to comple	ete this form.	1	Total pages Sch Sch: 1/1 Rpt:		
2 FILER N	IAME Chiropractic Assn. PAC			3	3 Filer ID (Ethics Commission Filers) 00011832		
4 TOTAL	TOTAL OF UNITEMIZED PLEDGES				\$	0.00	
<b>5</b> Date	<ul><li>6 Full name of pledgor</li><li>7 Pledgor Address;</li></ul>	out-of-state PAC (ID#		8	Amount of pledge (\$)	9 In-kind description (If applicable)	
	,	,, _,			Tohada Kasasalas	 	
<b>10</b> Principa	l occupation / Job title (See Instru	uctions)	11 Employer (See Instru	uction		itside of Texas. Complete Schedule T	

	LOANS					SC	HEDULE E
	The Instruction Guide explains how to complete this			form.  1 Total pages Schedule E: Sch: 1/1 Rpt: 7/8			
	FILER NAME Texas Chiroprac	ctic Assn. PAC				ID (Ethics Com	mission Filers)
4	TOTAL OF UN	OTAL OF UNITEMIZED LOANS			l	\$	0.00
5	Date of loan	7 Name of lender	out-of-state PA	.C (ID#:		9 Loan Amo	ount (\$)
	Is lender a financial institution?	8 Lender address; City	/; State;	Zip Code		10 Interest R	
						<b>11</b> Maturity [	Date
12	Principal occupation	on / Job title (See Instructions)		13 Employer (See Instruction	ins)	•	
14	Description of Coll None	ateral		15 Check if personal funds	were deposi	ited into political a (See Insti	
	GUARANTOR INFORMATION	17 Name of guarantor				19 Amount C	Guaranteed (\$)
	not applicable	<b>18</b> Guarantor address; City	/; State;	Zip Code			
20	Principal occupation	on		21 Employer (See Instruction	ins)		

### POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributing Donations Made By 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: 1/1 Rpt: 8/8	Texas Chiropractic Assn. PAC 00011832
4	Date	5 Payee name
	03/18/2024	Statecraft LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$600.00	13809 Research Blvd.
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Suite 640
	Expenditure from	
┕	corporate funds	Austin, TX 78750
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		lobbyists
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held H