FORM MPAC MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 2 Total pages filed: The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00017343 3 COMMITTEE NAME **OFFICE USE ONLY** Texas Physical Therapy Assn. Inc. PAC Date Received **ELECTRONICALLY FILED** 04/05/2024 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 900 Congress Ave., Ste. L-110 Change of Address Austin, TX 78701 Date Hand-delivered or Date Postmarked MS / MRS / MR **CAMPAIGN FIRST** MI **TREASURER** Receipt # Amount Keri NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged Jackson CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 900 Congress Ave. Ste. L110 STREET **ADDRESS** (Residence or Business) Austin, TX 78701 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 900 Congress Ave. Ste. L110 MAILING **ADDRESS** Change of Address Austin, TX 78701 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (512) 981-9574 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY January 5 X 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** 02/26/2024 03/25/2024

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			000173	43
14 COMMITTEE ACTIVITY	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		
	Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed		
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M check here if this report	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	IL CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	2,720.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	142.13
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	10,421.93
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	•		•	
		I swear, or affirm, under penalty of per true and correct and includes all inforr under Title 15, Election Code.	rjury, that th nation requ	ne accompanying report is ired to be reported by me
		Ms. Keri	Jackson	
		Signature of Car	mpaign Trea	asurer
AFFIX NOTARY	/ STAMP / SEAL ABOVE			
Sworn to and subscribed	d before me, by the said	, th	nis the	day
of	_, 20, to certify	which, witness my hand and seal of office.		
Signature of officer ac	dministering oath	Printed name of officer administering oath	Title of o	officer administering oath

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

					3 of 7
17 COMMI Texas		EE NAME vsical Therapy Assn. Inc. PAC	18 Filer ID 00017343	(Ethics Commissio	n Filers)
19 SCHED	DULE	SUBTOTAL A	MOUNT		
NAME	OF S	SCHEDULE			
1. X	<	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	2,720.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION	PR	\$	
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR 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 (DRGANIZATION	\$	
9.		SCHEDULE E: LOANS		\$	
10. X	K]	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$	142.13
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	DNS	\$	
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 1/3 Rpt: 4/7	
2	FILER NAME Texas Physic	FILER NAME Texas Physical Therapy Assn. Inc. PAC		3	Filer ID (Ethics Commission 00017343	n Filers)
4	Date 03/07/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$125.00
_	5	Houston, TX 77007				
8	Student	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 02/26/2024	Full name of contributor out-of-state PAC (ID#:_ Godinez, Gerardo Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$5.00
	Dringing Lagra	Galveston, TX 77550	Frankrije (Coo kodernotie po	$\overline{}$		
	Student	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 03/13/2024	Full name of contributor out-of-state PAC (ID#:_Gould, Anne Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$80.00
		Edinburg, TX 78539				
	Principal occu Student	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 03/11/2024	Full name of contributor out-of-state PAC (ID#:Keller, Victoria Contributor address; City; State; Zip Code Graham, TX 76450)		Amount of Contribution (\$)	\$100.00
	Principal occu Student	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/27/2024	Full name of contributor out-of-state PAC (ID#: Kihlberg, Dennis Contributor address; City; State; Zip Code Austin, TX 78748			Amount of Contribution (\$)	\$100.00
	Principal occu Student	pation / Job title (See Instructions)	Employer (See Instructions	·)		

	MONET	ARY POLITICAL CONTRIBUTI	ONS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 2/3 Rpt: 5/7	
2	FILER NAME Texas Physical Therapy Assn. Inc. PAC		3	Filer ID (Ethics Commission 00017343	n Filers)	
4	Date 03/11/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$50.00
	Dringing con	Ashburn, VA 20147	Employer (See Instructions	<u> </u>		
8	Student	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 03/11/2024	Contributor address; City; State; Zip Code	: :)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	Tyler, TX 75703-8871 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Physical The					
	Date 02/26/2024	Full name of contributor out-of-state PAC (ID# Vargas, Anthony Contributor address; City; State; Zip Code	:)		Amount of Contribution (\$)	\$10.00
		Gladewater, TX 75647	1	Ĺ		
	Principal occu Student	pation / Job title (See Instructions)	Employer (See Instructions	S) 		
	Date 03/11/2024	Full name of contributor out-of-state PAC (ID# Wheeler, Kenneth Contributor address; City; State; Zip Code	:)	•	Amount of Contribution (\$)	\$250.00
	Principal occu Physical The	pation / Job title (See Instructions) rapist	Employer (See Instructions	5)		
	Date 02/26/2024	Full name of contributor out-of-state PAC (ID# van den Bent, Jerre Contributor address; City; State; Zip Code Dallas, TX 75208	:)		Amount of Contribution (\$)	\$500.00
	Principal occu Physical The	pation / Job title (See Instructions) rapist	Employer (See Instructions	5)		
			•			

MONET	TARY POLITICAL CONTRIBU	TIONS	SCHEDULE A1
The Instru	ction Guide explains how to complete th	nis form.	1 Total pages Schedule A1: Sch: 3/3 Rpt: 6/7
FILER NAME Texas Physi			3 Filer ID (Ethics Commission Filers) 00017343
Date 02/26/2024	Full name of contributor	(ID#:)	7 Amount of Contribution (\$) \$500.00
	Dallas, TX 75208		
		9 Employer (See Instruction	ns)
	The Instru FILER NAME Texas Phys Date 02/26/2024	The Instruction Guide explains how to complete the FILER NAME Texas Physical Therapy Assn. Inc. PAC Date 02/26/2024 5 Full name of contributor out-of-state PAC van den Bent, Jerre 6 Contributor address; City; State; Zip Code	Texas Physical Therapy Assn. Inc. PAC Date 02/26/2024 Contributor address; City; State; Zip Code Dallas, TX 75208 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)

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/Political Committee

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 Out of District
OTHER (other a cottographed listed above)

Candidate/Officeholder/Politica Credit Card Payment	I 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: 7/7	Texas Physical Therapy Assn. Inc. PAC 00017343
4 Date	5 Payee name
03/01/2024	Affiniscape Merchant Solutions
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$59.13	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
	Credit Card Merchant Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
03/06/2024	NR Bookkeeping LLC
Amount (\$)	Payee address; City; State; Zip Code
\$83.00	PO Box 91061
Expenditure from corporate funds	Austin, TX 78709-1061
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Compliance Consulting
	Compliance Consulting
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	