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

#### FORM MPAC COVER SHEET PG 1

The MPAC Instruction	n Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers) 00016104		2 Total pages filed: 6	
3 COMMITTEE NAM	E			OFFICE USE ONLY	
Texas Osteopath	ic Medical Association Political Action Com	mittee		Date Received	
				ELECTRONICALLY FILED	
				06/02/2024	
4 COMMITTEE	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP			
ADDRESS	3305 Steck Ave.				
	Ste. 200				
Change of Addre	<sup>ss</sup> Austin, TX 78757			Date Hand-delivered or Date Postmarked	
5 CAMPAIGN TREASURER	MS / MRS / MR FIRST		MI		
NAME	Dr. John C.			Receipt # Amount	
				Date Processed	
	NICKNAME LAST		SUFFIX		
	McDona	ld	D.O.	Date Imaged	
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE)	; APT / SUITE #; CITY;	STA	ATE; ZIP CODE	
STREET	313 Forest Hills Drive				
ADDRESS (Residence or Business)					
	Harrison, TX 75650				
7 CAMPAIGN TREASURER	STREET ADDRESS OR PO BOX;	APT / SUITE #; CITY;	ST	ATE; ZIP CODE	
MAILING	3305 Steck Ave.				
	Ste. 200				
	<sup>ss</sup> Austin, TX 78757				
8 CAMPAIGN TREASURER	AREA CODE PHONE NUMBER	EXTENSION			
PHONE	(512) 708-8662				
9 REPORT TYPE		10th day after campaign			
	X Monthly	treasurer termination	L	Dissolution (Attach PAC-DR)	
10 MONTHLY	January 5 Apr			October 5	
REPORT FILING DEADLINE		_			
	February 5	August 5	5	November 5	
	March 5 X Jun	e 5 Septemb	ber 5	December 5	
11 PERIOD	Month Day Year		Month	Day Year	
COVERED	04/26/2024	THROUGH	05/25/2	2024	
GO TO PAGE 2					
Forms provided by T	exas Ethics Commission www.e	thics.state.tx.us		Version V4.1.0.d378aba0	

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

## FORM MPAC COVER SHEET PG 2

<b>12</b> COMMITTEE NAME Texas Osteopathic Med	lical Association Dolitic	al Action Committee	13 Filer ID 00016104	(Ethics Commission Filers)
			00010104	+
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	· · · ·		
		DGES, LOANS, OR GUARANTEES OF LOANS)	\$	100.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	200.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	69,408.67
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	rhe \$	0.00
16 AFFIDAVIT	1			
		I swear, or affirm, under penalty of pe true and correct and includes all inform under Title 15, Election Code.		
		Dr. John C. M	/IcDonald D.	O.
		Signature of Ca	mpaign Treas	urer
		-	-	
AFFIX NOTARY	STAMP / SEAL ABOVE			
		, tl	nis the	day
of	_, 20, to certify v	which, witness my hand and seal of office.		
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of off	icer administering oath
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V4.1.0.d378aba0

#### FORM MPAC COVER SHEET PG 3

3 of 6

17 COMMITTEE NAME 18 Filer ID (			(Ethics Commission Filers)	
Texas Osteopathic Medical Association Political Action Committee 00016104			` 	
19 SCHEDUL NAME OF	SUBTOTAL AMOUNT			
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		<b>\$</b> 100.00	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	R	\$	
5.	5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION			
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 O	RGANIZATION	\$	
9.	SCHEDULE E: LOANS		\$	
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	<b>\$</b> 200.00	
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.	12. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS			
13.	\$			
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	DNS	\$	
15. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	<b>\$</b> 6.09	

**SUBTOTALS - MPAC** 

### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 **1** Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 4/6 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Texas Osteopathic Medical Association Political Action Committee 00016104 4 Amount of Contribution (\$) Date 5 Full name of contributor out-of-state PAC (ID#: 7 05/03/2024 \$100.00 Eidson D.O., Thomas (Dr.) 6 Contributor address; City; State; Zip Code Arlington, TX 76016 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Physician Atlas Vein Care

## POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense		an Repayment/Reimbursement	Solicitation/Fundraising Expense			
Accounting/Banking Consulting Expense		fice Overhead/Rental Expense Iling Expense	Transportation Equipment & Related Expense Travel in District			
Contributions/ Donations Made B	By - Gift/Awards/Memorials Expense Pr	nting Expense	Travel Out of District			
Candidate/Officeholder/Politica Credit Card Payment	cal Committee Legal Services Sa	laries/Wages/Contract Labor	OTHER (enter a category not listed above)			
-	The Instruction Guide explains hov	· · · · · · · · · · · · · · · · · · ·				
<b>1</b> Total pages Schedule F1:	2 FILER NAME	3	Filer ID (Ethics Commission Filers)			
Sch: 1/1 Rpt: 5/6	Texas Osteopathic Medical Association P	olitical Action	00016104			
4 Date						
	5 Payee name					
05/01/2024	FREY, PAULA					
6 Amount (\$)	7 Payee address; City; State; Z	in Codo				
.,		ip Code				
\$100.00	8906 PARKFIELD DRIVE UNIT D					
	Unit D					
Expenditure from						
corporate funds	AUSTIN, TX 78758					
8 PURPOSE	(a) Category (See Categories listed at the top of this schedul	e) (b) Description				
OF			side of Texas. Complete Schedule T.			
EXPENDITURE	Accounting/Banking					
			K, officeholder living expense			
		Compliance Re	porting April			
• Complete ONIL V if direct	Candidate/Officeholder name Offic	a aquight	Office held			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		e sought	Office held			
experiatore to benefit C/O						
Date	Devee name					
	Payee name					
05/21/2024	FREY, PAULA					
Amount (\$)	Payee address; City; State; Z	in Code				
		.p 0000				
\$100.00	8906 PARKFIELD DRIVE UNIT D					
	Unit D					
Expenditure from						
corporate funds	AUSTIN, TX 78758					
PURPOSE	(a) Category (See Categories listed at the top of this schedul	e) (b) Description				
OF	Accounting/Banking	· _ ·	side of Texas. Complete Schedule T.			
EXPENDITURE	Accounting/Banking		K, officeholder living expense			
		Compliance Re				
		Compliance Re	porting may			
Complete ONLY if direct	Candidate/Officeholder name Offic	e sought	Office held			
expenditure to benefit C/O						
•						

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

	The Instruction Guide explains how to complete this form.			1	1 Total pages Schedule K: Sch: 1/1 Rpt: 6/6		
2	FILER NAME			3		(Ethics Commission Filers)	
	Texas Ostec	opa	thic Medical Association Political Action Committee		00016	104	
4	Date	5	Name of person from whom amount is received			8 Amount (\$)	
	04/30/2024		First Texas Bank			\$6.09	
		6	Address of person from whom amount is received; City; State; Zip Code				
			Coorrectours TV 70767 0640				
		Ļ	Georgetown, TX 78767-0649	0 1 1 1		11 - c1 - c - c - c - c - c - c - c - c	
		7	Purpose for which amount is received	Check if politi	cal conti	ribution returned to filer	