FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00016388 3 COMMITTEE NAME **OFFICE USE ONLY** Texas Psychological Association PAC Date Received **ELECTRONICALLY FILED** 07/15/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 3305 Steck Avenue Date Hand-delivered or Date Postmarked #200 Change of Address Austin, TX 78757 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mary Beth NAME NICKNAME LAST **SUFFIX** Kiser STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 3305 Steck Avenue STREET **ADDRESS** #200 (Residence or Business) Austin, TX 78757 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 3305 Steck Avenue MAILING **ADDRESS** #200 Austin, TX 78757 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 528-8400 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Х Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 02/25/2024 06/30/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other 11/05/2024 χ General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

L2 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texas Psychological As	ssociation PAC			00016388	3
4 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	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.)				
5 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS N	D POLITICAL CONTRIBION GUARANTEES OF INTERPRETARING PROPERTARIES OF INTERPRETARING PROPERTARIES OF THE MIGHER ITEMICALL QUALIFIES FOR THE MIGHER ITEMICAL PROPERTARIES OF THE MIGHER PROPERTARIES OF THE MIGHT PROPERTARIES OF THE MIGHT PROPERTARIES OF THE MIGHER PROPERTARIES OF THE MI	Y)	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE		ARANTEES OF LOANS)	\$	2,240.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDIT	TURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES		\$	353.42
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN		TAINED AS OF THE LAST	DAY \$	14,998.81
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTS REPORTING PERIOD	STANDING LOANS AS OF	THE \$	0.00
6 AFFIDAVIT	I			<u> </u>	
		true and c	r affirm, under penalty of pe correct and includes all infor e 15, Election Code.		
			Mony P	loth Kisor	
			Signature of Ca	eth Kiser Impaign Treas	urer
ΔΕΕΙΥ ΝΟΤΛΟΥ	STAMP / SEAL ABOVE		0	, 5	
			, t	his the	day
OT	_, 20, to certify \	wilch, withess my hand a	ани ѕеанот отнсе.		
Signature of officer ad	ministering oath	Printed name of officer a	administering oath	Title of off	icer administering oath

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3

					3 of 11
17 COM	MITTE	EE NAME	18 Filer ID	(Ethics C	Commission Filers)
Теха	ıs Psy	rchological Association PAC	00016388		
19 SCH	EDULE	SUBTOTALS			CTOTAL ANAOLINIT
NAMI	E OF S	SCHEDULE		501	BTOTAL AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	2,240.00
2.			\$		
3.			\$		
4.)R	\$		
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR ORGANIZATION	ATION OR	\$	
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGA	ANIZATION	\$	
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	
8.	8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION				
9.	9. SCHEDULE E: LOANS				
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$	353.42
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 F TO FILER	RETURNED	\$	

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDUL	ULE A1	
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 1/6 Rpt: 4/11		
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)	
	Texas Psych	ological Association PAC			00016388		
4 Date 02/26/2024		5 Full name of contributor out-of-state PAC (ID#:) Balick, Lisa (Dr.) 6 Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00	
_	Houston, TX 77005						
8	Principal occup Psychologist	pation / Job title (See Instructions)	9 Employer (See Instructions	5)			
	Date Full name of contributor out-of-state PAC (ID#:) 02/26/2024 Chanderbhan-Forde, Susan (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$60.00		
		Laredo, TX 78041					
	Principal occu	oation / Job title (See Instructions)	Employer (See Instructions	()			
	Psychologist						
	Date 03/26/2024	Full name of contributor out-of-state PAC (ID#:_ Chanderbhan-Forde, Susan (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$60.00	
		Laredo, TX 78041					
	Principal occu Psychologist	pation / Job title (See Instructions)	Employer (See Instructions	i)			
	Date 04/26/2024	Full name of contributor out-of-state PAC (ID#:_Chanderbhan-Forde, Susan (Dr.) Contributor address; City; State; Zip Code Laredo, TX 78041			Amount of Contribution (\$)	\$60.00	
	Principal occu Psychologist	pation / Job title (See Instructions)	Employer (See Instructions	5)			
	Date 05/26/2024	Full name of contributor out-of-state PAC (ID#:_ Chanderbhan-Forde, Susan (Dr.)			Amount of Contribution (\$)	\$60.00	
		Contributor address; City; State; Zip Code Laredo, TX 78041					
	Principal occu Psychologist	pation / Job title (See Instructions)	Employer (See Instructions	5)			

	MONET	ARY POLITICAL CONTRIBUTIO	SCHEDULE A1			
	The Instruc	etion Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 2/6 Rpt: 5/11	
2	FILER NAME Texas Psych	ological Association PAC		3	Filer ID (Ethics Commission 00016388	n Filers)
4	Date 06/28/2024	6/28/2024 Chanderbhan-Forde, Susan (Dr.) 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$60.00
	Dringing oggu	Laredo, TX 78041	Employer (See Instructions	_		
8	Principal occup Psychologist	·	9 Employer (See Instructions	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 02/29/2024 Deschner, Martin (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00	
	Dallas, TX 75390		_			
Principal occupation / Job title (See Instructions) Employer (See Instructions Psychologist Self		5)				
	Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$25.00
		Austin, TX 78731				
	Principal occup Psychologist	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 04/02/2024	Full name of contributor out-of-state PAC (ID#:_ Godfrey Ph.D, John (Dr.) Contributor address; City; State; Zip Code Austin, TX 78731			Amount of Contribution (\$)	\$25.00
	Principal occup Psychologist	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 05/02/2024	Full name of contributor out-of-state PAC (ID#:_ Godfrey Ph.D, John (Dr.) Contributor address; City; State; Zip Code Austin, TX 78731			Amount of Contribution (\$)	\$25.00
	Principal occup Psychologist	oation / Job title (See Instructions)	Employer (See Instructions	i)		
		·				

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDUL	CHEDULE A1	
	The Instruc	ction Guide explains how to comple	te this fo	orm.	1	Total pages Schedule A1: Sch: 3/6 Rpt: 6/11		
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)	
	Texas Psych	ological Association PAC			L	00016388		
4	Date 06/04/2024	 Full name of contributor	PAC (ID#:_		7	Amount of Contribution (\$)	\$25.00	
_	Delivering	Austin, TX 78731		O. Faralassa (O. a. Instantiana				
8	Principal occu Psychologist	pation / Job title (See Instructions)		9 Employer (See Instructions	5)			
					_			
	Date Full name of contributor out-of-state PAC (ID#:) 04/23/2024 Hall, Cheryl (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$150.00			
		Lubbock, TX 79424						
	Principal occupation / Job title (See Instructions) Employer (See Instructions			5)				
Psychologist self		self						
Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$83.33			
		Houston, TX 77027						
	Principal occu Licensed Psy	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)			
	Date 04/23/2024	Full name of contributor out-of-state Harrison, Kimberly (Dr.) Contributor address; City; State; Zip Code Houston, TX 77027	PAC (ID#:_)		Amount of Contribution (\$)	\$83.34	
Principal occupation / Job title (See Instructions) Licensed Psychologist Employer (See Instruction		Employer (See Instructions	5)					
	Date 05/23/2024	Full name of contributor out-of-state Harrison, Kimberly (Dr.) Contributor address; City; State; Zip Code Houston, TX 77027	PAC (ID#:_)		Amount of Contribution (\$)	\$83.33	
	Principal occu Licensed Psy	pation / Job title (See Instructions) /chologist		Employer (See Instructions	5)			

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruc	he Instruction Guide explains how to complete this form.				Total pages Schedule A1: Sch: 4/6 Rpt: 7/11		
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)	
		ological Association PAC	_			00016388		
4	Date 03/28/2024	5 Full name of contributor Kirshner, Abby (Dr.)6 Contributor address; City; St	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	\$100.00	
		Austin, TX 78721						
8	Principal occu Psychologist	pation / Job title (See Instructions	5)	9 Employer (See Instructions	5)			
	Date Full name of contributor out-of-state PAC (ID#:)				Π	Amount of Contribution (\$)		
	03/01/2024	Leavell, Kari (Dr.)	Unit-of-state i AC (ID#			randant of Continuation (4)	\$100.00	
	Contributor address; City; State; Zip Code				Ψ200.00			
			, <u>-</u>					
		O						
	Principal occu	Grapevine, TX 76051 pation / Job title (See Instructions	·)	Employer (See Instructions	·/_			
	Licensed Psy		9	Employer (See instructions)			
Date Full name of contributor out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)				
	04/01/2024	Leavell, Kari (Dr.)	out of state 1740 (IBM.			7 another of Continuous (4)	\$100.00	
		Contributor address; City; State; Zip Code						
		Cranquina TV 70051						
	Principal occu	Grapevine, TX 76051 pation / Job title (See Instructions		Employer (See Instructions	:) 			
	Licensed Ps	,	9	Employer (See instructions)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)		
	05/01/2024	Leavell, Kari (Dr.)	Out of state 1 AO (ID#			randant or Contribution (4)	\$100.00	
		Contributor address; City; Si	ate; Zip Code					
		O						
	Dringing conu	Grapevine, TX 76051 pation / Job title (See Instructions		Employer (See Instructions	·/ 			
	Licensed Psy	,	o)	Employer (See instructions)			
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Π	Amount of Contribution (\$)		
	06/03/2024	Leavell, Kari (Dr.)				()	\$100.00	
		Contributor address; City; Si	ate; Zip Code					
		Cronquina TV 76051						
	Principal occu	Grapevine, TX 76051 pation / Job title (See Instructions	· ·	Employer (See Instructions	·)			
	Licensed Psy		"	Limpioyer (See Instructions	')			
		,		l				

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDUL	LE A1	
	The Instruc	tion Guide explains how to	complete this for	n.	1	Total pages Schedule A1: Sch: 5/6 Rpt: 8/11		
2	FILER NAME Texas Psych	ological Association PAC			3	Filer ID (Ethics Commission 00016388	n Filers)	
4	05/30/2024	24 McPherson, Robert (Dr.) 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$100.00		
8	Principal occur	Bellaire, TX 77401 pation / Job title (See Instructions)	9	Employer (See Instructions	<u></u>			
	Psychologist	,			,			
	Date 06/04/2024	Full name of contributor McPherson, Robert (Dr.) Contributor address; City; State;	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00	
		Bellaire, TX 77401						
	Principal occup Psychologist	pation / Job title (See Instructions)		Employer (See Instructions	5)			
	Date 04/27/2024	Full name of contributor Parrott, Charlotte (Dr.) Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$20.00	
		Bellaire, TX 77401						
	Principal occup Psychologist	pation / Job title (See Instructions)		Employer (See Instructions	i)			
	Date 05/27/2024	Full name of contributor Parrott, Charlotte (Dr.) Contributor address; City; State; Bellaire, TX 77401				Amount of Contribution (\$)	\$20.00	
	Principal occup Psychologist	oation / Job title (See Instructions)		Employer (See Instructions	5)			
	Date 03/17/2024	Full name of contributor Simonsen, Gregory (Dr.) Contributor address; City; State; Irving , TX 75062	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$75.00	
	Principal occup Psychologist	oation / Job title (See Instructions)		Employer (See Instructions	i)			
			,					

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDUL	E A1	
	The Instru	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 6/6 Rpt: 9/11		
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)	
	Texas Psych	ological Association PAC				00016388		
4	Date 04/17/2024	5 Full name of contributor Simonsen, Gregory (Dr.)6 Contributor address; City; Sta	out-of-state PAC (ID#:_ ate; Zip Code		7	Amount of Contribution (\$)	\$75.00	
•	Principal occu	Irving , TX 75062 pation / Job title (See Instructions		9 Employer (See Instructions				
0	Psychologist			Employer (See Instructions)			
	Date Full name of contributor out-of-state PAC (ID#:) 05/17/2024 Simonsen, Gregory (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$75.00			
		Irving , TX 75062						
	Principal occu Psychologist	pation / Job title (See Instructions		Employer (See Instructions	5)			
	Date 06/20/2024	Full name of contributor Simonsen, Gregory (Dr.) Contributor address; City; Sta	out-of-state PAC (ID#:_ ate; Zip Code			Amount of Contribution (\$)	\$75.00	
		Irving , TX 75062						
	Principal occu Psychologist	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)			
	Date 05/18/2024	Full name of contributor Talebi, Hani (Dr.) Contributor address; City; Sta	out-of-state PAC (ID#:_ ate; Zip Code			Amount of Contribution (\$)	\$100.00	
	Principal occu Licensed Psy	pation / Job title (See Instructions)		Employer (See Instructions	s)			
	Date 05/18/2024	Full name of contributor Williams Thomas, Joycely Contributor address; City; Sta				Amount of Contribution (\$)	\$100.00	
	Principal occu Licensed Psy	pation / Job title (See Instructions)		Employer (See Instructions	5)			

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense Accounting/Banking Consulting Expense

Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

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: 10/11	Texas Psychological Association PAC 00016388
4 Date	5 Payee name
03/04/2024	Affinipay
6 Amount (\$) \$24.86	7 Payee address; City; State; Zip Code P.O. Box 27074
Expenditure from corporate funds	Austin, TX 78746
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Online processing fees
Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
Date	Payee name
04/01/2024	Affinipay
Amount (\$)	Payee address; City; State; Zip Code
\$16.79	P.O. Box 27074
Expenditure from corporate funds	Austin, TX 78746
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Online processing fees
Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
Date	Payee name
05/03/2024	Affinipay
Amount (\$)	Payee address; City; State; Zip Code
\$37.46	P.O. Box 27074
Expenditure from corporate funds	Austin, TX 78746
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Online processing fees
Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
Forms provided by Tayas F	thics Commission www.athics state ty us Version V// 1.0 d278aha

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wanes/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

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: 2/2 Rpt: 11/11	Texas Psychological Association PAC 00016388
4 Date	5 Payee name
06/03/2024	Affinipay
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$24.31	P.O. Box 27074
Expenditure from corporate funds	Austin, TX 78746
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Online processing fees
	Offilite processing lees
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
03/14/2024	VAN BIBBER, DEBBIE (Ms.)
Amount (\$)	Payee address; City; State; Zip Code
\$250.00	12609 Dessau Rd., Lot 519
Expenditure from corporate funds	Austin, TX 78754
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Salaries/Wages/Contract Labor
	Contract labor
	Contract labor
2 1 2 2 2 2 2 2 2	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held