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** 06/05/2024 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 April 5 July 5 October 5 REPORT FILING **DEADLINE** February 5 May 5 August 5 November 5 March 5 September 5 December 5 X June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 04/26/2024 05/25/2024

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MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

			13 Filer	•	ission Filers)
Texas Physical Ther	apy Assn. Inc. PAC		0001	.7343	
4 COMMITTEE	1. Candidates	A. Supported			
ACTIVITY	(Identify by name or, if applicable, classify by party.)				
(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.)				
L5 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS N	D POLITICAL CONTRIBUTIONS (OTHER THE OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) qualifies for the higher itemization threshold	HAN	\$	0.00
	2. TOTAL POLITICA				
	(OTHER THAN PLE	DGES, LOANS, OR GUARANTEES OF LOA	ANS)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZE	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES		\$	143.47
CONTRIBUTION BALANCE		5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		\$	11,055.65
OUTSTANDING LOAN TOTALS		6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$	0.00
6 AFFIDAVIT					
		I swear, or affirm, under pena true and correct and includes under Title 15, Election Code.	all information re	at the accompanying r equired to be reported	eport is by me
		Λ	/ls. Keri Jackso	nn	
	Signature of Campa				
AFFIX NOTA	RY STAMP / SEAL ABOVE	Gignatar	o or campaign	110000101	
			, this the _		_ day
of	, 20, to certify	which, witness my hand and seal of office.			
Signature of officer	administering oath	Printed name of officer administering oath	Title	of officer administerin	g oath

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

				3 of 4
		EE NAME vsical Therapy Assn. Inc. PAC	18 Filer ID 00017343	(Ethics Commission Filers)
19 SCHI NAM	EDULE E OF S	SUBTOTAL AMOUNT		
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS			\$
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	\$	
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	\$	
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGA	\$	
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR C	ORGANIZATION	\$
9.		SCHEDULE E: LOANS		\$
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$ 143.47
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 F TO FILER	RETURNED	\$
l				

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

Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	٦				
Sch: 1/1 Rpt: 4/4	Texas Physical Therapy Assn. Inc. PAC 00017343					
4 Date	5 Payee name					
05/01/2024	Affiniscape Merchant Solutions					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$60.47	200 Bridge Point Pkwy, Bldg 4 Ste 250					
E constitue de faces						
Expenditure from corporate funds	Austin, TX 78730					
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
	Credit Card Merchant Fees					
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_				
expenditure to benefit C/O						
Date	Payee name	=				
05/08/2024	NR Bookkeeping LLC					
Amount (\$)	Payee address; City; State; Zip Code	_				
\$83.00	PO Box 91061					
Ψ00.00	FO BOX 91001					
X Expenditure from corporate funds	Austin, TX 78709-1061					
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE	Consulting Expense	·				
	Check if Austin, TX, officeholder living expense Compliance Consulting					
	Compliance Consuming					
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_				
expenditure to benefit C/O						
		_				