

# CORRECTION/AMENDMENT AFFIDAVIT FOR POLITICAL COMMITTEE

FORM COR-PAC

|  |   |  |                |
|--|---|--|----------------|
| <b>1</b> Filer ID (Ethics Commission Filers)<br>00016388       | <b>2</b> Total pages filed:<br>12                           | <b>OFFICE USE ONLY</b>   |                |
| <b>3</b> COMMITTEE NAME<br>Texas Psychological Association PAC | Date Received<br><b>ELECTRONICALLY FILED</b><br>06/24/2024  |  |                |
| <b>4</b> TREASURER NAME<br>Kiser, Mary Beth                    | Date Hand-delivered or Date Postmarked                      |  |                |
| <b>5</b> ORIGINAL REPORT TYPE                                  | <input type="checkbox"/> January 15                         | <input type="checkbox"/> Runoff  | Receipt #      |
|  | <input type="checkbox"/> July 15                            | <input type="checkbox"/> 10th day after campaign treasurer resignation |                |
|  | <input type="checkbox"/> 30th day before election           | <input type="checkbox"/> Dissolution report                            | Amount         |
|  | <input checked="" type="checkbox"/> 8th day before election | <input type="checkbox"/> Other (specify) _____                         | Date Processed |
| <b>6</b> ORIGINAL PERIOD COVERED                               | Month Day Year  | THROUGH  | Month Day Year |
|  | 01/01/2024  |  | 02/24/2024     |
| <b>7</b> EXPLANATION OF CORRECTION                             |   |  |                |

**7 EXPLANATION OF CORRECTION**  
 Following is a "Corrected" 8 Day Pre-election Report, which includes electronic deposits that were inadvertently omitted from the original report. I was unaware that I needed to include activity, other than contributions related to the primary until I began my Jan-Jun Semi-Annual report today.  
 I respectfully request a waiver of penalties as this was an unintentional oversight. Thank you for your consideration.

**8 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check the box next to any and all applicable statements:

**Semiannual reports:** I swear or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

**Other reports:** I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Mary Beth Kiser  
 \_\_\_\_\_  
 Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, 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 administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form  
Needed To Report And Explain Corrections**

# GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC  
COVER SHEET PG 1

|   |  |  |                                   |
|---|--|--|-----------------------------------|
| <b>The GPAC Instruction Guide explains how to complete this form.</b>                         |  | <b>1</b> Filer ID<br>(Ethics Commission Filers)<br>00016388  | <b>2</b> Total pages filed:<br>12 |
| <b>3</b> COMMITTEE NAME<br>Texas Psychological Association PAC                                |  | <b>OFFICE USE ONLY</b>   |                                   |
|   |  | Date Received<br>ELECTRONICALLY FILED<br>06/24/2024  |                                   |
|   |  | Date Hand-delivered or Date Postmarked   |                                   |
|   |  | Receipt #  | Amount                            |
|   |  | Date Processed   |                                   |
|   |  | Date Imaged  |                                   |
| <b>4</b> COMMITTEE ADDRESS<br><br><input type="checkbox"/> Change of Address                  | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>3305 Steck Avenue<br>#200<br>Austin, TX 78757  |  |                                   |
|   | <b>5</b> CAMPAIGN TREASURER NAME<br><br>MS / MRS / MR FIRST MI<br>Mary Beth<br><hr/> NICKNAME LAST SUFFIX<br>Kiser   |  |                                   |
| <b>6</b> CAMPAIGN TREASURER STREET ADDRESS<br>(Residence or Business)                         | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br>3305 Steck Avenue<br>#200<br>Austin, TX 78757   |  |                                   |
| <b>7</b> CAMPAIGN TREASURER MAILING ADDRESS<br><br><input type="checkbox"/> Change of Address | STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>3305 Steck Avenue<br>#200<br>Austin, TX 78757  |  |                                   |
| <b>8</b> CAMPAIGN TREASURER PHONE   | AREA CODE PHONE NUMBER EXTENSION<br>(512) 528-8400   |  |                                   |
| <b>9</b> REPORT TYPE  | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR)<br><input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination<br><input type="checkbox"/> Runoff |  |                                   |
| <b>10</b> PERIOD COVERED  | Month Day Year      Month Day Year<br>01/01/2024      THROUGH      02/24/2024  |  |                                   |
| <b>11</b> ELECTION  | ELECTION DATE<br>Month Day Year<br>03/05/2024  | ELECTION TYPE<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other<br><input type="checkbox"/> General <input type="checkbox"/> Special |                                   |

**GO TO PAGE 2**

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**  
COVER SHEET PG 2

|   |   |
|---|---|
| <b>12 COMMITTEE NAME</b><br>Texas Psychological Association PAC | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00016388 |
|---|---|

|   |  |              |
|---|--|--------------|
| <b>14 COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)             | A. Supported |
|   |  | B. Opposed   |
|   | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)       | A. Supported |
|   |  | B. Opposed   |
|   | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.) |              |

|                                |  |              |
|--------------------------------|--|--------------|
| <b>15 CONTRIBUTION TOTALS</b>  | <b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b> | \$ 0.00      |
|                                | <input checked="" type="checkbox"/> check here if this report qualifies for the higher itemization threshold                                 |              |
|                                | <b>2. TOTAL POLITICAL CONTRIBUTIONS</b><br>(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)   | \$ 1,221.67  |
| <b>EXPENDITURE TOTALS</b>      | <b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>  | \$ 0.00      |
|                                | <b>4. TOTAL POLITICAL EXPENDITURES</b>   | \$ 6,532.49  |
| <b>CONTRIBUTION BALANCE</b>    | <b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>  | \$ 13,109.09 |
| <b>OUTSTANDING LOAN TOTALS</b> | <b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>   | \$ 0.00      |

**16 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Mary Beth Kiser  
\_\_\_\_\_  
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, 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 administering oath

# SUBTOTALS - GPAC

|   |   |   |
|---|---|---|
| <b>17 COMMITTEE NAME</b><br>Texas Psychological Association PAC |   | <b>18 Filer ID</b> (Ethics Commission Filers)<br>00016388 |
| <b>19 SCHEDULE SUBTOTALS</b>                                    |   | <b>SUBTOTAL AMOUNT</b>                                    |
|   | NAME OF SCHEDULE  |   |
| 1.  | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                 | \$ 1,221.67   |
| 2.  | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                              | \$  |
| 3.  | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$  |
| 4.  | <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION               | \$  |
| 5.  | <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$  |
| 6.  | <input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION                     | \$  |
| 7.  | <input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION                 | \$  |
| 8.  | <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION                 | \$  |
| 9.  | <input type="checkbox"/> SCHEDULE E: LOANS  | \$  |
| 10.   | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS              | \$ 6,532.49   |
| 11.   | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$  |
| 12.   | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS                        | \$  |
| 13.   | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD  | \$  |
| 14.   | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                      | \$  |
| 15.   | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER       | \$  |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |  |  |
|--|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>             |  | <b>1</b> Total pages Schedule A1:<br>Sch: 1/3 Rpt: 5/12  |
| <b>2</b> FILER NAME<br>Texas Psychological Association PAC                   |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00016388 |
| <b>4</b> Date<br>02/07/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Boswell, Catherine (Dr.) | <b>7</b> Amount of Contribution (\$)                     |
|  | <b>6</b> Contributor address; City; State; Zip Code<br><br>Houston, TX 77705   |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Psychologist |  | <b>9</b> Employer (See Instructions)                     |
| Date<br>01/26/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Chanderbhan-Forde, Susan (Dr.)    | Amount of Contribution (\$)                              |
|  | Contributor address; City; State; Zip Code<br><br>Laredo, TX 78041   |  |
| Principal occupation / Job title (See Instructions)<br>Psychologist          |  | Employer (See Instructions)                              |
| Date<br>02/02/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Correia, Kevin (Dr.)              | Amount of Contribution (\$)                              |
|  | Contributor address; City; State; Zip Code<br><br>Beaumont, TX 77706   |  |
| Principal occupation / Job title (See Instructions)<br>Licensed Psychologist |  | Employer (See Instructions)                              |
| Date<br>01/04/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Godfrey Ph.D, John (Dr.)          | Amount of Contribution (\$)                              |
|  | Contributor address; City; State; Zip Code<br><br>Austin, TX 78731   |  |
| Principal occupation / Job title (See Instructions)<br>Psychologist          |  | Employer (See Instructions)                              |
| Date<br>02/02/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Godfrey Ph.D, John (Dr.)          | Amount of Contribution (\$)                              |
|  | Contributor address; City; State; Zip Code<br><br>Austin, TX 78731   |  |
| Principal occupation / Job title (See Instructions)<br>Psychologist          |  | Employer (See Instructions)                              |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

|  |  |   |
|--|--|---|
| <b>The Instruction Guide explains how to complete this form.</b>               |  | 1 Total pages Schedule A1:<br>Sch: 2/3 Rpt: 6/12  |
| 2 FILER NAME<br>Texas Psychological Association PAC                            |  | 3 Filer ID (Ethics Commission Filers)<br>00016388 |
| 4 Date<br>02/03/2024   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Gushanas, Kimberly (Dr.)<br>.....<br>6 Contributor address; City; State; Zip Code<br><br>Galveston, TX 77555 | 7 Amount of Contribution (\$)<br><br>\$150.00     |
| 8 Principal occupation / Job title (See Instructions)<br>Licensed Psychologist |  | 9 Employer (See Instructions)                     |
| Date<br>01/23/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Harrison, Kimberly (Dr.)<br>.....<br>Contributor address; City; State; Zip Code<br><br>Houston, TX 77027       | Amount of Contribution (\$)<br><br>\$83.33        |
| Principal occupation / Job title (See Instructions)<br>Licensed Psychologist   |  | Employer (See Instructions)                       |
| Date<br>02/23/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Harrison, Kimberly (Dr.)<br>.....<br>Contributor address; City; State; Zip Code<br><br>Houston, TX 77027       | Amount of Contribution (\$)<br><br>\$83.34        |
| Principal occupation / Job title (See Instructions)<br>Licensed Psychologist   |  | Employer (See Instructions)                       |
| Date<br>02/07/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Johnson-Ford, Catherine (Dr.)<br>.....<br>Contributor address; City; State; Zip Code<br><br>Austin, TX 78704   | Amount of Contribution (\$)<br><br>\$100.00       |
| Principal occupation / Job title (See Instructions)<br>Psychologist            |  | Employer (See Instructions)                       |
| Date<br>01/04/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Leavell, Kari (Dr.)<br>.....<br>Contributor address; City; State; Zip Code<br><br>Grapevine, TX 76051          | Amount of Contribution (\$)<br><br>\$100.00       |
| Principal occupation / Job title (See Instructions)<br>Licensed Psychologist   |  | Employer (See Instructions)                       |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |  |  |
|---|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>                      |  | <b>1</b> Total pages Schedule A1:<br>Sch: 3/3 Rpt: 7/12  |
| <b>2</b> FILER NAME<br>Texas Psychological Association PAC                            |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00016388 |
| <b>4</b> Date<br>02/02/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Leavell, Kari (Dr.) | <b>7</b> Amount of Contribution (\$)                     |
|   | <b>6</b> Contributor address; City; State; Zip Code<br><br>Grapevine, TX 76051                                   |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Licensed Psychologist |  | <b>9</b> Employer (See Instructions)                     |
| Date<br>01/16/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Lockart Ph.D, Esther (Dr.)   | Amount of Contribution (\$)                              |
|   | Contributor address; City; State; Zip Code<br><br>Fort Worth, TX 76132   |  |
| Principal occupation / Job title (See Instructions)<br>Psychologist                   |  | Employer (See Instructions)                              |
| Date<br>01/03/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Ross, Elizabeth (Dr.)        | Amount of Contribution (\$)                              |
|   | Contributor address; City; State; Zip Code<br><br>Houston, TX 77098  |  |
| Principal occupation / Job title (See Instructions)<br>Psychologist                   |  | Employer (See Instructions)<br>Self                      |
| Date<br>01/17/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Simonsen, Gregory (Dr.)      | Amount of Contribution (\$)                              |
|   | Contributor address; City; State; Zip Code<br><br>Irving , TX 75062  |  |
| Principal occupation / Job title (See Instructions)<br>Psychologist                   |  | Employer (See Instructions)                              |
| Date<br>02/17/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Simonsen, Gregory (Dr.)      | Amount of Contribution (\$)                              |
|   | Contributor address; City; State; Zip Code<br><br>Irving , TX 75062  |  |
| Principal occupation / Job title (See Instructions)<br>Psychologist                   |  | 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  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|  |   |  |
|--|---|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 1/5 Rpt: 8/12  | <b>2</b> FILER NAME<br>Texas Psychological Association PAC  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00016388   |
| <b>4</b> Date<br>01/02/2024  | <b>5</b> Payee name<br>Affinipay  |  |
| <b>6</b> Amount (\$)<br>\$12.19<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>P.O. Box 27074<br><br>Austin, TX 78746   |  |
| <b>8</b> PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees   | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Online processing fees |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH                                     | Candidate/Officeholder name   | Office sought Office held  |
| Date<br>02/02/2024   | Payee name<br>Affinipay   |  |
| Amount (\$)<br>\$20.30<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>P.O. Box 27074<br><br>Austin, TX 78746  |  |
| <b>PURPOSE OF EXPENDITURE</b>  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees   | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Online processing fees |
| Complete ONLY if direct expenditure to benefit C/OH  | Candidate/Officeholder name   | Office sought Office held  |
| Date<br>02/14/2024   | Payee name<br>Cole Hefner Campaign  |  |
| Amount (\$)<br>\$250.00<br><br><input type="checkbox"/> Expenditure from corporate funds         | Payee address; City; State; Zip Code<br>P. O. Box 167<br><br>Mount Pleasant, TX 75456   |  |
| <b>PURPOSE OF EXPENDITURE</b>  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign contribution  |
| Complete ONLY if direct expenditure to benefit C/OH  | Candidate/Officeholder name   | Office sought Office held  |

# 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  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|   |   |   |
|---|---|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 2/5 Rpt: 9/12   | <b>2</b> FILER NAME<br>Texas Psychological Association PAC  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00016388  |
| <b>4</b> Date<br>02/14/2024   | <b>5</b> Payee name<br>Drew Darby Campaign  |   |
| <b>6</b> Amount (\$)<br>\$500.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>P. O. Box 3284<br><br>San Angelo, TX 76902   |   |
| <b>8</b> PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign contribution |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                               | Candidate/Officeholder name   | Office sought Office held   |
| Date<br>02/14/2024  | Payee name<br>Dustin Burrows Campaign   |   |
| Amount (\$)<br>\$500.00<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>123<br><br>xxx, TX 12345  |   |
| <b>PURPOSE OF EXPENDITURE</b>   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign contribution |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH  | Candidate/Officeholder name   | Office sought Office held   |
| Date<br>02/14/2024  | Payee name<br>Erin Zweiner Campaign   |   |
| Amount (\$)<br>\$500.00<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>PO Box 184<br><br>Driftwood, TX 78619   |   |
| <b>PURPOSE OF EXPENDITURE</b>   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign contribution |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH  | Candidate/Officeholder name   | Office sought Office held   |

# 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  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|  |  |  |
|--|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 3/5 Rpt: 10/12 | <b>2</b> FILER NAME<br>Texas Psychological Association PAC | <b>3</b> Filer ID (Ethics Commission Filers)<br>00016388 |
|--|--|--|

|                             |   |
|-----------------------------|---|
| <b>4</b> Date<br>02/14/2024 | <b>5</b> Payee name<br>Greg Bonnen Campaign |
|-----------------------------|---|

|   |   |
|---|---|
| <b>6</b> Amount (\$)<br>\$500.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>PO Box 1183<br><br>Friendswood, TX 77549 |
|---|---|

|                                 |   |   |
|---------------------------------|---|---|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign contribution |
|---------------------------------|---|---|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

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|--------------------|--|
| Date<br>02/14/2024 | Payee name<br>Jared Patterson Campaign |
|--------------------|--|

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| Amount (\$)<br>\$250.00<br><br><input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>P. O. Box 5419<br><br>Frisco, TX 75035 |
|--|--|

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|-------------------------------|---|---|
| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign contribution |
|-------------------------------|---|---|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

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|--------------------|-----------------------------------|
| Date<br>02/14/2024 | Payee name<br>Jeff Leach Campaign |
|--------------------|-----------------------------------|

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|--|---|
| Amount (\$)<br>\$500.00<br><br><input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>P. O. Box 866186<br><br>Plano, TX 75086 |
|--|---|

|                               |   |   |
|-------------------------------|---|---|
| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign contribution |
|-------------------------------|---|---|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

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# 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  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|  |  |  |
|--|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 4/5 Rpt: 11/12 | <b>2</b> FILER NAME<br>Texas Psychological Association PAC | <b>3</b> Filer ID (Ethics Commission Filers)<br>00016388 |
|--|--|--|

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|-----------------------------|--|
| <b>4</b> Date<br>02/14/2024 | <b>5</b> Payee name<br>Nathan Johnson Campaign |
|-----------------------------|--|

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| <b>6</b> Amount (\$)<br>\$1,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>P.O. Box 12068<br><br>Austin, TX 78711 |
|---|---|

|                                 |   |   |
|---------------------------------|---|---|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign contribution |
|---------------------------------|---|---|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

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|--------------------|-------------------------------------|
| Date<br>02/14/2024 | Payee name<br>Reggie Smith Campaign |
|--------------------|-------------------------------------|

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| Amount (\$)<br>\$1,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>300 North Travis St.<br><br>Sherman, TX 75090 |
|--|---|

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|------------------------|--|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign contribution |
|------------------------|--|--|

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|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

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| Date<br>02/14/2024 | Payee name<br>Stephanie Klick Campaign |
|--------------------|--|

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|--|---|
| Amount (\$)<br>\$1,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>P. O. Box 7592<br>Suite 230<br>Fort Worth, TX 76111 |
|--|---|

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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign contribution |
|------------------------|--|--|

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|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

# 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  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|   |   |   |             |
|---|---|---|-------------|
| <b>1</b> Total pages Schedule F1:<br>Sch: 5/5 Rpt: 12/12  | <b>2</b> FILER NAME<br>Texas Psychological Association PAC  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00016388  |             |
| <b>4</b> Date<br>02/14/2024   | <b>5</b> Payee name<br>Wooten for Texas   |   |             |
| <b>6</b> Amount (\$)<br>\$500.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>3861 Long Prairie Rd, Ste 100<br><br>Flower Mound, TX 75028  |   |             |
| <b>8</b> PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign contribution |             |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                               | Candidate/Officeholder name   | Office sought   | Office held |