MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC COVER SHEET PG 1

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The MPAC Instruction Guide explains how to complete this form. 1 Filer ID (Ethics Commission Filers) 00011832					2 Total pages filed: 8
3	B COMMITTEE NAME				OFFICE USE ONLY
	Texas Chiropractic	Assn. PAC			
					07/02/2024
4	COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP		
	ADDITESS	1122 Colorado St., Suite 307			
	Change of Address	Austin, TX 78701-2132			Date Hand-delivered or Date Postmarked
5	CAMPAIGN	MS / MRS / MR FIRST		MI	
	TREASURER NAME	Ryan			Receipt # Amount
					Date Processed
		NICKNAME LAST		SUFFIX	
		Bailey			Date Imaged
6	CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEAS	E); APT / SUITE #; CITY	΄; ST/	ATE; ZIP CODE
	STREET	1702 S. Clack			
	ADDRESS (Residence or Business)				
	(Residence of Business)	Abilene, TX 79605			
7	CAMPAIGN	STREET ADDRESS OR PO BOX;	APT / SUITE #; CITY	(; ST.	ATE; ZIP CODE
	TREASURER	1702 S. Clack			
	MAILING ADDRESS				
		Abilene, TX 79605			
8	CAMPAIGN	AREA CODE PHONE NUMBER	R EXTENSION		
	TREASURER PHONE	(325) 695-2225			
		(0=0) 000 ===0			
9	REPORT TYPE	X Monthly	10th day after campaign treasurer termination	' [Dissolution (Attach PAC-DR)
10) MONTHLY				
1	REPORT FILING	January 5 A	pril 5 X July 5		October 5
	DEADLINE			-	
		February 5	lay 5 August	5	November 5
		March 5	une 5 Septen	nber 5	December 5
11	PERIOD	Month Day Year	THROUGH	Month	Day Year
	COVERED	05/26/2024	THROUGH	06/25/2	2024
⊢					
		G	O TO PAGE 2		
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⊢ 0	ruis provided by Tex	as Ethics Commission www	<i>i</i> .ethics.state.tx.us		Version V4.1.0.d378aba0

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME 13 File				(Ethics Commission Filers)	
Texas Chiropractic Assn. PAC000				2	
14 COMMITTEE ACTIVITY	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.)				
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	145.01	
	2. TOTAL POLITICA (OTHER THAN PLEI	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	495.01	
EXPENDITURE TOTALS		POLITICAL EXPENDITURES	\$	0.00	
	4. TOTAL POLITICA	LEXPENDITURES	\$	600.00	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	14,471.83	
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF REPORTING PERIOD	THE \$	0.00	
16 AFFIDAVIT	•				
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.			
		Duer	Deilov		
	Ryan Bailey Signature of Campaign Treasurer				
	Signature of Campaign Treasurer				
AFFIX NOTARY STAMP / SEAL ABOVE					
Sworn to and subscribed	before me, by the said	, t	his the	day	
of, 20, to certify which, witness my hand and seal of office.					
				<u></u>	
Signature of officer ad	ministering oath	Printed name of officer administering oath	Fitle of of	fficer 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 8

17 COMMIT	(Ethics Commission Filers)		
Texas C			
19 SCHEDU	LE SUBTOTALS		
NAME O	SUBTOTAL AMOUNT		
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 495.01
2. X	2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 0.00
3. X	3. X SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0.00
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	\$	
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA 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 C	RGANIZATION	\$
9. X	9. X SCHEDULE E: LOANS		\$ 0.00
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$ 600.00
11. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0.00
12. X	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$ 0.00
13. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0.00
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	DNS	\$
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$

SUBTOTALS - MPAC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 1/2 Rpt: 4/8
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	practic Assn. PAC		00011832
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
06/21/2024	Ashby D.C., Michael (Dr.)		\$50.00
	6 Contributor address; City; State; Zip Code		
	Garland, TX 75044		
8 Principal occu	pation / Job title (See Instructions))	
Chiropractor		Self	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/05/2024	Blackwell D.C., Jon)	\$50.00
00/05/2024			\$50.00
	Contributor address; City; State; Zip Code Amarillo, TX 79109		
Dringinglassi		Employer (Cas Instructions	N
	ipation / Job title (See Instructions)	Employer (See Instructions)
Doctor of Ch	iropractic	Self	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/27/2024	Montgomery, Micah		\$100.00
	Contributor address; City; State; Zip Code Belton, TX 76513		
Principal occu	Principal occupation / Job title (See Instructions) Employer (See Instruction)
Chiropractor		Self	,
			Arrent of Original straight (b)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/19/2024	Moore D.C., David		\$50.00
	Contributor address; City; State; Zip Code		
	Hewitt, TX 76645		
Principal occu Chiropractor	ipation / Job title (See Instructions)	Employer (See Instructions Self employed)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/29/2024 Pettiet D.C., Devin			\$50.00
	Contributor address; City; State; Zip Code Tomball, TX 77375		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)
Chiropractor		Self	
		1	

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 **1** Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 2/2 Rpt: 5/8 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Texas Chiropractic Assn. PAC 00011832 4 Date 5 Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 7 06/21/2024 \$50.00 Whitehead D.C., J. Todd (Dr.) 6 Contributor address; City; State; Zip Code Amarillo, TX 79106 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Doctor of Chiropractic self

PLEDGED CONTRIBUTIONS SCHEDULE **B** 1 Total pages Schedule B: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 6/8 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Texas Chiropractic Assn. PAC 00011832 4 \$ 0.00 TOTAL OF UNITEMIZED PLEDGES In-kind description 5 Date 6 Full name of pledgor out-of-state PAC (ID#: 8 Amount of 9 1 (If applicable) pledge (\$) 7 Pledgor Address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T 10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions)

LOANS					SCHEDUL	ЕE
I The Instruction Guide explains how to complete this form				iges Schedule E: 1 Rpt: 7/8		
2 FILER NAME 3 Filer				(Ethics Commission F	ilers)	
⁴ TOTAL OF UN	NITEMIZED LOANS				\$	0.00
5 Date of loan	7 Name of lender	out-of-state PA	AC (ID#:)	9 Loan Amount (\$)	
6 Is lender a financial institution?	8 Lender address;	City; State;	Zip Code		10 Interest Rate11 Maturity Date	
12 Principal occupati	ion / Job title (See Instruction	IS)	13 Employer (See Instruction	is)		
14 Description of Co	lateral		15 Check if personal funds w	vere deposited	d into political account (See Instructions)	
16 GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guarantee	d (\$)
not applicable	18 Guarantor address;	City; State;	Zip Code			
20 Principal occupati	l on		21 Employer (See Instruction	າຣ)	1	
None GUARANTOR INFORMATION not applicable	17 Name of guarantor18 Guarantor address;	City; State;	Zip Code		(See Instructions)	d (\$)

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District
Contributions/ Donations Made By Candidate/Officeholder/Politica	
Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	
Sch: 1/1 Rpt: 8/8	Texas Chiropractic Assn. PAC00011832
4 Date	5 Payee name
06/09/2024	Statecraft LLC
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$600.00	13809 Research Blvd.
Expenditure from	Suite 640
corporate funds	Austin, TX 78750
8 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
	lobbyists
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held