

# 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 (Ethics Commission Filers) 00051510	<b>2</b> Total pages filed: 22
<b>3</b> COMMITTEE NAME APRx PAC		<b>OFFICE USE ONLY</b>	
		Date Received ELECTRONICALLY FILED 07/12/2024	
<b>4</b> COMMITTEE ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 802 N. Carancahua St., Ste. 540  Corpus Christi, TX 78401-0011	Date Hand-delivered or Date Postmarked	
		Receipt #	Amount
		Date Processed	
		Date Imaged	
<b>5</b> CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Laird		
	NICKNAME LAST SUFFIX Leavoy		
<b>6</b> CAMPAIGN TREASURER STREET ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 803 N. Carancahua St., Ste. 540  Corpus Christi, TX 78401		
	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 803 N. Carancahua St., Ste. 1830  Corpus Christi, TX 78401		
<b>7</b> CAMPAIGN TREASURER MAILING ADDRESS  <input type="checkbox"/> Change of Address	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 803 N. Carancahua St., Ste. 540  Corpus Christi, TX 78401		
	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 803 N. Carancahua St., Ste. 1830  Corpus Christi, TX 78401		
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (877) 634-5445		
<b>9</b> REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Dissolution (Attach PAC-DR)
	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> 10th day after campaign treasurer termination
<b>10</b> PERIOD COVERED	Month Day Year 02/25/2024	THROUGH	Month Day Year 06/30/2024
	<b>11</b> ELECTION	ELECTION DATE Month Day Year 11/05/2024	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" 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</b> COMMITTEE NAME APRx PAC	<b>13</b> Filer ID (Ethics Commission Filers) 00051510
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<b>14</b> COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

<b>15</b> CONTRIBUTION TOTALS	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b> <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 24,877.50
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 12,250.00
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 447,534.77
OUTSTANDING LOAN TOTALS	<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.

Mr. Laird Leavoy  
\_\_\_\_\_  
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</b> COMMITTEE NAME APRx PAC		<b>18</b> Filer ID (Ethics Commission Filers) 00051510
<b>19</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 24,877.50
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	\$ 12,250.00
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: Sch: 1/15 Rpt: 4/22
<b>2</b> FILER NAME APRx PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00051510
<b>4</b> Date 03/22/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Abeldt, Jeffrey (Mr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Tyler, TX 75707	
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions) Brick Street Pharmacy
Date 04/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Abeldt R.Ph., Jeffrey (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Tyler, TX 75707	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Brickstreet Pharmacy
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Abeldt R.Ph., Jeffrey (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Tyler, TX 75707	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Brickstreet Pharmacy
Date 06/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Abeldt R.Ph., Jeffrey (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Tyler, TX 75707	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Brickstreet Pharmacy
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Alvarado R.Ph., Christopher (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  San Antonio, TX 78253	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) HEB

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/15 Rpt: 5/22
<b>2</b> FILER NAME APRx PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00051510
<b>4</b> Date 04/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Alvarado R.Ph., Christopher (Mr.)	<b>7</b> Amount of Contribution (\$) \$100.00
	<b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78253	
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions) HEB
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Alvarado R.Ph., Christopher (Mr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  San Antonio, TX 78253	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) HEB
Date 06/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Alvarado R.Ph., Christopher (Mr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  San Antonio, TX 78253	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) HEB
Date 04/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Barrera R.Ph., Jaime (Mr.)	Amount of Contribution (\$) \$312.50
	Contributor address; City; State; Zip Code  Alton, TX 78573	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Richard's Pharmacy Alton
Date 04/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Barrera R.Ph., Ramiro (Mr.)	Amount of Contribution (\$) \$312.50
	Contributor address; City; State; Zip Code  Edinburg, TX 78539	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Richard's Pharmacy Edinburg

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/15 Rpt: 6/22
<b>2</b> FILER NAME APRx PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00051510
<b>4</b> Date 04/30/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Eakman R.Ph., Doug (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Angelo, TX 76901	<b>7</b> Amount of Contribution (\$)  \$250.00
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions) Medical Arts Pharmacy
Date 04/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Emde R.Ph., Ed (Mr.) <hr/> Contributor address; City; State; Zip Code  Whitesboro, TX 76273	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Hometown Pharmacy Whitesboro
Date 04/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Emde R.Ph., Ed (Mr.) <hr/> Contributor address; City; State; Zip Code  Gainesville, TX 76240	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Hometown Pharmacy Gainesville
Date 04/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Eubanks R.Ph., Chuck (Mr.) <hr/> Contributor address; City; State; Zip Code  Tyler, TX 75701	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Tyler Rx Pharmacy
Date 04/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Everett R.Ph., Steve (Mr.) <hr/> Contributor address; City; State; Zip Code  Waco, TX 76706	Amount of Contribution (\$)  \$375.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Circle Drug

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/15 Rpt: 7/22
<b>2</b> FILER NAME APRx PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00051510
<b>4</b> Date 03/22/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gorman R.Ph., Kelby (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Sinton, TX 78387	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions) Moore's Compounding Pharmacy
Date 04/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gorman R.Ph., Kelby (Mr.) <hr/> Contributor address; City; State; Zip Code  Sinton, TX 78387	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Moore's Compounding Pharmacy
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gorman R.Ph., Kelby (Mr.) <hr/> Contributor address; City; State; Zip Code  Sinton, TX 78387	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Moore's Compounding Pharmacy
Date 06/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gorman R.Ph., Kelby (Mr.) <hr/> Contributor address; City; State; Zip Code  Sinton, TX 78387	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Moore's Compounding Pharmacy
Date 06/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Griggs R.Ph., Sabrina (Ms.) <hr/> Contributor address; City; State; Zip Code  Kerrville, TX 78028	Amount of Contribution (\$)  \$2,700.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Apothecaryshoppe@hotmail.com

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/15 Rpt: 8/22
<b>2</b> FILER NAME APRx PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00051510
<b>4</b> Date 04/30/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Harrel III R.Ph., Nick (Mr.)	<b>7</b> Amount of Contribution (\$)  \$300.00
<b>6</b> Contributor address; City; State; Zip Code  Kingsville, TX 78363		
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions) Harrel's Kingsville Pharmacy
Date 04/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hickman R.Ph., John (Mr.)	Amount of Contribution (\$)  \$250.00
Contributor address; City; State; Zip Code  Farmersville, TX 75442		
Principal occupation / Job title (See Instructions) Owner/Pharmacy Tech		Employer (See Instructions) Dyer Drug Store
Date 04/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hoffart R.Ph., Steve (Mr.)	Amount of Contribution (\$)  \$2,500.00
Contributor address; City; State; Zip Code  Magnolia, TX 77354		
Principal occupation / Job title (See Instructions) Phamacist		Employer (See Instructions) Magnolia Pharmacy
Date 04/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jackson R.Ph., Michael (Mr.)	Amount of Contribution (\$)  \$250.00
Contributor address; City; State; Zip Code  San Augustine, TX 75972		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) San Augustine Drug Company
Date 04/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kanak R.Ph., Alton (Mr.)	Amount of Contribution (\$)  \$500.00
Contributor address; City; State; Zip Code  Kirbyville, TX 75956		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Brookshire Brothers Kirbyville



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/15 Rpt: 9/22
<b>2</b> FILER NAME APRx PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00051510
<b>4</b> Date 04/30/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kanak R.Ph., Alton (Mr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Katy, TX 77450	
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions) Katy Medical Complex Pharmacy
Date 04/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kanak R.Ph., Alton (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Brenham, TX 77833	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Norman's Pharmacy
Date 04/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kegans R.Ph., H.E. (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Leonard, TX 75452	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Leonard Pharmacy
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lee R.Ph., David (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Webster, TX 77598	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Clear Lake Pharmacy
Date 04/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lee R.Ph., David (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Webster, TX 77598	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Clear Lake Pharmacy

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/15 Rpt: 10/22
<b>2</b> FILER NAME APRx PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00051510
<b>4</b> Date 05/17/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lee R.Ph., David (Mr.)	<b>7</b> Amount of Contribution (\$) \$250.00
	<b>6</b> Contributor address; City; State; Zip Code  Webster, TX 77598	
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions) Clear Lake Pharmacy
Date 06/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lee R.Ph., David (Mr.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  Webster, TX 77598	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Clear Lake Pharmacy
Date 04/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Margo R.Ph., Yvonne (Ms.)	Amount of Contribution (\$) \$312.50
	Contributor address; City; State; Zip Code  Donna, TX 78537	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Richard's Pharmacy Donna
Date 04/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Martin R.Ph., Brad (Mr.)	Amount of Contribution (\$) \$1,250.00
	Contributor address; City; State; Zip Code  Tyler, TX 75703	
Principal occupation / Job title (See Instructions) Owner Pharmacist		Employer (See Instructions) Kinsey's Pharmacy
Date 04/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Martin R.Ph., James (Mr.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  Crockett, TX 75835	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Davy Crockett Drug

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/15 Rpt: 11/22
<b>2</b> FILER NAME APRx PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00051510
<b>4</b> Date 06/18/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Martinez R.Ph., Luis (Mr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Laredo, TX 78041	
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions) Med Center Rx
Date 04/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Muecke R.Ph., Mike (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Palacios, TX 77465	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Palacios Prescription Shop
Date 04/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Neale R.Ph., Tommy (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Waco, TX 76708	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Pharmacy Plus
Date 04/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nguyen R.Ph., Mark (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Irving, TX 75061	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Gibson Pharmacy
Date 04/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Oben R.Ph., A.J. (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  College Station, TX 77845	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Goldstar Pharmacy

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/15 Rpt: 12/22
<b>2</b> FILER NAME APRx PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00051510
<b>4</b> Date 04/30/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ochoa R.Ph., Joe (Mr.)	<b>7</b> Amount of Contribution (\$) \$625.00
	<b>6</b> Contributor address; City; State; Zip Code  Edinburg, TX 78539	
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions) Ochoa's Pharmacy Central
Date 04/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ochoa R.Ph., Joe (Mr.)	Amount of Contribution (\$) \$625.00
	Contributor address; City; State; Zip Code  Edinburg, TX 78539	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Ochoa's Pharmacy South
Date 04/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Oglesbee R.Ph., Vance (Mr.)	Amount of Contribution (\$) \$750.00
	Contributor address; City; State; Zip Code  Fairfield, TX 75840	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Hometown Pharmacy
Date 04/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Parker R.Ph., Doug (Mr.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  Seguin, TX 78155	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Parker's City Pharmacy
Date 04/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Patterson R.Ph., Laura (Ms.)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code  Hale Center, TX 79401	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Hale Center Clinical Pharmacy

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/15 Rpt: 13/22
<b>2</b> FILER NAME APRx PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00051510
<b>4</b> Date 04/30/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Peippo R.Ph., Mark (Mr.)	<b>7</b> Amount of Contribution (\$) \$625.00
<b>6</b> Contributor address; City; State; Zip Code  Pottsboro, TX 75076		
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions) Family Pharmacy of Pottsboro
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pelzel R.Ph., Connor (Mr.)	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  Collinsville, TX 76233		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Hometown Pharmacy Pilot Point
Date 04/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pelzel R.Ph., Connor (Mr.)	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  Collinsville, TX 76233		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Hometown Pharmacy Pilot Point
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pelzel R.Ph., Connor (Mr.)	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  Collinsville, TX 76233		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Hometown Pharmacy Pilot Point
Date 06/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pelzel R.Ph., Connor (Mr.)	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  Collinsville, TX 76233		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Hometown Pharmacy Pilot Point

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/15 Rpt: 14/22
<b>2</b> FILER NAME APRx PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00051510
<b>4</b> Date 04/30/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pelzel R.Ph., Russell (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Pilot Point, TX 76258	<b>7</b> Amount of Contribution (\$)  \$500.00
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions) Pelzel's Hometown Pharmacy
Date 04/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Perrone R.Ph., Paula (Ms.) <hr/> Contributor address; City; State; Zip Code  Ft. Worth, TX 76116	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Perrone Pharmacy, Inc.
Date 04/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rawls R.Ph., Vanessa (Ms.) <hr/> Contributor address; City; State; Zip Code  Mission, TX 78572	Amount of Contribution (\$)  \$312.50
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Richard's Pharmacy Mission
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rodriguez, Miguel (Mr.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78704	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) General Counsel		Employer (See Instructions) American Pharmacies
Date 04/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rodriguez, Miguel (Mr.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78704	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) General Counsel		Employer (See Instructions) American Pharmacies

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 12/15 Rpt: 15/22
<b>2</b> FILER NAME APRx PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00051510
<b>4</b> Date 05/17/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rodriguez, Miguel (Mr.)	<b>7</b> Amount of Contribution (\$) \$100.00
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78704		
<b>8</b> Principal occupation / Job title (See Instructions) General Counsel		<b>9</b> Employer (See Instructions) American Pharmacies
Date 06/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rodriguez, Miguel (Mr.)	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  Austin, TX 78704		
Principal occupation / Job title (See Instructions) General Counsel		Employer (See Instructions) American Pharmacies
Date 04/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schley R.Ph., Kelli (Ms.)	Amount of Contribution (\$) \$62.50
Contributor address; City; State; Zip Code  Yoakum, TX 77995		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Yoakum Discount Pharmacy
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Spence R.Ph., David (Mr.)	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code  Lake Jackson, TX 77566		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Spence Pharmacies
Date 04/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Spence R.Ph., David (Mr.)	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code  Lake Jackson, TX 77566		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Spence Pharmacies

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 13/15 Rpt: 16/22
<b>2</b> FILER NAME APRx PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00051510
<b>4</b> Date 05/17/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Spence R.Ph., David (Mr.)	<b>7</b> Amount of Contribution (\$) \$250.00
	<b>6</b> Contributor address; City; State; Zip Code  Lake Jackson, TX 77566	
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions) Spence Pharmacies
Date 04/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vogler R.Ph., Mark (Mr.)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code  Amarillo, TX 79120	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Martin Tipton Pharmacy
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Waters, Chuck (Mr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Belton, TX 76513	
Principal occupation / Job title (See Instructions) VP Marketing and Communications		Employer (See Instructions) American Pharmacies
Date 04/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Waters, Chuck (Mr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Belton, TX 76513	
Principal occupation / Job title (See Instructions) VP Marketing and Communications		Employer (See Instructions) American Pharmacies
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Waters, Chuck (Mr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Belton, TX 76513	
Principal occupation / Job title (See Instructions) VP Marketing and Communications		Employer (See Instructions) American Pharmacies



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 14/15 Rpt: 17/22
<b>2</b> FILER NAME APRx PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00051510
<b>4</b> Date 06/18/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Waters, Chuck (Mr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Belton, TX 76513	
<b>8</b> Principal occupation / Job title (See Instructions) VP Marketing and Communications		<b>9</b> Employer (See Instructions) American Pharmacies
Date 04/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wilson R.Ph., John (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Amarillo, TX 79106	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Catching's Prescriptions
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wright, Michael (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Austin, TX 78759	
Principal occupation / Job title (See Instructions) VP Government Affairs		Employer (See Instructions) American Pharmacies
Date 04/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wright, Michael (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Austin, TX 78759	
Principal occupation / Job title (See Instructions) VP Government Affairs		Employer (See Instructions) American Pharmacies
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wright, Michael (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Austin, TX 78759	
Principal occupation / Job title (See Instructions) VP Government Affairs		Employer (See Instructions) American Pharmacies

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 15/15 Rpt: 18/22
<b>2</b> FILER NAME APRx PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00051510
<b>4</b> Date 06/18/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wright, Michael (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78759	<b>7</b> Amount of Contribution (\$)  \$250.00
<b>8</b> Principal occupation / Job title (See Instructions) VP Government Affairs		<b>9</b> Employer (See Instructions) American Pharmacies
Date 04/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Yarbrough R.Ph., Sean (Mr.) <hr/> Contributor address; City; State; Zip Code  Houston, TX 77081	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Hillcroft Pharmacy

# 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: Sch: 1/4 Rpt: 19/22	<b>2</b> FILER NAME APRx PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00051510
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<b>4</b> Date 06/20/2024	<b>5</b> Payee name Brent Hagenbuch
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<b>6</b> Amount (\$) \$1,000.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 1 Greenway Plaza #225  Houston, TX 77046
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
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<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 05/24/2024	Payee name Bryan Hughes
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Amount (\$) \$5,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 450  Mineola, TX 75773
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 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 03/25/2024	Payee name David Cook
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Amount (\$) \$500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 309 Broad Street  Mansfield, TX 76063
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 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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# 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: Sch: 2/4 Rpt: 20/22	<b>2</b> FILER NAME APRx PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00051510
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<b>4</b> Date 03/18/2024	<b>5</b> Payee name Frazier, Frederick (Mr.)
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<b>6</b> Amount (\$) \$1,000.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 4100 Eldorado Pkwy Ste. 100 McKinney, TX 75070
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 03/23/2024	Payee name Jeff Bauknight
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Amount (\$) \$1,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 4122  Victoria, TX 77903
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 03/18/2024	Payee name John Kuempel
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Amount (\$) \$1,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 177  Seguin, TX 78156
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
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Complete ONLY 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: Sch: 3/4 Rpt: 21/22	<b>2</b> FILER NAME APRx PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00051510
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<b>4</b> Date 03/19/2024	<b>5</b> Payee name Justin Holland
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<b>6</b> Amount (\$) \$750.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 3021 Ridge Road Suite A Box 79 Rockwall, TX 75032
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
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<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 06/06/2024	Payee name Lacey Hull
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Amount (\$) \$500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 19231  Houston, TX 77224
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 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 06/06/2024	Payee name Philip Cortez
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Amount (\$) \$500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 7919 Liberty Island  San Antonio, TX 78227
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 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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# 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: Sch: 4/4 Rpt: 22/22	<b>2</b> FILER NAME APRx PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00051510
<b>4</b> Date 04/25/2024	<b>5</b> Payee name Sarah Eckhardt	
<b>6</b> Amount (\$) \$1,000.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code P.O. Box 301586  Austin, TX 78703	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
		Office held