FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00051510 3 COMMITTEE NAME **OFFICE USE ONLY APRX PAC** Date Received **ELECTRONICALLY FILED** 07/12/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 802 N. Carancahua St., Ste. 540 Date Hand-delivered or Date Postmarked Change of Address Corpus Christi, TX 78401-0011 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Laird NAME NICKNAME LAST **SUFFIX** Leavoy STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 803 N. Carancahua St., Ste. 540 STREET **ADDRESS** (Residence or Business) Corpus Christi, TX 78401 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 803 N. Carancahua St., Ste. 1830 MAILING **ADDRESS** Corpus Christi, TX 78401 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (877) 634-5445 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Х Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 02/25/2024 06/30/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other 11/05/2024 χ General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
APRx PAC			00051510	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS No check here if this report	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	AL CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS)	\$	24,877.50
EXPENDITURE TOTALS	3. TOTAL UNITEMIZE	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	12,250.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	447,534.77
OUTSTANDING LOAN TOTALS	1	AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	<u>'</u>		<u> </u>	
		I swear, or affirm, under penalty of per true and correct and includes all inforr under Title 15, Election Code.		
		Mr. Laire	d Leavoy	
		Signature of Car	mpaign Treasu	rer
AFFIX NOTAE	RY STAMP / SEAL ABOVE			
Sworn to and subscrib	ed before me, by the said _	, th	nis 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 offic	cer administering oath

SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

			3 of 22
17 COMMITTEE APRX PAC		18 Filer ID 00051510	(Ethics Commission Filers)
19 SCHEDULE NAME OF S			SUBTOTAL AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 24,877.50
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION)R	\$
	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$
	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$
9.	SCHEDULE E: LOANS		\$
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$ 12,250.00
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$

	MONEI	ARY POLITICAL CONTRIB	SUTION	IS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete	e this for	m.	1	Total pages Schedule A1: Sch: 1/15 Rpt: 4/22	
2	FILER NAME APRX PAC				3	Filer ID (Ethics Commission 00051510	n Filers)
4	Date 03/22/2024	 Full name of contributor	PAC (ID#:)	7	Amount of Contribution (\$)	\$100.00
8	Principal occu	Tyler, TX 75707 pation / Job title (See Instructions)	9	Employer (See Instructions)		
-	Pharmacist	,		Brick Street Pharmacy	,		
	Date 04/15/2024	Full name of contributor out-of-state P Abeldt R.Ph., Jeffrey (Mr.) Contributor address; City; State; Zip Code	PAC (ID#:			Amount of Contribution (\$)	\$100.00
		Tyler, TX 75707					
	Principal occu Pharmacist	pation / Job title (See Instructions)		Employer (See Instructions Brickstreet Pharmacy)		
	Date 05/17/2024	Full name of contributor out-of-state P Abeldt R.Ph., Jeffrey (Mr.) Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$100.00
		Tyler, TX 75707					
	Principal occu Pharmacist	pation / Job title (See Instructions)		Employer (See Instructions Brickstreet Pharmacy)		
	Date 06/18/2024	Full name of contributor out-of-state P Abeldt R.Ph., Jeffrey (Mr.) Contributor address; City; State; Zip Code Tyler, TX 75707	PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu Pharmacist	pation / Job title (See Instructions)		Employer (See Instructions Brickstreet Pharmacy)		
	Date 03/22/2024	Full name of contributor out-of-state P Alvarado R.Ph., Christopher (Mr.) Contributor address; City; State; Zip Code San Antonio, TX 78253	AC (ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu Pharmacist	pation / Job title (See Instructions)		Employer (See Instructions HEB)		

	MONEI	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1
	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 2/15 Rpt: 5/22
2	FILER NAME APRX PAC			3 Filer ID (Ethics Commission Filers) 00051510
4	Date 04/15/2024	 Full name of contributor out-of-state PAC (ID#:_Alvarado R.Ph., Christopher (Mr.) Contributor address; City; State; Zip Code 		7 Amount of Contribution (\$) \$100.00
8	Principal occu	San Antonio, TX 78253 pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u> s)
	Pharmacist		HEB	
	Date 05/17/2024	Full name of contributor out-of-state PAC (ID#:_ Alvarado R.Ph., Christopher (Mr.) Contributor address; City; State; Zip Code)	Amount of Contribution (\$) \$100.00
		San Antonio, TX 78253		
	Principal occu Pharmacist	pation / Job title (See Instructions)	Employer (See Instructions HEB	5)
	Date 06/18/2024	Full name of contributor out-of-state PAC (ID#:_Alvarado R.Ph., Christopher (Mr.) Contributor address; City; State; Zip Code)	Amount of Contribution (\$) \$100.00
		San Antonio, TX 78253		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
	Date 04/30/2024	Full name of contributor out-of-state PAC (ID#:_ Barrera R.Ph., Jaime (Mr.) Contributor address; City; State; Zip Code)	Amount of Contribution (\$) \$312.50
	Principal occu Pharmacist	pation / Job title (See Instructions)	Employer (See Instructions Richard's Pharmacy Alt	
	Date 04/30/2024	Full name of contributor out-of-state PAC (ID#:_ Barrera R.Ph., Ramiro (Mr.) Contributor address; City; State; Zip Code Edinburg, TX 78539)	Amount of Contribution (\$) \$312.50
	Principal occu Pharmacist	pation / Job title (See Instructions)	Employer (See Instructions Richard's Pharmacy Ed	

	MONEI	ARY POLITICAL CONTRIBUT	ION	15		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete thi	is for	m.	1	Total pages Schedule A1: Sch: 3/15 Rpt: 6/22	
2	FILER NAME APRX PAC				3	Filer ID (Ethics Commission 00051510	n Filers)
4	Date 04/30/2024	 Full name of contributor out-of-state PAC (I Eakman R.Ph., Doug (Mr.) Contributor address; City; State; Zip Code 	D#:)	7	Amount of Contribution (\$)	\$250.00
0	Dringing Loggy	San Angelo, TX 76901	ام	Employer (See Instructions	_		
8	Pharmacist	pation / Job title (See Instructions)	9	Employer (See Instructions Medical Arts Pharmacy	·)		
	Date 04/30/2024	Full name of contributor out-of-state PAC (I Emde R.Ph., Ed (Mr.) Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$500.00
	Principal occu	Whitesboro, TX 76273		Employer (See Instructions			
	Pharmacist Pharmacist	pation / Job title (See Instructions)		Hometown Pharmacy W		esboro	
	Date 04/30/2024	Full name of contributor out-of-state PAC (I Emde R.Ph., Ed (Mr.) Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$500.00
		Gainesville, TX 76240					
	Principal occu Pharmacist	pation / Job title (See Instructions)		Employer (See Instructions Hometown Pharmacy G		esville	
	Date 04/30/2024	Full name of contributor out-of-state PAC (I Eubanks R.Ph., Chuck (Mr.) Contributor address; City; State; Zip Code Tyler, TX 75701	D#:)		Amount of Contribution (\$)	\$250.00
	Principal occu Pharmacist	pation / Job title (See Instructions)		Employer (See Instructions Tyler Rx Pharmacy)		
	Date 04/30/2024	Full name of contributor out-of-state PAC (I Everett R.Ph., Steve (Mr.) Contributor address; City; State; Zip Code Waco, TX 76706	D#:)		Amount of Contribution (\$)	\$375.00
	Principal occu Pharmacist	pation / Job title (See Instructions)		Employer (See Instructions Circle Drug	()		
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	MONEI	ARY POLITICAL CO	NIRIBUTION	S	SCHEDULE /	41
	The Instru	ction Guide explains how to	complete this form	n.	1 Total pages Schedule A1: Sch: 4/15 Rpt: 7/22	
2	FILER NAME APRX PAC				3 Filer ID (Ethics Commission File 00051510	ers)
4	Date 03/22/2024	5 Full name of contributor Gorman R.Ph., Kelby (Mr.)6 Contributor address; City; State;	out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	\$50.00
		Sinton, TX 78387	<u> </u>			
8	Principal occu Pharmacist	pation / Job title (See Instructions)		Employer (See Instructions Moore's Compounding F		
	Date 04/15/2024	Full name of contributor Gorman R.Ph., Kelby (Mr.) Contributor address; City; State;	out-of-state PAC (ID#:)	Amount of Contribution (\$)	\$50.00
		Sinton, TX 78387				
	Principal occu Pharmacist	pation / Job title (See Instructions)		Employer (See Instructions Moore's Compounding F		
	Date	Full name of contributor		. I		
	05/17/2024	Gorman R.Ph., Kelby (Mr.) Contributor address; City; State;	out-of-state PAC (ID#:		Amount of Contribution (\$)	\$50.00
		Sinton, TX 78387				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)	
	Pharmacist			Moore's Compounding F	Pharmacy	
	Date 06/18/2024	Full name of contributor Gorman R.Ph., Kelby (Mr.) Contributor address; City; State; Sinton, TX 78387	out-of-state PAC (ID#:		Amount of Contribution (\$)	\$50.00
	Principal occu Pharmacist	pation / Job title (See Instructions)		Employer (See Instructions Moore's Compounding F		
	Date 06/20/2024	Full name of contributor Griggs R.Ph., Sabrina (Ms.) Contributor address; City; State; Kerrville, TX 78028	out-of-state PAC (ID#:)	Amount of Contribution (\$) \$2,7	700.00
	Principal occu Pharmacist	pation / Job title (See Instructions)		Employer (See Instructions Apothecaryshoppe@hot		

	MONEI	ARY POLITICAL CONTRIBUTION	ON	NS		SCHEDUI	E A1
	The Instru	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 5/15 Rpt: 8/22	
2	FILER NAME APRx PAC				3	Filer ID (Ethics Commission 00051510	on Filers)
4	Date 04/30/2024	 5 Full name of contributor out-of-state PAC (ID# Harrel III R.Ph., Nick (Mr.) 6 Contributor address; City; State; Zip Code 	: <u> </u>)	7	Amount of Contribution (\$)	\$300.00
		Kingsville, TX 78363					
8	Principal occu Pharmacist	pation / Job title (See Instructions)	9	Employer (See Instructions Harrel's Kingsville Phari		су	
	Date 04/30/2024	Full name of contributor	: <u> </u>)		Amount of Contribution (\$)	\$250.00
		Farmersville, TX 75442			_		
	Principal occu Owner/Phari	pation / Job title (See Instructions) macv Tech		Employer (See Instructions Dyer Drug Store	5)		
	Date 04/30/2024	Full name of contributor out-of-state PAC (ID# Hoffart R.Ph., Steve (Mr.) Contributor address; City; State; Zip Code	:			Amount of Contribution (\$)	\$2,500.00
	Dringingless	Magnolia, TX 77354	_	Franksian (Caa kastuustiana	<u></u>		
	Principal occu Phamacist	pation / Job title (See Instructions)		Employer (See Instructions Magnolia Pharmacy	5)		
	Date 04/30/2024	Full name of contributor)		Amount of Contribution (\$)	\$250.00
	Principal occu Pharmacist	pation / Job title (See Instructions)		Employer (See Instructions San Augustine Drug Co	•	any	
	Date 04/30/2024	Full name of contributor out-of-state PAC (ID# Kanak R.Ph., Alton (Mr.) Contributor address; City; State; Zip Code Kirbyville, TX 75956	:)		Amount of Contribution (\$)	\$500.00
	Principal occu Pharmacist	pation / Job title (See Instructions)		Employer (See Instructions Brookshire Brothers Kirl		ille	
			•				

	MONET	ARY POLITICAL CONTRIBUT	TION	IS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete thi	is for	m.	1	Total pages Schedule A1: Sch: 6/15 Rpt: 9/22	
2	FILER NAME APRX PAC				3	Filer ID (Ethics Commission 00051510	n Filers)
4	Date 04/30/2024	 5 Full name of contributor out-of-state PAC (I Kanak R.Ph., Alton (Mr.) 6 Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$500.00
		Katy, TX 77450					
8	Principal occu Pharmacist	pation / Job title (See Instructions)	9	Employer (See Instructions Katy Medical Complex I		armacy	
	Date 04/30/2024	Full name of contributor out-of-state PAC (I Kanak R.Ph., Alton (Mr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00
		Brenham, TX 77833					
	Principal occu Pharmacist	pation / Job title (See Instructions)		Employer (See Instructions Norman's Pharmacy	s)		
	Date 04/30/2024	Full name of contributor out-of-state PAC (I Kegans R.Ph., H.E. (Mr.) Contributor address; City; State; Zip Code	D#:		•	Amount of Contribution (\$)	\$250.00
		Leonard, TX 75452					
	Principal occu Pharmacist	pation / Job title (See Instructions)		Employer (See Instructions Leonard Pharmacy	s)		
	Date 03/22/2024	Full name of contributor out-of-state PAC (I Lee R.Ph., David (Mr.) Contributor address; City; State; Zip Code Webster, TX 77598)	•	Amount of Contribution (\$)	\$250.00
	Principal occu Pharmacist	pation / Job title (See Instructions)		Employer (See Instructions Clear Lake Pharmacy	5)		
	Date 04/15/2024	Full name of contributor out-of-state PAC (I Lee R.Ph., David (Mr.) Contributor address; City; State; Zip Code Webster, TX 77598			•	Amount of Contribution (\$)	\$250.00
	Principal occu Pharmacist	pation / Job title (See Instructions)		Employer (See Instructions Clear Lake Pharmacy	5)		

	MONEI	ARY POLITICAL (CONTRIBUTION	IS		SCHEDUI	E A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 7/15 Rpt: 10/22	
2	FILER NAME APRX PAC				3	Filer ID (Ethics Commission 00051510	on Filers)
4	Date 05/17/2024	5 Full name of contributor Lee R.Ph., David (Mr.)6 Contributor address; City; St	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$250.00
_		Webster, TX 77598			<u> </u>		
8	Principal occu Pharmacist	pation / Job title (See Instructions	9	Employer (See Instructions Clear Lake Pharmacy	5)		
	Date 06/18/2024	Full name of contributor Lee R.Ph., David (Mr.) Contributor address; City; St	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$250.00
		Webster, TX 77598			_		
	Principal occu Pharmacist	pation / Job title (See Instructions	s) 	Employer (See Instructions Clear Lake Pharmacy	5)		
	Date 04/30/2024	Full name of contributor Margo R.Ph., Yvonne (Ms Contributor address; City; Si)		Amount of Contribution (\$)	\$312.50
		Donna, TX 78537					
	Principal occu Pharmacist	pation / Job title (See Instructions	5)	Employer (See Instructions Richard's Pharmacy Do	•	ı	
	Date 04/30/2024	Full name of contributor Martin R.Ph., Brad (Mr.) Contributor address; City; Si	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1,250.00
	Principal occu Owner Phari	pation / Job title (See Instructions macist	5)	Employer (See Instructions Kinsey's Pharmacy	5)		
	Date 04/30/2024	Full name of contributor Martin R.Ph., James (Mr.) Contributor address; City; Si Crockett, TX 75835)		Amount of Contribution (\$)	\$250.00
	Principal occu Pharmacist	pation / Job title (See Instructions	s)	Employer (See Instructions Davy Crockett Drug	5)		

	MONET	ARY POLITICAL CONTRIBUTIO	N	S		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	rr	n.	1	Total pages Schedule A1: Sch: 8/15 Rpt: 11/22	
2	FILER NAME APRX PAC				3	Filer ID (Ethics Commission 00051510	n Filers)
4	Date 06/18/2024	 Full name of contributor out-of-state PAC (ID#:_Martinez R.Ph., Luis (Mr.) Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$365.00
		Laredo, TX 78041					
8	Principal occu Pharmacist	pation / Job title (See Instructions)	9	Employer (See Instructions Med Center Rx	s)		
	Date 04/30/2024	Full name of contributor out-of-state PAC (ID#:_Muecke R.Ph., Mike (Mr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$250.00
	Dringing aggr	Palacios, TX 77465		Employer (See Instructions	<u></u>		
	Pharmacist	pation / Job title (See Instructions)		Employer (See Instructions Palacios Prescription Sh			
	Date 04/30/2024	Full name of contributor out-of-state PAC (ID#:_Neale R.Ph., Tommy (Mr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,250.00
		Waco, TX 76708					
	Principal occu Pharmacist	pation / Job title (See Instructions)		Employer (See Instructions Pharmacy Plus	5)		
	Date 04/30/2024	Full name of contributor out-of-state PAC (ID#:_ Nguyen R.Ph., Mark (Mr.) Contributor address; City; State; Zip Code Irving, TX 75061				Amount of Contribution (\$)	\$250.00
	Principal occu Pharmacist	pation / Job title (See Instructions)		Employer (See Instructions Gibson Pharmacy	5)		
	Date 04/30/2024	Full name of contributor out-of-state PAC (ID#:_ Oben R.Ph., A.J. (Mr.) Contributor address; City; State; Zip Code College Station, TX 77845)		Amount of Contribution (\$)	\$250.00
	Principal occu Pharmacist	pation / Job title (See Instructions)		Employer (See Instructions Goldstar Pharmacy	5)		
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	MONEI	ARY POLITICAL CONTRIBUTI	ION	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this	s for	m.	1	Total pages Schedule A1: Sch: 9/15 Rpt: 12/22	
2	FILER NAME APRX PAC				3	Filer ID (Ethics Commission 00051510	n Filers)
4	Date 04/30/2024	 5 Full name of contributor out-of-state PAC (ID Ochoa R.Ph., Joe (Mr.) 6 Contributor address; City; State; Zip Code)#:)	7	Amount of Contribution (\$)	\$625.00
		Edinburg, TX 78539					
8	Principal occu Pharmacist	pation / Job title (See Instructions)	9	Employer (See Instructions Ochoa's Pharmacy Cen			
	Date 04/30/2024	Full name of contributor out-of-state PAC (ID Ochoa R.Ph., Joe (Mr.) Contributor address; City; State; Zip Code)#:			Amount of Contribution (\$)	\$625.00
		Edinburg, TX 78539					
	Principal occu Pharmacist	pation / Job title (See Instructions)		Employer (See Instructions Ochoa's Pharmacy Sou			
	Date 04/30/2024	Full name of contributor out-of-state PAC (ID Oglesbee R.Ph., Vance (Mr.) Contributor address; City; State; Zip Code)#:)		Amount of Contribution (\$)	\$750.00
		Fairfield, TX 75840					
	Principal occu Pharmacist	pation / Job title (See Instructions)		Employer (See Instructions Hometown Pharmacy	5)		
	Date 04/30/2024	Full name of contributor out-of-state PAC (ID Parker R.Ph., Doug (Mr.) Contributor address; City; State; Zip Code Seguin, TX 78155	#:)		Amount of Contribution (\$)	\$250.00
	Principal occu Pharmacist	pation / Job title (See Instructions)		Employer (See Instructions Parker's City Pharmacy)		
	Date 04/30/2024	Full name of contributor out-of-state PAC (ID Patterson R.Ph., Laura (Ms.) Contributor address; City; State; Zip Code Hale Center, TX 79401	#:)		Amount of Contribution (\$)	\$500.00
	Principal occu Pharmacist	pation / Job title (See Instructions)		Employer (See Instructions Hale Center Clinical Pha		nacy	
			•				

	MONEI	ARY POLITICAL C	ONTRIBUTION	iS	SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this for	n.	1 Total pages Schedule A1: Sch: 10/15 Rpt: 13/22	
2	FILER NAME APRX PAC				3 Filer ID (Ethics Commission 00051510	n Filers)
4	Date 04/30/2024	Full name of contributor Peippo R.Ph., Mark (Mr.)Contributor address; City; Sta	out-of-state PAC (ID#: ate; Zip Code)	7 Amount of Contribution (\$)	\$625.00
		Pottsboro, TX 75076				
8	Principal occu Pharmacist	pation / Job title (See Instructions)	9	Employer (See Instructions Family Pharmacy of Pot		
	Date 03/22/2024	Full name of contributor Pelzel R.Ph., Connor (Mr.) Contributor address; City; Sta			Amount of Contribution (\$)	\$100.00
	Principal occu	Collinsville, TX 76233 pation / Job title (See Instructions)		Employer (See Instructions Hometown Pharmacy P		
	Date 04/15/2024	Full name of contributor Pelzel R.Ph., Connor (Mr.) Contributor address; City; Sta			Amount of Contribution (\$)	\$100.00
	Principal occu	Collinsville, TX 76233 pation / Job title (See Instructions)		Employer (See Instructions	s)	
	Pharmacist			Hometown Pharmacy P	Pilot Point	
	Date 05/17/2024	Full name of contributor Pelzel R.Ph., Connor (Mr.) Contributor address; City; Sta Collinsville, TX 76233			Amount of Contribution (\$)	\$100.00
	Principal occu Pharmacist	pation / Job title (See Instructions)		Employer (See Instructions Hometown Pharmacy P		
	Date 06/18/2024	Full name of contributor Pelzel R.Ph., Connor (Mr.) Contributor address; City; Sta)	Amount of Contribution (\$)	\$100.00
	Principal occu Pharmacist	pation / Job title (See Instructions)		Employer (See Instructions Hometown Pharmacy P		
			<u>, </u>			

	MONEI	ARY POLITICAL CO	NIRIBUTION	S		E A1			
	The Instruction Guide explains how to complete this form.					1 Total pages Schedule A1: Sch: 11/15 Rpt: 14/22			
2	FILER NAME APRX PAC				Filer ID (Ethics Commission 00051510	n Filers)			
4	Date 04/30/2024 5 Full name of contributor out-of-state PAC (ID#:) Pelzel R.Ph., Russell (Mr.) 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$500.00				
_	Deinsinal assu	Pilot Point, TX 76258		Franksian (Cas Instructions)					
8	Principal occu Pharmacist	pation / Job title (See Instructions)		Employer (See Instructions) Pelzel's Hometown Phar		CV			
	Date 04/30/2024	Full name of contributor Perrone R.Ph., Paula (Ms.) Contributor address; City; State	out-of-state PAC (ID#:; Zip Code			Amount of Contribution (\$)	\$250.00		
		Ft. Worth, TX 76116							
	Principal occu Pharmacist	pation / Job title (See Instructions)		Employer (See Instructions) Perrone Pharmacy, Inc.)				
	Date 04/30/2024	Full name of contributor Rawls R.Ph., Vanessa (Ms.) Contributor address; City; State	out-of-state PAC (ID#:;)	,	Amount of Contribution (\$)	\$312.50		
		Mission, TX 78572							
	Principal occu Pharmacist	pation / Job title (See Instructions)		Employer (See Instructions) Richard's Pharmacy Mis	•	1			
	Date 03/22/2024	Full name of contributor Rodriguez, Miguel (Mr.) Contributor address; City; State Austin, TX 78704	out-of-state PAC (ID#:;			Amount of Contribution (\$)	\$100.00		
	Principal occu General Cou	pation / Job title (See Instructions) insel		Employer (See Instructions) American Pharmacies)				
	Date 04/15/2024	Full name of contributor Rodriguez, Miguel (Mr.) Contributor address; City; State Austin, TX 78704	out-of-state PAC (ID#:; Zip Code)		Amount of Contribution (\$)	\$100.00		
	Principal occu General Cou	pation / Job title (See Instructions)		Employer (See Instructions) American Pharmacies	<u> </u>				
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	MONET	ARY POLITICAL CONTRIBUTION)N	IS		SCHEDUL	E A1	
	The Instruc	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 12/15 Rpt: 15/22		
2	P FILER NAME APRX PAC			3	Filer ID (Ethics Commission 00051510	n Filers)		
4	Date 05/17/2024	 Full name of contributor out-of-state PAC (ID#:_Rodriguez, Miguel (Mr.) Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$100.00	
		Austin, TX 78704	_					
8	Principal occu General Cou	pation / Job title (See Instructions) Insel	9	Employer (See Instructions American Pharmacies	5)			
	Date 06/18/2024	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00	
	Principal occu	Austin, TX 78704 pation / Job title (See Instructions)		Employer (See Instructions	 s)			
General Counsel		insel		American Pharmacies				
	Date 04/30/2024	Full name of contributor out-of-state PAC (ID#:_ Schley R.Ph., Kelli (Ms.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$62.50	
		Yoakum, TX 77995						
	Principal occu Pharmacist	pation / Job title (See Instructions)		Employer (See Instructions Yoakum Discount Pharr		су		
	Date 03/22/2024	Full name of contributor out-of-state PAC (ID#:_ Spence R.Ph., David (Mr.) Contributor address; City; State; Zip Code Lake Jackson, TX 77566)		Amount of Contribution (\$)	\$250.00	
	Principal occu Pharmacist	pation / Job title (See Instructions)		Employer (See Instructions Spence Pharmacies	5)			
	Date 04/15/2024	Full name of contributor out-of-state PAC (ID#:_ Spence R.Ph., David (Mr.) Contributor address; City; State; Zip Code Lake Jackson, TX 77566)		Amount of Contribution (\$)	\$250.00	
	Principal occu Pharmacist	pation / Job title (See Instructions)		Employer (See Instructions Spence Pharmacies	;)			

	MONEI	ARY POLITICAL (CONTRIBUTION	NS		E A1			
	The Instruction Guide explains how to complete this form.					. Total pages Schedule A1: Sch: 13/15 Rpt: 16/22			
2	FILER NAME APRX PAC			3	Filer ID (Ethics Commission 00051510	n Filers)			
4	Date 5 Full name of contributor out-of-state PAC (ID#:) 55/17/2024 Spence R.Ph., David (Mr.) 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$250.00				
•	Dringinal occu	Lake Jackson, TX 77566 pation / Job title (See Instructions	<u> </u>	Employer (See Instructions	·/-				
0	Pharmacist Pharmacist	pation / Job title (See Instructions	5)	Spence Pharmacies	·)				
	Date 04/30/2024	Full name of contributor Vogler R.Ph., Mark (Mr.) Contributor address; City; S	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$500.00		
		Amarillo, TX 79120							
	Principal occu Pharmacist	pation / Job title (See Instructions	(3)	Employer (See Instructions Martin Tipton Pharmacy					
	Date 03/22/2024	Full name of contributor Waters, Chuck (Mr.) Contributor address; City; S	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$100.00		
		Belton, TX 76513							
		pation / Job title (See Instructions g and Communications	5)	Employer (See Instructions American Pharmacies	s)				
	Date 04/15/2024	Full name of contributor Waters, Chuck (Mr.) Contributor address; City; S Belton, TX 76513	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$100.00		
	•	pation / Job title (See Instructions g and Communications	5)	Employer (See Instructions American Pharmacies	5)				
	Date 05/17/2024	Full name of contributor Waters, Chuck (Mr.) Contributor address; City; S Belton, TX 76513	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00		
		pation / Job title (See Instructions	5)	Employer (See Instructions	5)				
	vp marketin	g and Communications	<u> </u>	American Pharmacies					

	MONET	ARY POLITICAL CONTRIBUTIO	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 14/15 Rpt: 17/22	
2	FILER NAME APRX PAC			3	Filer ID (Ethics Commission 00051510	n Filers)
4	Date 06/18/2024	5 Full name of contributor out-of-state PAC (ID#: Waters, Chuck (Mr.) 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$100.00
_	Dringing Logg	Belton, TX 76513	O Employer (Con Instructions			
8		pation / Job title (See Instructions) g and Communications	9 Employer (See Instructions American Pharmacies)		
	Date 04/30/2024	Full name of contributor out-of-state PAC (ID#: Wilson R.Ph., John (Mr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00
	Deinsinal assu	Amarillo, TX 79106	Franks on (Cook Instructions			
	Pharmacist Pharmacist	pation / Job title (See Instructions)	Employer (See Instructions Catching's Prescriptions			
	Date 03/22/2024	Full name of contributor out-of-state PAC (ID#: Wright, Michael (Mr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$250.00
		Austin, TX 78759				
	Principal occu VP Governm	pation / Job title (See Instructions) nent Affairs	Employer (See Instructions American Pharmacies)		
	Date 04/15/2024	Full name of contributor out-of-state PAC (ID#:_ Wright, Michael (Mr.) Contributor address; City; State; Zip Code Austin, TX 78759)		Amount of Contribution (\$)	\$250.00
	Principal occu VP Governm	npation / Job title (See Instructions) nent Affairs	Employer (See Instructions American Pharmacies)		
	Date 05/17/2024	Full name of contributor out-of-state PAC (ID#:_ Wright, Michael (Mr.) Contributor address; City; State; Zip Code Austin, TX 78759)		Amount of Contribution (\$)	\$250.00
	Principal occu VP Governm	ipation / Job title (See Instructions) nent Affairs	Employer (See Instructions American Pharmacies)		
		·				

	MONETARY POLITICAL CONTRIBUTIONS		SCHEDUL	E A1
	The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 15/15 Rpt: 18/22		
2	FILER NAME APRX PAC	3	Filer ID (Ethics Commission 00051510	n Filers)
4	Date 5 Full name of contributor out-of-state PAC (ID#:) Wright, Michael (Mr.) 6 Contributor address; City; State; Zip Code	7	Amount of Contribution (\$)	\$250.00
	Austin, TX 78759			
8	Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) VP Government Affairs American Pharmacies	s)		
	Date Full name of contributor out-of-state PAC (ID#:) Varbrough R.Ph., Sean (Mr.) Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$250.00
	Houston, TX 77081			
	Principal occupation / Job title (See Instructions) Pharmacist Employer (See Instructions Hillcroft Pharmacy	s)		

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 1/4 Rpt: 19/22	APRX PAC 00051510
	l .
4 Date	5 Payee name
06/20/2024	Brent Hagenbuch
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	1 Greenway Plaza #225
Expenditure from	Houston TV 77046
corporate funds	Houston, TX 77046
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Campaign Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiolitie to beliefft C/OI	
Date	Payee name
05/24/2024	Bryan Hughes
Amount (\$)	Payee address; City; State; Zip Code
` '	P.O. Box 450
\$5,000.00	P.O. Box 450
Expenditure from	
corporate funds	Mineola, TX 75773
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H
Date	Payee name
03/25/2024	David Cook
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	309 Broad Street
Expenditure from	
corporate funds	Mansfield, TX 76063
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	,
Sch: 2/4 Rpt: 20/22	APRX PAC 00051510
•	
4 Date	5 Payee name
03/18/2024	Frazier, Frederick (Mr.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	4100 Eldorado Pkwy
	Ste. 100
Expenditure from corporate funds	McKinney, TX 75070
	·
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
	Sampaign Continuation
Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
•	
Date	Payee name
03/23/2024	Jeff Bauknight
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 4122
,_,,,,,,,,	
Expenditure from	Vietoria TV 77002
corporate funds	Victoria, TX 77903
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Campaign Continuation
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
onponditure to senionic ere-	
Date	Payee name
03/18/2024	John Kuempel
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 177
\$1,000.00	· · · · · · · · · · · · · · · · · · ·
Expenditure from	C
corporate funds	Seguin, TX 78156
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiorare to benefit C/OI	1

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Advertising Expense Et Accounting/Banking Fr. Consulting Expense Fr. Contributions/ Donations Made By - G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 3/4 Rpt: 21/22	APRx PAC 00051510
4 Date	5 Payee name
03/19/2024	Justin Holland
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$750.00	3021 Ridge Road
	Suite A Box 79
Expenditure from corporate funds	Rockwall, TX 75032
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/06/2024	Lacey Hull
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	P.O. Box 19231
Ψ000.00	1.0. Box 13201
Expenditure from corporate funds	Houston, TX 77224
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
06/06/2024	Philip Cortez
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	7919 Liberty Island
Expenditure from corporate funds	San Antonio, TX 78227
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
onponential to bollolit 0/01	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Legal Services The Instruction Guide	Salaries/V	Vages/Contract Labor		OTHER (enter a	category not listed above)
4. Tatal manua Cabadula E4.	la eu en niana		•	•		Ell ID	(Ethics Commission Filess)
1 Total pages Schedule F1:	1				3	Filer ID	(Ethics Commission Filers)
Sch: 4/4 Rpt: 22/22	APRx PAC					00051510	
4 Date	5 Payee name	1			•		
04/25/2024	Sarah Eckl						
6 Amount (\$)	7 Payee addre	ess; City;	State; Zip Co	ode			
\$1,000.00	P.O. Box 3	01586					
Expenditure from	A>/	70700					
corporate funds	Austin, TX	78703					
8 PURPOSE	(a) Category (S	See Categories listed at the top	of this schedule)	(b) Description	1		
OF EXPENDITURE		ns/Donations Made		Check if tr	avel outsi	de of Texas. Com	plete Schedule T.
EXPENDITURE		Officeholder/Political		Check if A	ustin, TX,	officeholder living	gexpense
					n Contr	ibution	
O Companies ONIII V if aliment	0	*	04:			Off: 1-	-1.1
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		iceholder name	Office sou	grit		Office he	eiu
•							