### FORM MPAC MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID 2 Total pages filed: The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00016104 3 COMMITTEE NAME **OFFICE USE ONLY** Texas Osteopathic Medical Association Political Action Committee Date Received **ELECTRONICALLY FILED** 08/02/2024 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 3305 Steck Ave. Ste. 200 Change of Address Austin, TX 78757 Date Hand-delivered or Date Postmarked MS / MRS / MR **FIRST CAMPAIGN** MI **TREASURER** Receipt # Amount Dr. John C. NAME Date Processed **NICKNAME** LAST **SUFFIX** D.O. Date Imaged McDonald CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 313 Forest Hills Drive STREET **ADDRESS** (Residence or Business) Harrison, TX 75650 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 3305 Steck Ave. MAILING **ADDRESS** Ste. 200 Change of Address Austin, TX 78757 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (512) 708-8662 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY January 5 April 5 July 5 October 5 REPORT FILING **DEADLINE** February 5 May 5 X August 5 November 5 September 5 December 5 March 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 06/26/2024 07/25/2024

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### MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

## FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 File	r ID	(Ethics Commission Filers)
			16104		
L4 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	1		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	Measures     (Describe by date and location	A. Supported			
	of election and nature of issue.)				
		B. Opposed			
	Officeholders     Assisted  (Identify by name or, if applicable, classify by party.)				
.5 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	R THAN	\$	0.00
		2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)			50.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZEI	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES		\$	0.00
CONTRIBUTION BALANCE	•	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD			69,469.90
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOAN REPORTING PERIOD	NS AS OF THE	\$	0.00
6 AFFIDAVIT					
		I swear, or affirm, under pe true and correct and includ under Title 15, Election Co	les all information i		
		Dr.	John C. McDona	ald D.O.	
		Signa	ature of Campaign	Treasure	er
AFFIX NOTA	RY STAMP / SEAL ABOVE				
Sworn to and subscrib	ped before me, by the said _		, this the _		day
of	, 20, to certify	which, witness my hand and seal of office	).		
Cignoting of off	odministorius sati	Drinted name of officer educintations:	.h т	of affi	ar administratorio a setti
Signature of officer	administering oath	Printed name of officer administering oat	ii ITTE	or office	er administering oath

### **SUBTOTALS - MPAC**

### FORM MPAC COVER SHEET PG 3

			OVER SHEE	3 of 5		
17 COMMITTEE NAME Texas Osteopathic Medical Association Political Action Committee  18 Filer ID (Ethics Commission Filers) 00016104						
19 SCHEDUI NAME OF	SUBTOTAL	. AMOUNT				
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS					
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS						
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS					
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	DR	\$			
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR ORGANIZATION	ATION OR	\$			
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	SANIZATION	\$			
7.	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.	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$			
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	\$			
15. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	5.33		
			1			

	MONET	TARY POLITICAL CONTRIBUTION		SCHEDULE A1		
The Instruction Guide explains how to complete this form.					1	Total pages Schedule A1: Sch: 1/1 Rpt: 4/5
2	FILER NAME     Texas Osteopathic Medical Association Political Action Committee					Filer ID (Ethics Commission Filers) 00016104
4	Date 07/24/2024  5 Full name of contributor out-of-state PAC (ID#:) Hendricks D.O., Marian (Dr.)  6 Contributor address; City; State; Zip Code			7	Amount of Contribution (\$) \$50.00	
8	Principal occu	Corpus Christi, TX 78414 upation / Job title (See Instructions)	9	Employer (See Instructions Christus Trinity Clinic	<u> </u> ;)	

# INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 5/5 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Texas Osteopathic Medical Association Political Action Committee 00016104 8 Amount (\$) Date 5 Name of person from whom amount is received 06/30/2024 \$5.33 First Texas Bank 6 Address of person from whom amount is received; City; State; Zip Code Georgetown, TX 78767-0649 Purpose for which amount is received Check if political contribution returned to filer Interest earned on account