#### 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) 00011832 3 COMMITTEE NAME **OFFICE USE ONLY** Texas Chiropractic Assn. PAC Date Received **ELECTRONICALLY FILED** 09/05/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 1122 Colorado St., Suite 307 Change of Address Austin, TX 78701-2132 Date Hand-delivered or Date Postmarked MS / MRS / MR **CAMPAIGN FIRST** MI **TREASURER** Receipt # Amount Ryan NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged Bailey CAMPAIGN APT / SUITE #; STREET ADDRESS (NO PO BOX PLEASE); CITY; STATE; ZIP CODE **TREASURER** 1702 S. Clack STREET **ADDRESS** (Residence or Business) Abilene, TX 79605 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 1702 S. Clack MAILING **ADDRESS** Change of Address Abilene, TX 79605 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (325) 695-2225 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 August 5 November 5 X September 5 December 5 March 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 07/26/2024 08/25/2024 **GO TO PAGE 2**

### MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

# FORM MPAC COVER SHEET PG 2

| 12 COMMITTEE NAME   |  |  | 13 Filer ID | (Ethics Commission Filers) |
|---|--|--|-------------|----------------------------|
| Texas Chiropractic Ass  | sn. PAC  |  | 000118      | 32                         |
| 14 COMMITTEE<br>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   |             |                            |
|   |  |  |             |                            |
|   | 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) |  |             |                            |
| 15 CONTRIBUTION<br>TOTALS   | PLEDGES, LOANS, CONTRIBUTIONS M check here if this report                          | D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) qualifies for the higher itemization threshold | \$          | 255.01                     |
|   | 2. TOTAL POLITICAL (OTHER THAN PLE   | IL CONTRIBUTIONS  DGES, LOANS, OR GUARANTEES OF LOANS)   | \$          | 933.76                     |
| EXPENDITURE<br>TOTALS   | 3. TOTAL UNITEMIZED  | D POLITICAL EXPENDITURES   | \$          | 0.00                       |
|   | 4. TOTAL POLITICA  | L EXPENDITURES   | \$          | 52,762.38                  |
| CONTRIBUTION<br>BALANCE   | 5. TOTAL POLITICAL (<br>OF THE REPORTIN  | CONTRIBUTIONS MAINTAINED AS OF THE LAST I<br>G PERIOD  | DAY \$      | 5,879.76                   |
| OUTSTANDING<br>LOAN TOTALS  |  | AMOUNT OF ALL OUTSTANDING LOANS AS OF T<br>REPORTING PERIOD  | HE \$       | 0.00                       |
| 16 AFFIDAVIT  |  |  | <u> </u>    |                            |
|   |  | I swear, or affirm, under penalty of per<br>true and correct and includes all inforr<br>under Title 15, Election Code.               |             |                            |
|   |  | Ryan   | Bailey      |                            |
|   |  | Signature of Car   | npaign Trea | asurer                     |
| AFFIX NOTARY  | STAMP / SEAL ABOVE   |  |             |                            |
|   |  | , th   | is the      | day                        |
| of  | _, 20, to certify  | which, witness my hand and seal of office.   |             |                            |
| Signature of officer ac   | dministering oath  | Printed name of officer administering oath   | Title of c  | officer administering oath |

### **SUBTOTALS - MPAC**

# FORM MPAC COVER SHEET PG 3

|               |        |  |              | 3 of 18                    |
|---------------|--------|--|--------------|----------------------------|
| <b>17</b> COM | MITTE  | E NAME   | 18 Filer ID  | (Ethics Commission Filers) |
| l             |        | ropractic Assn. PAC  | 00011832     | (Earnes Commission Files)  |
|               |        |  | 00011032     | 1                          |
|               |        | E SUBTOTALS  |              | SUBTOTAL AMOUNT            |
| NAM           | E OF S |  |              |                            |
| 1.            | X      | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                    |              | <b>\$</b> 933.76           |
| 2.            |        | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                      |              | \$                         |
| 3.            |        | SCHEDULE B: PLEDGED CONTRIBUTIONS  |              | \$                         |
| 4.            |        | SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO<br>ORGANIZATION     | PR           | \$                         |
| 5.            |        | SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION | ATION OR     | \$                         |
| 6.            |        | SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG                      | ANIZATION    | \$                         |
| 7.            |        | SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION         |              | \$                         |
| 8.            |        | SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (                    | ORGANIZATION | \$                         |
| 9.            |        | SCHEDULE E: LOANS  |              | \$                         |
| 10.           | X      | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION                  | S            | <b>\$</b> 52,762.38        |
| 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.           |        | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER        | RETURNED     | \$                         |
|               |        |  |              |                            |

|   | MONET   | ARY POLITICAL (  | CONTRIBUTIO         | N                           | S                                  |          | SCHEDUL  | E <b>A1</b> |
|---|---|--|---------------------|-----------------------------|------------------------------------|----------|--|-------------|
|   | The Instruc   | ction Guide explains hov   | to complete this fo | orr                         | m.                                 | 1        | Total pages Schedule A1:<br>Sch: 1/3 Rpt: 4/18 |             |
| 2 | FILER NAME<br>Texas Chiro   | practic Assn. PAC  |                     |                             |                                    | 3        | Filer ID (Ethics Commission 00011832           | n Filers)   |
| 4 | Date 08/21/2024   | 5 Full name of contributor out-of-state PAC (ID#:)                                     |                     | 7                           | Amount of Contribution (\$)        | \$50.00  |  |             |
| 8 | Principal occu  | Garland, TX 75044 pation / Job title (See Instruction:                                 | 3)                  | 9                           | Employer (See Instructions         | <u> </u> |  |             |
|   | Chiropractor  |  | ,                   | •                           | Self                               | ,        |  |             |
|   | Date 08/12/2024   | Full name of contributor Bailey D.C., Ryan (Mr.) Contributor address; City; S          |                     |                             | )                                  | •        | Amount of Contribution (\$)                    | \$100.00    |
|   |   | Abilene, TX 79605  |                     |                             |                                    |          |  |             |
|   |   | pation / Job title (See Instructions   | 5)                  |                             | Employer (See Instructions Self    | s)       |  |             |
|   | Doctor of Chiropractic Self  Date Full name of contributor Out-of-state PAC (ID#:   |  | )                   | Γ                           | Amount of Contribution (\$)        |          |  |             |
|   | 08/15/2024  | Bandy D.C., John Contributor address; City; S  | <u> </u>            |                             |                                    |          | ,,   | \$100.00    |
|   |   | Austin, TX 78746   |                     |                             |                                    |          |  |             |
|   | Principal occu<br>Doctor of Ch  | pation / Job title (See Instructions iropractic  | 5)                  |                             | Employer (See Instructions self    | s)       |  |             |
|   | Date<br>08/22/2024  | Full name of contributor Benton, Craig Contributor address; City; S Lampasas, TX 76550 |                     |                             | )                                  | •        | Amount of Contribution (\$)                    | \$25.75     |
|   | Principal occupation / Job title (See Instructions)  Chiropractor  Employer (See Instructions Self  |  | 5)                  |                             |                                    |          |  |             |
|   | Date  O8/05/2024  Full name of contributor out-of-state PAC (ID#:)  Blackwell D.C., Jon  Contributor address; City; State; Zip Code  Amarillo, TX 79109 |  |                     | Amount of Contribution (\$) | \$50.00                            |          |  |             |
|   | Principal occu<br>Doctor of Ch  | pation / Job title (See Instructions<br>iropractic                                     | (5)                 |                             | Employer (See Instructions<br>Self | 5)       |  |             |
|   |   |  |                     |                             |                                    |          |  |             |

|   | MONET   | ARY POLITICAL (  | CONTRIBUTIO             | N                           | S  |           | SCHEDUL  | E <b>A1</b> |
|---|---|--|-------------------------|-----------------------------|--|-----------|--|-------------|
|   | The Instruc   | ction Guide explains how   | to complete this f      | orr                         | n.                                       | 1         | Total pages Schedule A1:<br>Sch: 2/3 Rpt: 5/18 |             |
| 2 | FILER NAME<br>Texas Chiro   | practic Assn. PAC  |                         |                             |  | 3         | Filer ID (Ethics Commission 00011832           | n Filers)   |
| 4 | Date 08/09/2024   | e 5 Full name of contributor out-of-state PAC (ID#:)   |                         | 7                           | Amount of Contribution (\$)              | \$103.00  |  |             |
| 8 | Dringing agg  | Fort Worth, TX 76124   |                         | 0                           | Employer (See Instructions               | <u>,,</u> |  |             |
| 0 | Doctor of Ch  | pation / Job title (See Instructions<br>iropractic   | )                       | 9                           | Employer (See Instructions Self          | ·)        |  |             |
|   | Date 08/15/2024   | Full name of contributor McKinzie, Lonny Contributor address; City; Si                       |                         |                             | )  |           | Amount of Contribution (\$)                    | \$25.00     |
|   |   | Tyler, TX 75701  |                         |                             |  |           |  |             |
|   | Principal occu<br>Chiropractor  | pation / Job title (See Instructions   | s)                      |                             | Employer (See Instructions Self          | s)        |  |             |
|   | Date<br>07/27/2024  | Full name of contributor  Montgomery, Micah  Contributor address; City; Si                   | out-of-state PAC (ID#:_ |                             | )  |           | Amount of Contribution (\$)                    | \$100.00    |
|   |   | Belton, TX 76513   |                         |                             |  |           |  |             |
|   | Principal occu<br>Chiropractor  | pation / Job title (See Instructions   | s)                      |                             | Employer (See Instructions Self          | s)        |  |             |
|   | Date<br>08/19/2024  | Full name of contributor  Moore D.C., David  Contributor address; City; Si  Hewitt, TX 76645 |                         |                             | )  | •         | Amount of Contribution (\$)                    | \$50.00     |
|   | Principal occu<br>Chiropractor  | pation / Job title (See Instructions   | s)                      |                             | Employer (See Instructions Self employed | 5)        |  |             |
|   | Date Full name of contributor out-of-state PAC (ID#:)  08/18/2024 Pagnani D.C., Alayna  Contributor address; City; State; Zip Code  Houston, TX 77070 |  |                         | Amount of Contribution (\$) | \$25.00                                  |           |  |             |
|   | Principal occu<br>Chiropractor  | pation / Job title (See Instructions   | s)                      |                             | Employer (See Instructions Self          | s)        |  |             |
|   |   |  |                         |                             |  |           |  |             |

|   | MONET                     | TARY POLITICAL CONTRIBUTION                               | AC  | NS                         |        | SCHEDULE A1                                    |
|---|---------------------------|---|-----|----------------------------|--------|--|
|   | The Instru                | ction Guide explains how to complete this                 | for | rm.                        | 1      | Total pages Schedule A1:<br>Sch: 3/3 Rpt: 6/18 |
| 2 | FILER NAME<br>Texas Chiro | practic Assn. PAC   |     |                            | 3      | Filer ID (Ethics Commission Filers) 00011832   |
| 4 |                           |   |     |                            | 7      | Amount of Contribution (\$) \$50.00            |
| g | Principal occu            | Tomball, TX 77375  upation / Job title (See Instructions) | 9   | Employer (See Instructions | ;)<br> |  |
| 0 | Chiropractor              |   | 9   | Self                       | ·)     |  |
|   |                           |   |     |                            |        |  |
|   |                           |   |     |                            |        |  |

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

| Candidate/Officeholder/Politica<br>Credit Card Payment        | Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form. |
|---|--|
| 1 Total pages Schedule F1:                                    | 2 FILER NAME 3 Filer ID (Ethics Commission Filers)   |
| Sch: 1/12 Rpt: 7/18   | Texas Chiropractic Assn. PAC 00011832  |
| 4 Date  | 5 Payee name   |
| 08/15/2024  | Alma Allen Campaign  |
| 6 Amount (\$)   | 7 Payee address; City; State; Zip Code   |
| \$1,000.00  | 10101 Fondren Road, Suite 500  |
| Expenditure from corporate funds                              | Houston, TX 77096  |
| 8 PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
| OF<br>EXPENDITURE   | Contributions/Donations Made By  |
| _/  | 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  |
| Date  | Payee name   |
| 08/15/2024  | Borris Miles Campaign  |
| Amount (\$)   | Payee address; City; State; Zip Code   |
| \$1,000.00  | 5302 Almeda Road, Ste. A   |
| Expenditure from corporate funds                              | Houston, TX 77004  |
| PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
| OF<br>EXPENDITURE   | Contributions/Donations Made By  |
| EXI ENDITORE  | Candidate/Officeholder/Political Committee   |
|   | campaign contribution  |
| 2 1 2 2 1 1 2 1 1   |  |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held  |
| Date  | Payee name   |
| 08/15/2024  | Brent Money for Texas  |
| Amount (\$)   | Payee address; City; State; Zip Code   |
| \$1,000.00  | 2606 Lee St.   |
| . ,   |  |
| Expenditure from corporate funds                              | Greenville, TX 75401   |
| PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
| OF<br>EXPENDITURE   | Contributions/Donations Made By  |
|   | Candidate/Officeholder/Political Committee   |
|   | campaign contribution  |
| Complete ONII V If all a                                      | Condidate/Officeholder name  |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held  |
| ,   |  |
|   |  |
|   |  |

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Co Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |   |
|--|---|
| 1 Total pages Schedule F1:   | 2 FILER NAME 3 Filer ID (Ethics Commission Filers)  |
| Sch: 2/12 Rpt: 8/18  | Texas Chiropractic Assn. PAC 00011832   |
| 4 Date   | 5 Payee name  |
| 08/15/2024   | Brian Hughes for Texas Senate   |
| 6 Amount (\$)<br>\$2,000.00  | 7 Payee address; City; State; Zip Code PO Box 450   |
| Ψ2,000.00  | FO BOX 430  |
| Expenditure from corporate funds   | Mineola, TX 75773   |
| 8 PURPOSE<br>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   |
| Complete ONLY if direct expenditure to benefit C/OI  | Candidate/Officeholder name Office sought Office held   |
| Date   | Payee name  |
| 08/15/2024   | Briscoe Cain for Texas  |
| Amount (\$)  | Payee address; City; State; Zip Code  |
| \$1,500.00   | PO Box 7  |
| Expenditure from corporate funds   | Deer Park, TX 77536   |
| PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
| OF<br>EXPENDITURE  | Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense |
|  | Candidate/Officeholder/Political Committee  |
|  | campaign contribution   |
| Complete ONLY if direct expenditure to benefit C/OI  | Candidate/Officeholder name Office sought Office held   |
| Date   | Payee name  |
| 08/15/2024   | Carol Alvarado Campaign   |
| Amount (\$)  | Payee address; City; State; Zip Code  |
| \$1,000.00   | P.O. Box 230842   |
| Expenditure from corporate funds   | Houston, TX 77223   |
| PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
| OF<br>EXPENDITURE  | Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.   |
|  | Candidate/Officeholder/Political Committee  |
|  | campaign contribution   |
| Complete ONLY if direct  | Candidate/Officeholder name Office sought Office held   |
| expenditure to benefit C/OI  | 1   |
|  |   |
|  |   |

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comn Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| Candidate/Officeholder/Politica<br>Credit Card Payment       |   |   |
|--|---|---|
| Credit Card Payment  | The Instruction Guide explains how to complete this form.   |   |
| 1 Total pages Schedule F1:                                   | 2 FILER NAME 3 Filer ID (Ethics Commission Filers)  |   |
| Sch: 3/12 Rpt: 9/18  | Texas Chiropractic Assn. PAC 00011832   |   |
| 4 Date   | 5 Payee name  |   |
| 08/15/2024   | Charles Perry Campaign  |   |
| 6 Amount (\$)  | 7 Payee address; City; State; Zip Code  |   |
| \$2,000.00   | 4216 102nd Street   |   |
|  |   |   |
| Expenditure from corporate funds                             | Lubbock, TX 79423   |   |
| 8 PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  | _ |
| OF<br>EXPENDITURE  | Contributions/Donations Made By   |   |
|  | Candidate/Officeholder/Political Committee  |   |
|  | campaign contribution   |   |
| 9 Complete ONLY if direct                                    | Candidate/Officeholder name Office sought Office held   | _ |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI |   |   |
|  |   | _ |
| Date   | Payee name  |   |
| 08/15/2024   | David Cook Campaign   |   |
| Amount (\$)  | Payee address; City; State; Zip Code  |   |
| \$1,000.00   | 309 East Broad Street   |   |
| Expenditure from   |   |   |
| corporate funds  | Manfield, TX 76063  |   |
| PURPOSE<br>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 Campaign contribution  |   |
|  |   |   |
| Complete ONLY if direct                                      | Candidate/Officeholder name Office sought Office held   | _ |
| expenditure to benefit C/OI                                  |   |   |
| Date   | Payee name  | = |
| 08/15/2024   | Donna Howard Campaign   |   |
| Amount (\$)  | Payee address; City; State; Zip Code  | _ |
| \$1,000.00   | PO Box 5375   |   |
| Ψ1,000.00  | 1 O Box 3373  |   |
| Expenditure from   | Auctin TV 70762   |   |
| corporate funds  | Austin, TX 78763  |   |
| PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made Ry  Contributions/Donations Made Ry  |   |
| EXPENDITURE  | Contributions/Donations Made By Candidate/Officeholder/Political Committee  Contributions/Donations Made By Candidate/Officeholder/Political Committee  Contributions/Donations Made By Check if ravel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense |   |
|  | campaign contribution   |   |
|  |   |   |
| Complete ONLY if direct                                      | Candidate/Officeholder name Office sought Office held   |   |
| expenditure to benefit C/OI                                  | 1   |   |
|  |   |   |
|  |   |   |
| i  |   |   |

#### 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
OTHER (other a cottographed listed above)

| Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |   |
|--|---|
|  | · · · · · · · · · · · · · · · · · · ·   |
| 1 Total pages Schedule F1:   |   |
| Sch: 4/12 Rpt: 10/18   | Texas Chiropractic Assn. PAC 00011832   |
| 4 Date   | 5 Payee name  |
| 08/15/2024   | Dustin Burrows Campaign   |
| 6 Amount (\$)  | 7 Payee address; City; State; Zip Code  |
| \$1,000.00   | 10507 Quaker Avenue, Ste 103  |
| φ1,000.00  | 10307 Quaker Avenue, Sie 103  |
| Expenditure from   |   |
| corporate funds  | Lubbock, TX 79410   |
| 8 PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
| OF<br>EXPENDITURE  | Contributions/Donations Made By   |
| EXPENDITORE  | Candidate/Officeholder/Political Committee  |
|  | campaign contribution   |
|  |   |
| 9 Complete ONLY if direct  | Candidate/Officeholder name Office sought Office held   |
| expenditure to benefit C/OI  | H   |
| Date   | Payee name  |
| 08/15/2024   |   |
|  | Friends of Brandon Creighton  |
| Amount (\$)  | Payee address; City; State; Zip Code  |
| \$1,000.00   | 2257 N. Loop 336  |
|  | Ste. 140-366  |
| Expenditure from corporate funds   | Conroe, TX 77304  |
| PURPOSE  |   |
| OF OF  |   |
| EXPENDITURE  | Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Candidate/Officeholder   Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense                |
|  | campaign contribution   |
|  |   |
| Complete ONLY if direct  | Candidate/Officeholder name Office sought Office held   |
| expenditure to benefit C/OI  | · · · · · · · · · · · · · · · · · · ·   |
| ·  |   |
| Date   | Payee name  |
| 08/15/2024   | Friends of Tom Oliverson  |
| Amount (\$)  | Payee address; City; State; Zip Code  |
| \$1,000.00   | 1 E. Greenway Plaza, Ste. 225   |
| ·  |   |
| Expenditure from   | Houston TV 77046  |
| corporate funds  | Houston, TX 77046   |
| PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
| EXPENDITURE  | Contributions/Donations Made By  Contributions/Donations |
|  | Candidate/Officeholder/Political Committee  |
|  | campaign contribution   |
|  |   |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OI                              | Candidate/Officeholder name Office sought Office held   |
| capenditure to benefit C/OI  |   |
|  |   |
|  |   |
|  |   |

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| Candidate/Officenoider/Politica<br>Credit Card Payment | The Instruction Guide explains how to complete this form.   |
|--|---|
| 1 Total pages Schedule F1:                             | 2 FILER NAME 3 Filer ID (Ethics Commission Filers)  |
| Sch: 5/12 Rpt: 11/18                                   | Texas Chiropractic Assn. PAC 00011832   |
| 4 Date   | 5 Payee name  |
| 08/15/2024   | Jared Patterson Campaign  |
| 6 Amount (\$)  | 7 Payee address; City; State; Zip Code  |
| \$1,000.00   | PO Box 5419   |
| Expenditure from                                       |   |
| corporate funds  | Frisco, TX 75035  |
| 8 PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
| OF<br>EXPENDITURE                                      | Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense |
|  | Candidate/Officeholder/Political Committee  |
|  |   |
| 9 Complete ONLY if direct                              | Candidate/Officeholder name Office sought Office held   |
| expenditure to benefit C/OI                            | 1   |
| Date   | Payee name  |
| 08/15/2024   | John Bucy III Campaign  |
| Amount (\$)  | Payee address; City; State; Zip Code  |
| \$1,000.00   | PO Box 536  |
| Expenditure from                                       |   |
| corporate funds  | Austin, TX 78767  |
| PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
| OF<br>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 contribution  |
|  | campagn contribution  |
| Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
| expenditure to benefit C/OI                            | 1   |
| Date   | Payee name  |
| 08/15/2024   | Jose Menendez Campaign  |
| Amount (\$)  | Payee address; City; State; Zip Code  |
| \$2,000.00   | 4522 Fredericksburg Road, A-3   |
| Expenditure from                                       |   |
| corporate funds  | San Antonio, TX 78201   |
| PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule)  (b) Description   |
| EXPENDITURE  | Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  |
|  | campaign contribution   |
|  |   |
| Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
| expenditure to benefit C/OI                            | 1   |
|  |   |

#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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

| Candidate/Officeholder/Politica<br>Credit Card Payment | Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.                        |
|--|---|
| 1 Total pages Schedule F1:                             | 2 FILER NAME 3 Filer ID (Ethics Commission Filers)  |
| Sch: 6/12 Rpt: 12/18                                   | Texas Chiropractic Assn. PAC 00011832   |
| 4 Date   | 5 Payee name  |
| 08/15/2024   | Lois W. Kolkhorst Campaign  |
| 6 Amount (\$)  | 7 Payee address; City; State; Zip Code  |
| \$2,500.00   | P.O. Box 2546   |
|  |   |
| Expenditure from corporate funds                       | Brenham, TX 77834   |
| 8 PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
| EXPENDITURE  | Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense |
|  | Candidate/Officeholder/Political Committee Candidate/Officeholder living expense campaign contribution  |
|  |   |
| 9 Complete ONLY if direct                              | Candidate/Officeholder name Office sought Office held   |
| expenditure to benefit C/OI                            | <del>1</del>  |
| Date   | Payee name  |
| 08/15/2024   | Nate Schatzline for Texas   |
| Amount (\$)  | Payee address; City; State; Zip Code  |
| \$1,000.00   | P.O. Box 162564   |
|  |   |
| Expenditure from corporate funds                       | Fort Worth, TX 76161  |
| PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
| EXPENDITURE  | Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense |
|  | campaign contribution   |
|  |   |
| Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
| expenditure to benefit C/O                             |   |
| Date   | Payee name  |
| 07/31/2024   | Office Depot  |
| Amount (\$)  | Payee address; City; State; Zip Code  |
| \$162.38   | 2930 Preston Rd Ste 700   |
| Ψ102.00  | 2550 Freston Nu Ste 750   |
| Expenditure from corporate funds                       | Frisco, TX 75034  |
| PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
| OF<br>EXPENDITURE                                      | Printing Expense  |
| EXI ENDITORE   | Check if Austin, TX, officeholder living expense  |
|  | printing of donation cards  |
| Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
| expenditure to benefit C/O                             | · · · · · · · · · · · · · · · · · · ·   |
|  |   |
|  |   |
|  |   |

#### 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

| Candidate/Officeholder/Politica<br>Credit Card Payment        |   | ed above)       |
|---|---|-----------------|
| Credit Card Payment   | The Instruction Guide explains how to complete this form.                               |                 |
| 1 Total pages Schedule F1:                                    | : 2 FILER NAME 3 Filer ID (Ethics Comr  | mission Filers) |
| Sch: 7/12 Rpt: 13/18  | Texas Chiropractic Assn. PAC 00011832   |                 |
| 4 Date  | 5 Payee name  |                 |
| 08/15/2024  | Oscar Longoria Campaign   |                 |
| 6 Amount (\$)   | 7 Payee address; City; State; Zip Code  |                 |
| \$1,000.00  | PO Box 4224   |                 |
|   |   |                 |
| Expenditure from corporate funds                              | Mission, TX 78572   |                 |
| 8 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   |                 |
|   |   |                 |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI  | Candidate/Officeholder name Office sought Office held                                   |                 |
| experiorure to benefit C/O                                    | Jn  |                 |
| Date  | Payee name  |                 |
| 08/15/2024  | Phil King Campaign  |                 |
| Amount (\$)   | Payee address; City; State; Zip Code  |                 |
| \$2,000.00  | P.O. Box 1913   |                 |
|   |   |                 |
| Expenditure from corporate funds                              | Weatherford, TX 76086   |                 |
| 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 <u>ONLY</u> if direct<br>expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held                                   |                 |
| experialiture to benefit C/O                                  | JII   |                 |
| Date  | Payee name  |                 |
| 08/15/2024  | Richard Pena Raymond Campaign   |                 |
| Amount (\$)   | Payee address; City; State; Zip Code  |                 |
| \$2,000.00  | 11024 Winburn Drive   |                 |
|   |   |                 |
| Expenditure from corporate funds                              | Laredo, TX 78045  |                 |
| 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 <u>ONLY</u> if direct<br>expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held                                   |                 |
| experialture to beliefft C/O                                  | <u>یں ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔</u>   |                 |
|   |   |                 |
|   |   |                 |

#### 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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| Candidate/Officeholder/Politica<br>Credit Card Payment        |  |
|---|--|
| Credit Card Payment   | The Instruction Guide explains how to complete this form.  |
| 1 Total pages Schedule F1:                                    | 2 FILER NAME 3 Filer ID (Ethics Commission Filers)   |
| Sch: 8/12 Rpt: 14/18  | Texas Chiropractic Assn. PAC 00011832  |
| 4 Date  | 5 Payee name   |
| 08/15/2024  | Roland Gutierrez for Texas Senate  |
| 6 Amount (\$)   | 7 Payee address; City; State; Zip Code   |
| \$2,000.00  | PO Box 15232   |
|   |  |
| Expenditure from corporate funds                              | San Antonio, TX 78212  |
| 8 PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
| OF<br>EXPENDITURE   | Contributions/Donations Made By  |
|   | Candidate/Officeholder/Political Committee   |
|   | campaign contribution  |
| 9 Complete ONLY if direct                                     | Candidate/Officeholder name Office sought Office held  |
| expenditure to benefit C/OI                                   |  |
| Date  | Davisa sama  |
| 08/15/2024  | Payee name<br>Ryan Guillen Campaign  |
|   | , ,  |
| Amount (\$)<br>\$1,500.00                                     | Payee address; City; State; Zip Code   |
| \$1,500.00  | 5346 E. US Hwy. 832  |
| Expenditure from  | Building A, Ste. 5-A   |
| corporate funds   | Rio Grande City, TX 78582  |
| PURPOSE<br>OF   | (a) Category (See Categories listed at the top of this schedule)  (b) Description  |
| EXPENDITURE   | Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense |
|   | campaign contribution  |
|   |  |
| Complete ONLY if direct                                       | Candidate/Officeholder name Office sought Office held  |
| expenditure to benefit C/OI                                   | 1  |
| Date  | Payee name   |
| 08/15/2024  | Senator Hinojosa Campaign  |
| Amount (\$)   | Payee address; City; State; Zip Code   |
| \$2,000.00  | 1508 S. Lone Star Way, Ste. 5B   |
|   |  |
| Expenditure from corporate funds                              | Edinburg, TX 78539   |
| PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
| OF<br>EXPENDITURE   | Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.  |
| EXPENDITORE   | Candidate/Officeholder/Political Committee   |
|   | campaign contribution  |
| Complete ONLY if direct                                       | Candidate/Officeholder name Office sought Office   |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held  |
|   |  |
|   |  |
|   |  |

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
pense Event Expense Loan Repayment/Reimbu

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

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

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
OTHER (onter a estonomy not listed above)

| Candidate/Officeholder/Politica<br>Credit Card Payment        | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form. |
|---|---|
| 1 Total pages Schedule F1:                                    | 2 FILER NAME 3 Filer ID (Ethics Commission Filers)  |
| Sch: 9/12 Rpt: 15/18  | Texas Chiropractic Assn. PAC 00011832   |
| 4 Date  | 5 Payee name  |
| 08/15/2024  | Senator Judith Zaffirini Campaign   |
| 6 Amount (\$)   | 7 Payee address; City; State; Zip Code  |
| \$2,000.00  | PO Box 627  |
| Expenditure from  | Lavada TV 70042   |
| corporate funds   | Laredo, TX 78042  |
| 8 PURPOSE<br>OF   | (a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  Contributions/Donations Made By                            |
| EXPENDITURE   | Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Candidate/Officeholder Iving expense   |
|   | campaign contribution   |
|   |   |
| Complete ONLY if direct expenditure to benefit C/OI           | Candidate/Officeholder name Office sought Office held   |
| Date  | Payee name  |
| 08/15/2024  | Sergio Munoz Jr. Campaign   |
| Amount (\$)   | Payee address; City; State; Zip Code  |
| \$1,000.00  | 1110 S Closner Blvd   |
| Expenditure from corporate funds                              | Edinburg , TX 78539   |
| PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
| OF<br>EXPENDITURE   | Contributions/Donations Made By   |
| EXI ENDITORE  | Candidate/Officeholder/Political Committee  |
|   | campaign contribution   |
| Complete ONLY if direct                                       | Candidate/Officeholder name Office sought Office held   |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OI |   |
| Date  | Payee name  |
| 08/15/2024  | Shelby Slawson Campaign   |
| Amount (\$)   | Payee address; City; State; Zip Code  |
| \$1,000.00  | 910 Old Hico Rd   |
|   |   |
| Expenditure from corporate funds                              | Stephenville, TX 76401  |
| PURPOSE<br>OF   | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
| EXPENDITURE   | Contributions/Donations Made By   |
|   | Candidate/Officeholder/Political Committee  |
|   | campaign continuation   |
| Complete ONLY if direct                                       | Candidate/Officeholder name Office sought Office held   |
| expenditure to benefit C/OI                                   |   |
|   |   |
|   |   |
|   |   |

#### 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

| Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |  |
|--|--|
| 1 Total pages Schedule F1:   | 2 FILER NAME 3 Filer ID (Ethics Commission Filers)                                     |
| Sch: 10/12 Rpt: 16/18  | Texas Chiropractic Assn. PAC 00011832  |
| 4 Date   | ·  |
|  | 1 dy so hame   |
| 08/12/2024   | Statecraft LLC   |
| 6 Amount (\$)  | 7 Payee address; City; State; Zip Code   |
| \$600.00   | 13809 Research Blvd.   |
|  | Suite 640  |
| Expenditure from corporate funds   | Austin, TX 78750   |
|  |  |
| 8 PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule) (b) Description       |
| EXPENDITURE  | Consulting Expense Check if travel outside of Texas. Complete Schedule T.              |
|  | Check if Austin, TX, officeholder living expense  lobbyists                            |
|  | เอมมุเรเร  |
|  |  |
| 9 Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OI                            | Candidate/Officeholder name Office sought Office held                                  |
| experialitate to belieff 6/01  | •  |
| Date   | Payee name   |
| 08/15/2024   | Texans for Brian Harrison  |
| Amount (\$)  | Payee address; City; State; Zip Code   |
| \$1,000.00   | 791 N US Highway 77  |
|  | Ste 501-C Box 349  |
| Expenditure from   |  |
| corporate funds  | Waxahachie, TX 75165   |
| PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule) (b) Description       |
| EXPENDITURE  | Contributions/Donations Made By  |
|  | Candidate/Officeholder/Political Committee   |
|  | campaign contribution  |
|  |  |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OI                              | Candidate/Officeholder name Office sought Office held                                  |
| experialitate to belieff of of   | '  |
| Date   | Payee name   |
| 08/15/2024   | Texans for Charles Schwertner  |
| Amount (\$)  | Payee address; City; State; Zip Code   |
| \$1,000.00   | PO Box 12068   |
| Ψ1,000.00  |  |
| Expenditure from   | Capitol Station  |
| corporate funds  | Austin, TX 78711   |
| PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description       |
| OF<br>EXPENDITURE  | Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. |
| LAI LADITURE   | Candidate/Officeholder/Political Committee   |
|  | campaign contribution  |
|  |  |
| Complete ONLY if direct  | Candidate/Officeholder name Office sought Office held                                  |
| expenditure to benefit C/OI  | 1  |
|  |  |
|  |  |
|  |  |

#### 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 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)

| Credit Card Payment              | The Instruction Guide explains how to complete this form.  |   |
|----------------------------------|--|---|
| 1 Total pages Schedule F1:       | 2 FILER NAME 3 Filer ID (Ethics Commission Filers)   | _ |
| Sch: 11/12 Rpt: 17/18            | Texas Chiropractic Assn. PAC 00011832  |   |
| 4 Date                           | 5 Payee name   |   |
| 08/15/2024                       | Texans for Dan Patrick   |   |
| 6 Amount (\$)                    | 7 Payee address; City; State; Zip Code   |   |
| \$2,500.00                       | PO Box 685085  |   |
|                                  |  |   |
| Expenditure from corporate funds | Austin, TX 78768   |   |
| 8 PURPOSE<br>OF                  | (a) Category (See Categories listed at the top of this schedule) (b) Description   |   |
| EXPENDITURE                      | Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense   |   |
|                                  | campaign contribution  |   |
|                                  | Control of the contro |   |
| 9 Complete ONLY if direct        | Candidate/Officeholder name Office sought Office held  | _ |
| expenditure to benefit C/OI      |  |   |
|                                  |  | = |
| Date                             | Payee name   |   |
| 08/15/2024                       | Texans for Greg Abbott   |   |
| Amount (\$)                      | Payee address; City; State; Zip Code   |   |
| \$5,000.00                       | 504 Lavaca St  |   |
|                                  |  |   |
| Expenditure from corporate funds | Austin, TX 78701   |   |
| 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/OI      | H .  |   |
| Date                             | Payee name   | _ |
| 08/15/2024                       | Texans for Kelly Hancock   |   |
| Amount (\$)                      | Payee address; City; State; Zip Code   | _ |
| \$2,000.00                       | PO Box 821349  |   |
| , ,                              |  |   |
| Expenditure from corporate funds | North Richland Hills, TX 76182   |   |
| PURPOSE                          | (a) Category (See Categories listed at the top of this schedule) (b) Description   |   |
| OF<br>EXPENDITURE                | Contributions/Donations Made By  |   |
| EXPENDITORE                      | Candidate/Officeholder/Political Committee   |   |
|                                  | campaign contribution  |   |
|                                  |  |   |
| Complete ONLY if direct          | Candidate/Officeholder name Office sought Office held  |   |
| expenditure to benefit C/OI      |  |   |
|                                  |  |   |
|                                  |  |   |

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

| Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |  |
|--|--|
|  | · · · · · · · · · · · · · · · · · · ·  |
| 1 Total pages Schedule F1:   |  |
| Sch: 12/12 Rpt: 18/18  | Texas Chiropractic Assn. PAC 00011832  |
| 4 Date   | 5 Payee name   |
| 08/15/2024   | Texans for Stan Lambert Campaign   |
| 6 Amount (\$)  | 7 Payee address; City; State; Zip Code   |
| \$1,000.00   | P.O. Box #3752   |
| Ψ1,000.00  | 1.0. Box #3732   |
| Expenditure from   |  |
| corporate funds  | Abilene, TX 79604  |
| 8 PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
| OF<br>EXPENDITURE  | Contributions/Donations Made By  |
| EXPENDITORE  | Candidate/Officeholder/Political Committee   |
|  | campaign contribution  |
|  |  |
| 9 Complete ONLY if direct  | Candidate/Officeholder name Office sought Office held  |
| expenditure to benefit C/O   | H  |
| Date   | Payee name   |
| 08/15/2024   | , and the second se   |
|  | Vikki Goodwin Campaign   |
| Amount (\$)  | Payee address; City; State; Zip Code   |
| \$1,000.00   | 9901 Brodie Lane   |
|  | Suite 160-315  |
| Expenditure from corporate funds   | Austin, TX 78748   |
| PURPOSE  |  |
| OF OF  |  |
| EXPENDITURE  | Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Candidate/Officeholder   Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense |
|  | campaign contribution  |
|  |  |
| Complete ONLY if direct  | Candidate/Officeholder name Office sought Office held  |
| expenditure to benefit C/O   | · · · · · · · · · · · · · · · · · · ·  |
| ·  |  |
| Date   | Payee name   |
| 08/15/2024   | Yvonne Davis Campaign  |
| Amount (\$)  | Payee address; City; State; Zip Code   |
| \$2,000.00   | 5787 S. Hampton Rd., Suite 447   |
| ·  |  |
| Expenditure from   | Dallas TV 75222  |
| corporate funds  | Dallas, TX 75232   |
| PURPOSE<br>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 Continuation  |
|  |  |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OI                              | Candidate/Officeholder name Office sought Office held  |
| experialities to beliefft G/O  | ··   |
|  |  |
|  |  |
|  |  |