

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC
COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00015890	2 Total pages filed: 16
3 COMMITTEE NAME Texas Veterinary Medical Assn. PAC			OFFICE USE ONLY Date Received ELECTRONICALLY FILED 10/04/2024 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 8104 Exchange Dr. Austin, TX 78754		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Dr. Pamela NICKNAME LAST SUFFIX Delahoussaye DVM		
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2016 Creek Ledge Place Round Rock, TX 78664		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 8104 Exchange Drive Austin, TX 78754		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (979) 229-2351		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff		
10 PERIOD COVERED	Month Day Year 07/01/2024 THROUGH 09/26/2024		
11 ELECTION	ELECTION DATE Month Day Year 11/05/2024	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	

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GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME Texas Veterinary Medical Assn. PAC	13 Filer ID (Ethics Commission Filers) 00015890
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	2. 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 TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 49,841.60
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 75,355.10
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 43.63
	4. TOTAL POLITICAL EXPENDITURES	\$ 16,026.01
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 619,139.59
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Dr. Pamela Delahoussaye DVM

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - GPAC**FORM GPAC**
COVER SHEET PG 3
3 of 16

17 COMMITTEE NAME Texas Veterinary Medical Assn. PAC		18 Filer ID (Ethics Commission Filers) 00015890
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 61,694.25
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input checked="" type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$ 13,660.85
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 0.00
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 16,026.01
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/4 Rpt: 4/16
2 FILER NAME Texas Veterinary Medical Assn. PAC		3 Filer ID (Ethics Commission Filers) 00015890
4 Date 09/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bratton, Geoffrey (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75206-5017	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Vet		9 Employer (See Instructions) Holt Veterinary Clinic
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Claxton, William (Dr.) <hr/> Contributor address; City; State; Zip Code Quinlan, TX 75474	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) VETERNARIAN		Employer (See Instructions) Quinlan Animal Clinic
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Culbertson, Beth (Dr.) <hr/> Contributor address; City; State; Zip Code Andrews, TX 79714	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Veterinarian		Employer (See Instructions) Andrews Veterinary Clinic
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Culbertson, Beth (Dr.) <hr/> Contributor address; City; State; Zip Code Andrews, TX 79714	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Veterinarian		Employer (See Instructions) Andrews Veterinary Clinic
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Delahoussaye DVM, Pamela <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78664	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) veterinarian		Employer (See Instructions) Hometown Animal Clinic

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/4 Rpt: 5/16
2 FILER NAME Texas Veterinary Medical Assn. PAC		3 Filer ID (Ethics Commission Filers) 00015890
4 Date 09/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Faught DVM, John (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78746	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) veterinarian		9 Employer (See Instructions) Firehouse Animal Health Cente
Date 08/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Long DVM, Jodi (Dr.) <hr/> Contributor address; City; State; Zip Code Angleton, TX 77515	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Veterinarian		Employer (See Instructions) Bay Glen Animal Hospital
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Long DVM, Jodi (Dr.) <hr/> Contributor address; City; State; Zip Code Angleton, TX 77515	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Veterinarian		Employer (See Instructions) Bay Glen Animal Hospital
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MILLER, SAM (Dr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77024	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Veterinarian		Employer (See Instructions) VILLAGE VETERINARY CLINIC
Date 08/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MacKenzie DVM, Cynthia (Dr.) <hr/> Contributor address; City; State; Zip Code McKinney, TX 75069	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Veterinarian		Employer (See Instructions) American Veterinary Medical Association Trust

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/4 Rpt: 6/16
2 FILER NAME Texas Veterinary Medical Assn. PAC		3 Filer ID (Ethics Commission Filers) 00015890
4 Date 09/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCauley, Will (Dr.) <hr/> 6 Contributor address; City; State; Zip Code College Station, TX 77840	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Veterinarian		9 Employer (See Instructions) Texas A&M Foundation
Date 09/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore DVM, Hallie (Dr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77027	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) veterinarian		Employer (See Instructions) Oak Forest Veterinary Hospital
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Posey DVM, Richard Daniel (Dr.) <hr/> Contributor address; City; State; Zip Code Canyon, TX 79118	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Veterinarian		Employer (See Instructions) WTAMU
Date 09/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Teller, Lori (Dr.) <hr/> Contributor address; City; State; Zip Code College Station, TX 77843	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Veterinarian		Employer (See Instructions) Texas A&M University
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ueckert, Russell (Dr.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79605	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Veterinarian		Employer (See Instructions) Big Country Vet Clinic

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/4 Rpt: 7/16
2 FILER NAME Texas Veterinary Medical Assn. PAC		3 Filer ID (Ethics Commission Filers) 00015890
4 Date 09/18/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walthall, Tamara (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Waco, TX 76705	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Veterinarian		9 Employer (See Instructions) La Vega Veterinary Clinic
Date 09/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright DVM, Michele (Dr.) <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78251	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) veterinarian		Employer (See Instructions) Great Northwest Animal Hospital
Date 09/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) York, Cheryl (Dr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78704	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) veterinarian		Employer (See Instructions) Bluebonnet Veterinary Hospital
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) York, Cheryl (Dr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78704	Amount of Contribution (\$) \$52.65
Principal occupation / Job title (See Instructions) veterinarian		Employer (See Instructions) Bluebonnet Veterinary Hospital

NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE **C4**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule C4:
Sch: 1/1 Rpt: 8/16

2 FILER NAME

Texas Veterinary Medical Assn. PAC

3 Filer ID (Ethics Commission Filers)
00015890

4 Date

09/26/2024

5 Corporation / Labor Organization name

Texas Veterinary Medical Association

6 Amount (\$)

8,660.85

Date

08/30/2024

Corporation / Labor Organization name

Texas Veterinary Medical Association

Amount (\$)

3,000.00

Date

07/31/2024

Corporation / Labor Organization name

Texas Veterinary Medical Association

Amount (\$)

2,000.00

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 1/1 Rpt: 9/16
2 FILER NAME Texas Veterinary Medical Assn. PAC		3 Filer ID (Ethics Commission Filers) 00015890
4 TOTAL OF UNITEMIZED LOANS		\$ 0.00
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial institution?	8 Lender address; City; State; Zip Code	10 Interest Rate
		11 Maturity Date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal occupation		21 Employer (See Instructions)

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/7 Rpt: 10/16	2 FILER NAME Texas Veterinary Medical Assn. PAC	3 Filer ID (Ethics Commission Filers) 00015890
4 Date 09/09/2024	5 Payee name Alvarado, Carol (Sen.)	
6 Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P.O. Box 230842 Houston, TX 77223	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/27/2024	Payee name Blanco, Cesar	
Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 9440 Viscount Blvd #205 El Paso, TX 79925	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/27/2024	Payee name Bonnen, Greg (Rep.)	
Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 1183 Friendswood, TX 77549	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/7 Rpt: 11/16	2 FILER NAME Texas Veterinary Medical Assn. PAC	3 Filer ID (Ethics Commission Filers) 00015890
4 Date 08/01/2024	5 Payee name Chase	
6 Amount (\$) \$224.04 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 270 Park Avenue New York, NY 10017	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/01/2024	Candidate/Officeholder name Office sought Office held	
Payee name Chase		
Amount (\$) \$25.04 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 270 Park Avenue New York, NY 10017	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/01/2024	Candidate/Officeholder name Office sought Office held	
Payee name Chase		
Amount (\$) \$47.01 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 270 Park Avenue New York, NY 10017	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/7 Rpt: 12/16	2 FILER NAME Texas Veterinary Medical Assn. PAC	3 Filer ID (Ethics Commission Filers) 00015890
4 Date 08/27/2024	5 Payee name Gonzalez, Mary (Rep.)	
6 Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 450 Clint, TX 79836	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/27/2024	Payee name Harris, Caroline	
Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 700 Round Rock, TX 78680	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/27/2024	Payee name Harris, Cody	
Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1007 N Mallard St Palestine, TX 75801	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/7 Rpt: 13/16	2 FILER NAME Texas Veterinary Medical Assn. PAC	3 Filer ID (Ethics Commission Filers) 00015890
4 Date 09/12/2024	5 Payee name Johnson, Ann (Rep.)	
6 Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 56386 Houston, TX 77256	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/12/2024	Payee name Kitzman, Stan	
Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 553 Pattison, TX 77466	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/26/2024	Payee name Omni Fort Worth	
Amount (\$) \$2,330.42 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1300 Houston St Fort Worth , TX 76102	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reception costs
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Parker, Tan (Sen.)	Office sought Office held State Senator District 12 State Senator District 12

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/7 Rpt: 14/16	2 FILER NAME Texas Veterinary Medical Assn. PAC	3 Filer ID (Ethics Commission Filers) 00015890
4 Date 09/20/2024	5 Payee name Parker, Tan	
6 Amount (\$) \$5,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P.O. Box 271741 Flower Mound, TX 75027	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/27/2024	Payee name Phelan , Dade (Rep.)	
Amount (\$) \$1,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 848 Nederland, TX 77627	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/31/2024	Payee name Poinsett PLLC	
Amount (\$) \$207.72 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1122 Colorado Street, Suite 1001 Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel for contract lobbyist
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/7 Rpt: 15/16	2 FILER NAME Texas Veterinary Medical Assn. PAC	3 Filer ID (Ethics Commission Filers) 00015890
4 Date 08/27/2024	5 Payee name Rosenthal, Jon (Rep.)	
6 Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 667204 Houston, TX 77266	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/27/2024	Payee name Spiller, David (Rep.)	
Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 447 Jacksboro, TX 76458	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/03/2024	Payee name TEXAS LEGISLATIVE SERVICE	
Amount (\$) \$216.05 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO BOX 100 AUSTIN, TX 78767	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/7 Rpt: 16/16	2 FILER NAME Texas Veterinary Medical Assn. PAC	3 Filer ID (Ethics Commission Filers) 00015890
4 Date 08/06/2024	5 Payee name TEXAS LEGISLATIVE SERVICE	
6 Amount (\$) \$216.05 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO BOX 100 AUSTIN, TX 78767	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/09/2024	Candidate/Officeholder name Office sought Office held	
Payee name TEXAS LEGISLATIVE SERVICE		
Amount (\$) \$216.05 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO BOX 100 AUSTIN, TX 78767	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/19/2024	Candidate/Officeholder name Office sought Office held	
Payee name Wharton, Trey		
Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 1242 Huntsville, TX 77342	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		