

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) 00051510	2 Total pages filed: 20
3 COMMITTEE NAME APRx 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 802 N. Carancahua St., Ste. 540 Corpus Christi, TX 78401-0011		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Laird NICKNAME LAST SUFFIX Leavoy		
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 803 N. Carancahua St., Ste. 540 Corpus Christi, TX 78401		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 803 N. Carancahua St., Ste. 1830 Corpus Christi, TX 78401		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (877) 634-5445		
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 Month Day Year 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 APRx PAC		13 Filer ID (Ethics Commission Filers) 00051510
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
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 18,037.50
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 29,500.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 421,043.03
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00
16 AFFIDAVIT <div style="text-align: right;">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.</div> <div style="text-align: right;">Mr. Laird Leavoy _____ Signature of Campaign Treasurer</div> <div>AFFIX NOTARY STAMP / SEAL ABOVE</div> 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 20

17 COMMITTEE NAME APRx PAC		18 Filer ID (Ethics Commission Filers) 00051510
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 18,037.50
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 29,500.00
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/12 Rpt: 4/20
2 FILER NAME APRx PAC		3 Filer ID (Ethics Commission Filers) 00051510
4 Date 07/18/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abeldt R.Ph., Jeffrey (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Tyler, TX 75707	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions) Brickstreet Pharmacy
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abeldt R.Ph., Jeffrey (Mr.) <hr/> Contributor address; City; State; Zip Code Tyler, TX 75707	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Brickstreet Pharmacy
Date 09/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abeldt R.Ph., Jeffrey (Mr.) <hr/> Contributor address; City; State; Zip Code Tyler, TX 75707	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Brickstreet Pharmacy
Date 07/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abernathy R.Ph., Bryan (Mr.) <hr/> Contributor address; City; State; Zip Code San Angelo, TX 77833	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Medical Arts Pharmacy
Date 07/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alvarado R.Ph., Christopher (Mr.) <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78253	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) HEB

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/12 Rpt: 5/20
2 FILER NAME APRx PAC		3 Filer ID (Ethics Commission Filers) 00051510
4 Date 08/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alvarado R.Ph., Christopher (Mr.) <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78253	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions) HEB
Date 09/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alvarado R.Ph., Christopher (Mr.) <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78253	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) HEB
Date 07/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrera R.Ph., Jaime (Mr.) <hr/> Contributor address; City; State; Zip Code Alton, TX 78573	Amount of Contribution (\$) \$312.50
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Richard's Pharmacy Alton
Date 07/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrera R.Ph., Ramiro (Mr.) <hr/> Contributor address; City; State; Zip Code Edinburg, TX 78539	Amount of Contribution (\$) \$312.50
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Richard's Pharmacy Edinburg
Date 07/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Emde R.Ph., Ed (Mr.) <hr/> Contributor address; City; State; Zip Code Whitesboro, TX 76273	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Hometown Pharmacy Whitesboro

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/12 Rpt: 6/20
2 FILER NAME APRx PAC		3 Filer ID (Ethics Commission Filers) 00051510
4 Date 07/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Emde R.Ph., Ed (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Gainesville, TX 76240	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions) Hometown Pharmacy Gainesville
Date 07/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eubanks R.Ph., Chuck (Mr.) <hr/> Contributor address; City; State; Zip Code Tyler, TX 75701	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Tyler Rx Pharmacy
Date 07/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Everett R.Ph., Steve (Mr.) <hr/> Contributor address; City; State; Zip Code Waco, TX 76706	Amount of Contribution (\$) \$375.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Circle Drug
Date 07/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gorman R.Ph., Kelby (Mr.) <hr/> Contributor address; City; State; Zip Code Sinton, TX 78387	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Moore's Compounding Pharmacy
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gorman R.Ph., Kelby (Mr.) <hr/> Contributor address; City; State; Zip Code Sinton, TX 78387	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Moore's Compounding Pharmacy

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/12 Rpt: 7/20
2 FILER NAME APRx PAC		3 Filer ID (Ethics Commission Filers) 00051510
4 Date 09/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gorman R.Ph., Kelby (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Sinton, TX 78387	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions) Moore's Compounding Pharmacy
Date 07/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrel III R.Ph., Nick (Mr.) <hr/> Contributor address; City; State; Zip Code Kingsville, TX 78363	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Harrel's Kingsville Pharmacy
Date 07/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hickman R.Ph., John (Mr.) <hr/> Contributor address; City; State; Zip Code Farmersville, TX 75442	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Owner/Pharmacy Tech		Employer (See Instructions) Dyer Drug Store
Date 07/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoffart R.Ph., Steve (Mr.) <hr/> Contributor address; City; State; Zip Code Magnolia, TX 77354	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) Phamacist		Employer (See Instructions) Magnolia Pharmacy
Date 07/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson R.Ph., Michael (Mr.) <hr/> Contributor address; City; State; Zip Code San Augustine, TX 75972	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) San Augustine Drug Company

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/12 Rpt: 8/20
2 FILER NAME APRx PAC		3 Filer ID (Ethics Commission Filers) 00051510
4 Date 07/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kanak, Alton (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Kirbyville, TX 75956	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions) Brookshire Brothers Pharmacy Kirbyville
Date 07/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kanak R.Ph., Alton (Mr.) <hr/> Contributor address; City; State; Zip Code Katy, TX 77450	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Katy Medical Complex Pharmacy
Date 07/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kanak R.Ph., Alton (Mr.) <hr/> Contributor address; City; State; Zip Code Brenham, TX 77833	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Norman's Pharmacy
Date 07/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kegans R.Ph., H.E. (Mr.) <hr/> Contributor address; City; State; Zip Code Leonard, TX 75452	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Leonard Pharmacy
Date 07/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee R.Ph., David (Mr.) <hr/> Contributor address; City; State; Zip Code Webster, TX 77598	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Clear Lake Pharmacy

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/12 Rpt: 9/20
2 FILER NAME APRx PAC		3 Filer ID (Ethics Commission Filers) 00051510
4 Date 08/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee R.Ph., David (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Webster, TX 77598	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions) Clear Lake Pharmacy
Date 09/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee R.Ph., David (Mr.) <hr/> Contributor address; City; State; Zip Code Webster, TX 77598	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Clear Lake Pharmacy
Date 07/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Margo R.Ph., Yvonne (Ms.) <hr/> Contributor address; City; State; Zip Code Donna, TX 78537	Amount of Contribution (\$) \$312.50
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Richard's Pharmacy Donna
Date 07/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Brad (Mr.) <hr/> Contributor address; City; State; Zip Code Tyler, TX 75701	Amount of Contribution (\$) \$1,250.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Kinsey's Pharmacy
Date 07/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin R.Ph., James (Mr.) <hr/> Contributor address; City; State; Zip Code Crockett, TX 75835	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Davy Crockett Drug

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/12 Rpt: 10/20
2 FILER NAME APRx PAC		3 Filer ID (Ethics Commission Filers) 00051510
4 Date 07/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Muecke R.Ph., Mike (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Palacios, TX 77465	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions) Palacios Prescription Shop
Date 07/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen R.Ph., Mark (Mr.) <hr/> Contributor address; City; State; Zip Code Irving, TX 75061	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Gibson Pharmacy
Date 07/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oben R.Ph., A.J. (Mr.) <hr/> Contributor address; City; State; Zip Code College Station, TX 77845	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Goldstar Pharmacy
Date 07/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ochoa R.Ph., Joe (Mr.) <hr/> Contributor address; City; State; Zip Code Edinburg, TX 78539	Amount of Contribution (\$) \$625.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Ochoa's Pharmacy Central
Date 07/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oglesbee R.Ph., Vance (Mr.) <hr/> Contributor address; City; State; Zip Code Fairfield, TX 75840	Amount of Contribution (\$) \$750.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Hometown Pharmacy

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/12 Rpt: 11/20
2 FILER NAME APRx PAC		3 Filer ID (Ethics Commission Filers) 00051510
4 Date 07/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker R.Ph., Doug (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Seguin, TX 78155	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions) Parker's City Pharmacy
Date 07/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patterson R.Ph., Laura (Ms.) <hr/> Contributor address; City; State; Zip Code Hale Center, TX 79401	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Hale Center Clinical Pharmacy
Date 07/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peippo R.Ph., Mark (Mr.) <hr/> Contributor address; City; State; Zip Code Pottsboro, TX 75076	Amount of Contribution (\$) \$625.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Family Pharmacy of Pottsboro
Date 07/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pelzel R.Ph., Connor (Mr.) <hr/> Contributor address; City; State; Zip Code Collinsville, TX 76233	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Hometown Pharmacy Pilot Point
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pelzel R.Ph., Connor (Mr.) <hr/> Contributor address; City; State; Zip Code Collinsville, TX 76233	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Hometown Pharmacy Pilot Point

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/12 Rpt: 12/20
2 FILER NAME APRx PAC		3 Filer ID (Ethics Commission Filers) 00051510
4 Date 09/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pelzel R.Ph., Connor (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Collinsville, TX 76233	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions) Hometown Pharmacy Pilot Point
Date 07/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pelzel R.Ph., Russel (Mr.) <hr/> Contributor address; City; State; Zip Code Pilot Point, TX 76258	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Pelzel's Hometown Pharmacy
Date 07/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perrone R.Ph., Paula (Ms.) <hr/> Contributor address; City; State; Zip Code Ft. Worth, TX 76116	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Perrone Pharmacy, Inc.
Date 07/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rawls R.Ph., Vanessa (Ms.) <hr/> Contributor address; City; State; Zip Code Mission, TX 78572	Amount of Contribution (\$) \$312.50
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Richard's Pharmacy Mission
Date 07/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Miguel (Mr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78704	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) General Counsel		Employer (See Instructions) American Pharmacies

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/12 Rpt: 13/20
2 FILER NAME APRx PAC		3 Filer ID (Ethics Commission Filers) 00051510
4 Date 08/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Miguel (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78704	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) General Counsel		9 Employer (See Instructions) American Pharmacies
Date 09/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Miguel (Mr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78704	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) General Counsel		Employer (See Instructions) American Pharmacies
Date 07/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schley R.Ph., Kelli (Ms.) <hr/> Contributor address; City; State; Zip Code Yoakum, TX 77995	Amount of Contribution (\$) \$62.50
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Yoakum Discount Pharmacy
Date 07/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vogler R.Ph., Mark (Mr.) <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79120	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Martin Tipton Pharmacy
Date 07/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waters, Chuck (Mr.) <hr/> Contributor address; City; State; Zip Code Belton, TX 76513	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) VP Marketing and Communications		Employer (See Instructions) American Pharmacies

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/12 Rpt: 14/20
2 FILER NAME APRx PAC		3 Filer ID (Ethics Commission Filers) 00051510
4 Date 08/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waters, Chuck (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Belton, TX 76513	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) VP Marketing and Communications		9 Employer (See Instructions) American Pharmacies
Date 07/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson R.Ph., John (Mr.) <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79106	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Catching's Prescriptions
Date 07/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Michael (Mr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78759	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) VP Government Affairs		Employer (See Instructions) American Pharmacies
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Michael (Mr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78759	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) VP Government Affairs		Employer (See Instructions) American Pharmacies
Date 09/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Michael (Mr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78759	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) VP Government Affairs		Employer (See Instructions) American Pharmacies

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/12 Rpt: 15/20
2 FILER NAME APRx PAC		3 Filer ID (Ethics Commission Filers) 00051510
4 Date 07/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yarbrough R.Ph., Sean (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77081	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions) Hillcroft Pharmacy

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/5 Rpt: 16/20	2 FILER NAME APRx PAC	3 Filer ID (Ethics Commission Filers) 00051510
4 Date 07/01/2024	5 Payee name A.J. Louderback	
6 Amount (\$) \$2,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P.O. Box 403 Nederland, TX 77627	
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 08/15/2024	Payee name Bobby Guerra	
Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 10213 N. 10th Street McAllen, TX 78504	
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 09/03/2024	Payee name Caroline Harris Davila	
Amount (\$) \$1,750.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. 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

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: 2/5 Rpt: 17/20	2 FILER NAME APRx PAC	3 Filer ID (Ethics Commission Filers) 00051510
4 Date 08/15/2024	5 Payee name Cassandra Hernandez	
6 Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P.O. Box 1289 Addison, TX 75001	
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 09/03/2024	Payee name Charles Schwertner	
Amount (\$) \$2,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 2448 Georgetown, TX 78627	
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 08/20/2024	Payee name Cody Harris	
Amount (\$) \$5,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1007 N. Mallard Street 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: 3/5 Rpt: 18/20	2 FILER NAME APRx PAC	3 Filer ID (Ethics Commission Filers) 00051510
4 Date 09/05/2024	5 Payee name Dade Phelan	
6 Amount (\$) \$10,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P.O. Box 5990 Austin, TX 78763	
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		
Date 09/24/2024	Candidate/Officeholder name Office sought Office held	
Payee name Jared Patterson		
Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.P. Box 5419 Frisco, TX 75035	
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		
Date 08/20/2024	Candidate/Officeholder name Office sought Office held	
Payee name Juan Hinojosa Campaign		
Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1508 Lone Star Way, Ste.5B Edinburg , TX 78539	
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		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
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Candidate/Officeholder/Political Committee
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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: 4/5 Rpt: 19/20	2 FILER NAME APRx PAC	3 Filer ID (Ethics Commission Filers) 00051510
4 Date 09/03/2024	5 Payee name Phil King	
6 Amount (\$) \$2,500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P.O. Box 1913 Weatherford, TX 76086	
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 09/09/2024	Payee name Stan Gerdes	
Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 1060 Smithville, TX 78957	
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 08/15/2024	Payee name Steve Toth	
Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 67 Chestnut Meadow Suite 100 Conroe, TX 77384	
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
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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: 5/5 Rpt: 20/20	2 FILER NAME APRx PAC	3 Filer ID (Ethics Commission Filers) 00051510
4 Date 08/15/2024	5 Payee name Tom Oliverson	
6 Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1 E. Greenwood Plaza Suite 225 Houston, TX 77046	
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 08/15/2024	Payee name Wes Virdell	
Amount (\$) \$750.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 147 Brady, TX 76825	
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