## 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 Commis 00051510	sion Filers)	2	2 Total pages fil 2	led: 20
3 COMMITTEE NAME					OFFICE I	JSE ONLY
APRx PAC				Ļ	Date Received	
					10/04/2024	
4 COMMITTEE ADDRESS / PO BOX; APT / SUITE ADDRESS ADDR	#; CIT	Y; STATI	E; ZIP COD	Ε		
802 N. Carancahua St., Ste. 540				1	Date Hand-delivered o	r Date Postmarked
Change of Address						
Corpus Christi, TX 78401-0011				F	Receipt #	Amount
				ī	Date Processed	•
				ī	Date Imaged	
5 CAMPAIGN MS / MRS / MR FIRST				N	11	
TREASURER Mr. Laird						
NICKNAME LAST				S	UFFIX	
Leavoy	/					
6 CAMPAIGN STREET ADDRESS (NO PO BOX PL	EASE).	Δρτ	/ SUITE #; CI	ITY;	STA	ATE; ZIP CODE
TREASURER STREET 803 N. Carancahua St., Ste. 540	,		/ SUIL #, CI	,	517	TE, ZIFCODE
SIREEI						
ADDRESS						
(Residence or Business) Corpus Christi, TX 78401						
7 CAMPAIGN STREET OR PO BOX;		AF	PT / SUITE #; C	CITY;	ST	TATE; ZIP CODE
TREASURER MAILING 803 N. Carancahua St., Ste. 1830	)					
ADDRESS						
Corpus Christi, TX 78401						
8 CAMPAIGN AREA CODE PHONE NUME TREASURER (077) COA FAAF	BER I	EXTENSION				
PHONE (877) 634-5445						
9 REPORT January 15 TYPE January 15	X 30	th day before elec	tion		Dissolution (Attac	ch PAC-DR)
		n day before election	n		10th day after car	mnaign treasurer
July 15		ruay before election			termination	inpaign treasurer
	Ri	Inoff				
10 PERIOD Month Day Year			Month D	Day	Year	
COVERED 07/01/2024	TH	IROUGH	09/26/			
11 ELECTION ELECTION DATE			ELECTION TYPE	E		
Month Day Year	ПР	rimary	Runoff	-	Other	
11/05/2024		-				
	XG	eneral	Special			
	GO 1	O PAGE 2				
Forms provided by Texas Ethics Commission	www.et	hics.state.tx.us	6		Versi	on V4.1.0.48da51f7

## GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

# FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
APRx PAC			0005151	LO
14 COMMITTEE	1. Candidates	A. Supported		
ACTIVITY	(Identify by name or, if applicable, classify by party.)			
	applicable, classify by party.)			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures	A. Supported		
	(Describe by date and location of election and nature of issue.)			
		B. Opposed		
	3. Officeholders			
	Assisted (Identify by name or, if			
	applicable, classify by party.)			
15 CONTRIBUTION	1. TOTAL UNITEMIZED	) POLITICAL CONTRIBUTIONS (OTHER THAN		
TOTALS	PLEDGES, LOANS,	OR GUARANTEES OF LOANS, OR	\$	0.00
		ADE ELECTRONICALLY) qualifies for the higher itemization threshold		0.00
	2. TOTAL POLITICA			
		DGES, LOANS, OR GUARANTEES OF LOANS)	\$	18,037.50
EXPENDITURE TOTALS	3. TOTAL UNITEMIZEL	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	
			l l	29,500.00
	5. TOTAL POLITICAL (	CONTRIBUTIONS MAINTAINED AS OF THE LAST	DAY	
BALANCE	OF THE REPORTING		\$	421,043.03
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF 1 REPORTING PERIOD	HE \$	0.00
16 AFFIDAVIT				
		I swear, or affirm, under penalty of pe true and correct and includes all inforr under Title 15, Election Code.		
		Mr. Loir	d Leavoy	
		Signature of Car	npaign frea	Sulei
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	before me, by the said	, tł	nis the	day
of	_, 20, to certify v	which, witness my hand and seal of office.		
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of o	fficer administering oath
Forme provided by Toyes 5	thice Commission	www.othics.state.tv.us		Varcian V/4 1 0 40465147
Forms provided by Texas E		www.ethics.state.tx.us		Version V4.1.0.48da51f7

SUBTOTALS - GPAC	FORM GPAC	
17 COMMITTEE NAME APRX PAC	18 Filer ID 00051510	3 of 20 (Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE	00051510	SUBTOTAL AMOUNT
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		<b>\$</b> 18,037.50
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LAI ORGANIZATION	30R	\$
5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPO LABOR ORGANIZATION	RATION OR	\$
6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR OF	RGANIZATION	\$
7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABO	DR	\$
8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR	R ORGANIZATION	\$
9. SCHEDULE E: LOANS		\$
10. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	NS	<b>\$</b> 29,500.00
11. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBU	TIONS	\$
13. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBU	TIONS	\$
15. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	S RETURNED	\$

SCHEDULE	A1
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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 Fil 00051510         4       Date 07/18/2024       5       Full name of contributor
APRx PAC       00051510         4       Date       5       Full name of contributor       out-of-state PAC (ID#)         Abeldt R.Ph., Jeffrey (Mr.)       6       Contributor address; City; State; Zip Code       7         6       Contributor address; City; State; Zip Code       7       Amount of Contribution (\$)         9       Employer (See Instructions)       9       Employer (See Instructions)         Pharmacist       Poll name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$)         08/15/2024       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$)         08/15/2024       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$)         08/15/2024       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Brickstreet Pharmacy         Date       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$)         09/16/2024       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       S
4       Date       5       Full name of contributor       out-of-state PAC (ID#:
07/18/2024       Abeldt R.Ph., Jeffrey (Mr.)       \$         6       Contributor address; City; State; Zip Code       Tyler, TX 75707         8       Principal occupation / Job title (See Instructions)       9       Employer (See Instructions)         Brickstreet Pharmacy       Brickstreet Pharmacy       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:
6       Contributor address; City; State; Zip Code         Tyler, TX 75707         8       Principal occupation / Job title (See Instructions)         Pharmacist       9         Employer (See Instructions)         Bate       Full name of contributor         08/15/2024       Abeldt R.Ph., Jeffrey (Mr.)         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         7       Principal occupation / Job title (See Instructions)         Pharmacist       Employer (See Instructions)         Pharmacist       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Pharmacist       Full name of contributor       out-of-state PAC (ID#:
Image: Section Principal occupation / Job title (See Instructions)       Principal occupation / Job title (See Instructions)       Principal occupation / Job title (See Instructions)         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         08/15/2024       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         08/15/2024       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Full name of contributor         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (\$)         Pharmacist       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         09/16/2024       Abeldt R.Ph., Jeffrey (Mr.)       S         Contributor address; City; State; Zip Code
8       Principal occupation / Job title (See Instructions) Pharmacist       9       Employer (See Instructions) Brickstreet Pharmacy         Date 08/15/2024       Full name of contributor
8       Principal occupation / Job title (See Instructions) Pharmacist       9       Employer (See Instructions) Brickstreet Pharmacy         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         08/15/2024       Full name of contributors; City; State; Zip Code       Amount of Contribution (\$)         Tyler, TX 75707       Tyler, TX 75707         Principal occupation / Job title (See Instructions) Pharmacist       Employer (See Instructions) Brickstreet Pharmacy         Date       Full name of contributor       out-of-state PAC (ID#:)         O9/16/2024       Full name of contributor       out-of-state PAC (ID#:)         O9/16/2024       Full name of contributor       out-of-state PAC (ID#:)         Tyler, TX 75707       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$         Pharmacist       Full name of contributor       out-of-state PAC (ID#:
8       Principal occupation / Job title (See Instructions) Pharmacist       9       Employer (See Instructions) Brickstreet Pharmacy         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         08/15/2024       Full name of contributors; City; State; Zip Code       Amount of Contribution (\$)         Tyler, TX 75707       Tyler, TX 75707         Principal occupation / Job title (See Instructions) Pharmacist       Employer (See Instructions) Brickstreet Pharmacy         Date       Full name of contributor       out-of-state PAC (ID#:)         O9/16/2024       Full name of contributor       out-of-state PAC (ID#:)         O9/16/2024       Full name of contributor       out-of-state PAC (ID#:)         Tyler, TX 75707       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$         Pharmacist       Full name of contributor       out-of-state PAC (ID#:
Pharmacist         Brickstreet Pharmacy           Date         Full name of contributor         out-of-state PAC (ID#:)         Amount of Contribution (\$)           08/15/2024         Abeldt R.Ph., Jeffrey (Mr.)         Contributor address; City; State; Zip Code         Amount of Contribution (\$)           08/15/2024         Tyler, TX 75707         Employer (See Instructions)         Brickstreet Pharmacy           Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Amount of Contribution (\$)           Pharmacist         Full name of contributor         out-of-state PAC (ID#:
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         08/15/2024       Abeldt R.Ph., Jeffrey (Mr.)       \$         Contributor address; City; State; Zip Code       Tyler, TX 75707         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Pharmacist       Full name of contributor       out-of-state PAC (ID#:)         Date       Full name of contributor       out-of-state PAC (ID#:)         09/16/2024       Abeldt R.Ph., Jeffrey (Mr.)       Amount of Contribution (\$)         Og/16/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$         Pharmacist       Tyler, TX 75707       Employer (See Instructions)       \$         Pharmacist       Brickstreet Pharmacy       Brickstreet Pharmacy       \$         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$         O7/30/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$
08/15/2024       Abeldt R.Ph., Jeffrey (Mr.)       \$         Contributor address; City, State; Zip Code       Tyler, TX 75707         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Pharmacist       Brickstreet Pharmacy         Date       Full name of contributor out-of-state PAC (ID#:
Contributor address; City; State; Zip Code         Tyler, TX 75707         Principal occupation / Job title (See Instructions)         Pharmacist         Date         Full name of contributor         out-of-state PAC (ID#:)         Amount of Contribution (\$)         O9/16/2024         Abeldt R.Ph., Jeffrey (Mr.)         Contributor address; City; State; Zip Code         Tyler, TX 75707         Principal occupation / Job title (See Instructions)         Pharmacist         Date         Full name of contributor         out-of-state PAC (ID#:)         Principal occupation / Job title (See Instructions)         Pharmacist         Date         Full name of contributor         Out-of-state PAC (ID#:)         Abernathy R.Ph., Bryan (Mr.)         State PAC (ID#:)
Principal occupation / Job title (See Instructions)     Employer (See Instructions)       Pharmacist     Employer (See Instructions)       Date     Full name of contributor     out-of-state PAC (ID#:)       Abeldt R.Ph., Jeffrey (Mr.)     Amount of Contribution (\$)       Contributor address; City; State; Zip Code     Amount of Contribution (\$)       Principal occupation / Job title (See Instructions)     Employer (See Instructions)       Principal occupation / Job title (See Instructions)     Employer (See Instructions)       Principal occupation / Job title (See Instructions)     Employer (See Instructions)       Pharmacist     Employer (See Instructions)       Date     Full name of contributor
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Pharmacist       Brickstreet Pharmacy         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         09/16/2024       Abeldt R.Ph., Jeffrey (Mr.)       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Tyler, TX 75707         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Pharmacist       Employer (See Instructions)         Pharmacist       Employer (See Instructions)         Date       Full name of contributor         Date       Full name of contributor         Date       Full name of contributor         Oate       Full name of contributor         Date       Full name of contributor
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Pharmacist       Brickstreet Pharmacy         Date       Full name of contributor out-of-state PAC (ID#:)         Abeldt R.Ph., Jeffrey (Mr.)       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Full name of contributor address; City; State; Zip Code         Tyler, TX 75707       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Pharmacist       Employer (See Instructions)         Date       Full name of contributor out-of-state PAC (ID#:
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Pharmacist       Brickstreet Pharmacy         Date       Full name of contributor out-of-state PAC (ID#:)         Abeldt R.Ph., Jeffrey (Mr.)       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Full name of contributor address; City; State; Zip Code         Tyler, TX 75707       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Pharmacist       Employer (See Instructions)         Pharmacist       Employer (See Instructions)         Date       Full name of contributor out-of-state PAC (ID#:)         Abernathy R.Ph., Bryan (Mr.)       Amount of Contribution (\$)
Pharmacist       Brickstreet Pharmacy         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         09/16/2024       Abeldt R.Ph., Jeffrey (Mr.)       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Tyler, TX 75707       Tyler, TX 75707       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Pharmacist       Full name of contributor       out-of-state PAC (ID#:)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/30/2024       Abernathy R.Ph., Bryan (Mr.)       State PAC (ID#:)       State PAC (ID#:)
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         09/16/2024       Abeldt R.Ph., Jeffrey (Mr.)       \$         Contributor address; City; State; Zip Code       Contributor address; City; State; Zip Code       \$         Tyler, TX 75707       Frincipal occupation / Job title (See Instructions)       Employer (See Instructions)       Brickstreet Pharmacy         Pharmacist       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/30/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)
09/16/2024       Abeldt R.Ph., Jeffrey (Mr.)       \$         Contributor address; City; State; Zip Code       \$         Tyler, TX 75707       \$         Principal occuration / Job title (See Instructions)       Employer (See Instructions)         Pharmacist       Brickstreet Pharmacy         Date       Full name of contributor out-of-state PAC (ID#:)         Abernathy R.Ph., Bryan (Mr.)       Amount of Contribution (\$)
Contributor address; City; State; Zip Code         Tyler, TX 75707         Principal occupation / Job title (See Instructions)         Pharmacist         Date         Full name of contributor         07/30/2024         Abernathy R.Ph., Bryan (Mr.)
Tyler, TX 75707       Principal occupation / Job title (See Instructions)       Pharmacist       Employer (See Instructions)       Brickstreet Pharmacy       Date       Full name of contributor       ort/30/2024       Abernathy R.Ph., Bryan (Mr.)
Tyler, TX 75707     Employer (See Instructions)       Principal occupation / Job title (See Instructions)     Employer (See Instructions)       Pharmacist     Brickstreet Pharmacy       Date     Full name of contributor out-of-state PAC (ID#:)       Abernathy R.Ph., Bryan (Mr.)     Amount of Contribution (\$)
Principal occupation / Job title (See Instructions)     Employer (See Instructions)       Pharmacist     Brickstreet Pharmacy       Date     Full name of contributor out-of-state PAC (ID#:)       07/30/2024     Abernathy R.Ph., Bryan (Mr.)
Principal occupation / Job title (See Instructions)     Employer (See Instructions)       Pharmacist     Brickstreet Pharmacy       Date     Full name of contributor out-of-state PAC (ID#:)       07/30/2024     Abernathy R.Ph., Bryan (Mr.)
Pharmacist     Brickstreet Pharmacy       Date     Full name of contributor out-of-state PAC (ID#:)     Amount of Contribution (\$)       07/30/2024     Abernathy R.Ph., Bryan (Mr.)     \$
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/30/2024       Abernathy R.Ph., Bryan (Mr.)       \$
07/30/2024 Abernathy R.Ph., Bryan (Mr.) \$
Contributor address; City; State; Zip Code
San Angelo, TX 77833
Principal occupation / Job title (See Instructions) Employer (See Instructions)
Pharmacist Medical Arts Pharmacy
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)
07/18/2024 Alvarado R.Ph., Christopher (Mr.) \$
Contributor address; City; State; Zip Code
San Antonio, TX 78253
Principal occupation / Job title (See Instructions) Employer (See Instructions)
Principal occupation / Job title (See Instructions)Employer (See Instructions)PharmacistHEB

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

The Instruction Guide explair	is how to complete this	form.	1 Total pages Schedule A1: Sch: 3/12 Rpt: 6/20	
2 FILER NAME			3 Filer ID (Ethics Commission	n Filers)
APRx PAC			00051510	
4 Date 5 Full name of contribu	Itor out-of-state PAC (ID#	ŧ:)	7 Amount of Contribution (\$)	
07/30/2024 Emde R.Ph., Ed (N				\$500.00
6 Contributor address;	City; State; Zip Code			
Gainesville, TX 76				
8 Principal occupation / Job title (See Ins	tructions)	9 Employer (See Instructions	,	
Pharmacist		Hometown Pharmacy G	ainesville	
Date Full name of contribu	itor out-of-state PAC (ID#	#:)	Amount of Contribution (\$)	
07/30/2024 Eubanks R.Ph., Cl				\$250.00
Contributor address;	City; State; Zip Code			
Tyler, TX 75701				
Principal occupation / Job title (See Inst	tructions)	Employer (See Instructions	)	
Pharmacist		Tyler Rx Pharmacy		
Date Full name of contribu	Itor out-of-state PAC (ID#	t:)	Amount of Contribution (\$)	
07/30/2024 Everett R.Ph., Stev	ve (Mr.)			\$375.00
Contributor address;	City; State; Zip Code			
Waco, TX 76706				
Principal occupation / Job title (See Ins	(ructions)	Employer (See Instructions	)	
Pharmacist		Circle Drug		
Date Full name of contribu		)	Amount of Contribution (\$)	_
07/18/2024 Gorman R.Ph., Ke				\$50.00
	City; State; Zip Code			
Cinton TV 70207				
Sinton, TX 78387		Employer (Coo Instructions	、 、	
Principal occupation / Job title (See Ins Pharmacist	ructions)	Employer (See Instructions Moore's Compounding F		
		· · · ·	-	
Date Full name of contribu		¢:)	Amount of Contribution (\$)	÷=> 00
08/15/2024 Gorman R.Ph., Ke				\$50.00
Contributor address;	City; State; Zip Code			
Sinton TV 70207				
Sinton, TX 78387		Employer (Coo Instructions	\	
Principal occupation / Job title (See Ins Pharmacist	(ructions)	Employer (See Instructions		
Phannacist		Maara's Compounding E	bormoou	
		Moore's Compounding F	Pharmacy	

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 4/12 Rpt: 7/20	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	APRx PAC				00051510	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	09/16/2024	Gorman R.Ph., Kelby (Mr.)				\$50.00
	I	6 Contributor address; City; State; Zip Code		·		
	I					
	I					
	I	Sinton, TX 78387				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Pharmacist		Moore's Compounding F	Pha	irmacy	
⊨	Date	Full name of contributor out-of-state PAC (ID#:_	)	Τ	Amount of Contribution (\$)	
	07/30/2024	Harrel III R.Ph., Nick (Mr.)				\$300.00
				·		
	I					
	I					
	I	Kingsville, TX 78363				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)		
	Pharmacist		Harrel's Kingsville Pharr	mad	су	
╞	Date	Full name of contributor out-of-state PAC (ID#:_	)	Т	Amount of Contribution (\$)	
	07/30/2024	Hickman R.Ph., John (Mr.)				\$250.00
		Contributor address; City; State; Zip Code		·		·
	I					
	I					
	I	Farmersville, TX 75442				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Owner/Pharr	macy Tech	Dyer Drug Store			
⊨	Date	Full name of contributor out-of-state PAC (ID#:_	)	Τ	Amount of Contribution (\$)	
	07/30/2024	Hoffart R.Ph., Steve (Mr.)				\$2,500.00
	I	Contributor address; City; State; Zip Code		-		·
	I					
	I					
	I	Magnolia, TX 77354				
⊢	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)		
	Phamacist		Magnolia Pharmacy			
╞	Date	Full name of contributor out-of-state PAC (ID#:_	)	Г	Amount of Contribution (\$)	
	07/30/2024	Jackson R.Ph., Michael (Mr.)				\$250.00
	I	Contributor address; City; State; Zip Code		·		
	I					
	I					
	l	San Augustine, TX 75972				
⊢	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	<b></b> s)		
	Pharmacist		San Augustine Drug Co	omp	any	
⊢			1			

L			
The Instru	iction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 5/12 Rpt: 8/20
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
APRx PAC			00051510
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
07/30/2024	Kanak, Alton (Mr.)		\$500.0
	6 Contributor address; City; State; Zip Code		
	Kirbyville, TX 75956		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions)	
Pharmacist		Brookshire Brothers Pha	armacy Kirbyville
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/30/2024	Kanak R.Ph., Alton (Mr.)		\$500.0
	Contributor address; City; State; Zip Code		
	Katy, TX 77450		
	upation / Job title (See Instructions)	Employer (See Instructions)	
Pharmacist		Katy Medical Complex P	<sup>2</sup> harmacy
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/30/2024	Kanak R.Ph., Alton (Mr.)		\$500.0
	Contributor address; City; State; Zip Code		
	Brenham, TX 77833		
	upation / Job title (See Instructions)	Employer (See Instructions)	;)
Pharmacist		Norman's Pharmacy	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/30/2024	Kegans R.Ph., H.E. (Mr.)		\$250.0
	Contributor address; City; State; Zip Code		
	Leonard, TX 75452	- i (2 instructions	·
	upation / Job title (See Instructions)	Employer (See Instructions)	•)
Pharmacist		Leonard Pharmacy	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/18/2024		ļ	\$250.0
	Contributor address; City; State; Zip Code		
	Wahatar TV 77E00		
	Webster, TX 77598	- i (2 instructions	·
	upation / Job title (See Instructions)	Employer (See Instructions)	i)
Pharmacist		Clear Lake Pharmacy	

<u> </u>							
	The Instru	ction Guide explains how to complete t	his fo	orm.	1	Total pages Schedule A1: Sch: 6/12 Rpt: 9/20	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
	APRx PAC					00051510	,
4	Date	5 Full name of contributor out-of-state PAC	) (ID#:_	)	7	Amount of Contribution (\$)	
	08/15/2024	Lee R.Ph., David (Mr.)					\$250.00
		6 Contributor address; City; State; Zip Code					
Ļ	<u></u>	Webster, TX 77598			Ĺ		
8		upation / Job title (See Instructions)		9 Employer (See Instructions	)		
	Pharmacist	<del></del>	]	Clear Lake Pharmacy	—		
	Date	—	) (ID#:_	)		Amount of Contribution (\$)	
	09/16/2024						\$250.00
		Contributor address; City; State; Zip Code					
		Mobeler TV 77E00					
	Dringing oog	Webster, TX 77598	<del></del>	Employer (Cool Instructions			
	Principal occu Pharmacist	upation / Job title (See Instructions)		Employer (See Instructions Clear Lake Pharmacy	)		
					—		
	Date	Full name of contributor out-of-state PAC	) (ID#:_	)		Amount of Contribution (\$)	÷010 F0
	07/30/2024	Margo R.Ph., Yvonne (Ms.)					\$312.50
		Contributor address; City; State; Zip Code					
		Donna, TX 78537					
	Principal occu	upation / Job title (See Instructions)	<u> </u>	Employer (See Instructions	<u>ل</u> ۱		
	Pharmacist			Richard's Pharmacy Dor		a	
╞	Date	Full name of contributor Out-of-state PAC			_	Amount of Contribution (\$)	
	07/30/2024	Martin, Brad (Mr.)	; (ID#	)			\$1,250.00
	011301202-						Ψ1,200.00
		Contributor address; City; State; Zip Code					
		Tyler, TX 75701					
⊢	Principal occu	upation / Job title (See Instructions)		Employer (See Instructions	ل ن)		
	Owner			Kinsey's Pharmacy	,		
⊨	Date	Full name of contributor out-of-state PAC		-	Γ	Amount of Contribution (\$)	
	07/30/2024	Martin R.Ph., James (Mr.)	, (iD#	/		Allount of Contribution (*)	\$250.00
	01100.222	Contributor address; City; State; Zip Code					<b><i><i>v</i></i></b> _ <i>v</i>
		Crockett, TX 75835					
┢	Principal occu	I Ipation / Job title (See Instructions)		Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
	Pharmacist			Davy Crockett Drug			
⊢							

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 7/12 Rpt: 10/20	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	APRx PAC				00051510	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	07/30/2024	Muecke R.Ph., Mike (Mr.)				\$250.00
	I	6 Contributor address; City; State; Zip Code		1		
	I					
	I					
Ļ		Palacios, TX 77465	 	Ĺ		
8		ipation / Job title (See Instructions)	9 Employer (See Instructions			
L	Pharmacist		Palacios Prescription Sh	not		
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	07/30/2024	Nguyen R.Ph., Mark (Mr.)				\$250.00
	I	Contributor address; City; State; Zip Code	Ţ	1		
	I					
	I	L TV 75061				
	Dringingl oog	Irving, TX 75061	Employer (See Instruction			
	Principal occu Pharmacist	ipation / Job title (See Instructions)	Employer (See Instructions Gibson Pharmacy	3)		
╘				—		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	÷252.00
	07/30/2024	Oben R.Ph., A.J. (Mr.)				\$250.00
	I	Contributor address; City; State; Zip Code				
	I					
	I	College Station, TX 77845				
⊢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	⊥		
	Pharmacist		Goldstar Pharmacy	,		
╞	Date	Full name of contributor Out-of-state PAC (ID#:		Γ	Amount of Contribution (\$)	
	07/30/2024	Ochoa R.Ph., Joe (Mr.)	/		Allount of Contribution (*)	\$625.00
	011001202	Contributor address; City; State; Zip Code		-		Ψ020.00
	I					
	I					
	I	Edinburg, TX 78539				
⊢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Pharmacist	1	Ochoa's Pharmacy Cent	itra	l	
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	07/30/2024	Oglesbee R.Ph., Vance (Mr.)				\$750.00
	1	Contributor address; City; State; Zip Code		1		
	I					
	I					
		Fairfield, TX 75840				
Γ	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Pharmacist	1	Hometown Pharmacy			

	The Instru	ction Guide explains how to comple	ete this fo	orm.	1	Total pages Schedule A1: Sch: 8/12 Rpt: 11/20	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
[ 	APRx PAC					00051510	
4	Date	5 Full name of contributor out-of-state	te PAC (ID#:	)	7	Amount of Contribution (\$)	
	07/30/2024	Parker R.Ph., Doug (Mr.)					\$250.00
	I	6 Contributor address; City; State; Zip Code			1		
		Seguin, TX 78155					
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	5)		
	Pharmacist			Parker's City Pharmacy			
⊨	Date	Full name of contributor	e PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	07/30/2024	Patterson R.Ph., Laura (Ms.)		······································			\$500.00
	0.,01						<b>TU</b> =
			;				
		Hale Center, TX 79401					
$\vdash$	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ເ)		
	Pharmacist			Hale Center Clinical Pha		าลตั้ง	
╞				······	1	-	
	Date		te PAC (ID#:	)		Amount of Contribution (\$)	<b>#COE 00</b>
	07/30/2024						\$625.00
		Contributor address; City; State; Zip Code	;				
		Pottsboro, TX 75076					
-	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ເ)		
	Pharmacist			Family Pharmacy of Pot		IOrO	
					T		
	Date		e PAC (ID#:	)		Amount of Contribution (\$)	<b>*</b> 100.00
	07/18/2024				]		\$100.00
		Contributor address; City; State; Zip Code					
		Collinsville, TX 76233	r		<u> </u>		
	-	pation / Job title (See Instructions)		Employer (See Instructions		<b>_</b> • .	
	Pharmacist			Hometown Pharmacy P	ilot	Point	
Γ	Date	Full name of contributor 🔲 out-of-state	te PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	08/15/2024	Pelzel R.Ph., Connor (Mr.)					\$100.00
	I	Contributor address; City; State; Zip Code	;		1		
	I	Collinsville, TX 76233					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Pharmacist			Hometown Pharmacy P	ilot	Point	
⊢			1				
I 1							

SCHEDULE	A1
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	The Instruction Guide explains how to complete this form.		1	Total pages Schedule A1: Sch: 9/12 Rpt: 12/20		
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	APRx PAC		ł		00051510	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	09/16/2024	Pelzel R.Ph., Connor (Mr.)				\$100.00
		6 Contributor address; City; State; Zip Code		ł		
			ł			
			ł			
		Collinsville, TX 76233	ł			
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
	Pharmacist		Hometown Pharmacy Pi		Point	
⊨	Date	Full name of contributor out-of-state PAC (ID#:		Γ	Amount of Contribution (\$)	
	07/30/2024		,		Amount of Contracting (1)	\$500.00
	01100.222			•		Ψυυυ
		Contributor address; City; State; Zip Code	ł			
			ł			
		Pilot Point, TX 76258	ł			
-	Principal occı	upation / Job title (See Instructions)	Employer (See Instructions	<b>ட</b> s)		
	Pharmacist		Pelzel's Hometown Pha		acy	
╞	Date		)	┍	Amount of Contribution (\$)	
	07/30/2024		/			\$250.00
	011301202.			•		Ψ200.00
	Contributor address; City; State; Zip Code		ł			
			ļ			
		Ft. Worth, TX 76116	ł			
$\vdash$	Principal occi	upation / Job title (See Instructions)	Employer (See Instructions	د» ال		
	Pharmacist		Perrone Pharmacy, Inc.			
┝				—	Amount of Contribution (\$)	
	Date 07/30/2024	Full name of contributor out-of-state PAC (ID#:_	J		Amount of Contribution (\$)	<u> </u>
	07/30/2024		Rawls R.Ph., Vanessa (Ms.)			\$312.50
		Contributor address; City; State; Zip Code	ł			
			ł			
		Mission, TX 78572	ł			
$\vdash$	Drincipal OCCI	upation / Job title (See Instructions)	Temployor (See Instruction:	$\sum_{i=1}^{n}$		
	Principal occu Pharmacist		Employer (See Instructions Richard's Pharmacy Mis		<u></u>	
				יכי ד		
	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	07/18/2024	4 Rodriguez, Miguel (Mr.)				\$100.00
		Contributor address; City; State; Zip Code				
			ł			
L		Austin, TX 78704	- <del>-</del>			
		upation / Job title (See Instructions)	Employer (See Instructions	3)		
	General Counsel American Pharmacie					

The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 10/12 Rpt: 13/20		
2 FI	ILER NAME			3	Filer ID (Ethics Commission	n Filers)
	PRx PAC				00051510	
<b>4</b> Da	ate	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
08	8/15/2024	Rodriguez, Miguel (Mr.)				\$100.00
		6 Contributor address; City; State; Zip Code		1		
		Austin, TX 78704				
		pation / Job title (See Instructions)	9 Employer (See Instructions	3)		
G	eneral Cou		American Pharmacies			
Da	ate	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
09	9/16/2024	Rodriguez, Miguel (Mr.)				\$100.00
		Contributor address; City; State; Zip Code		1		
		Austin, TX 78704	i			
		pation / Job title (See Instructions)	Employer (See Instructions	3)		
G	eneral Cou		American Pharmacies			
Da	ate	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
07	7/30/2024	Schley R.Ph., Kelli (Ms.)				\$62.50
	Contributor address; City; State; Zip Code					
	Yoakum, TX 77995					
	Principal occupation / Job title (See Instructions) Employer (See Instruction					
PI	harmacist		Yoakum Discount Pharn	nac		
	ate	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
07	7/30/2024	Vogler R.Ph., Mark (Mr.)				\$500.00
		Contributor address; City; State; Zip Code				
	Amorillo, TX 70120					
Dr	Amarillo, TX 79120		Employer (See Instructions	$\overline{\Gamma}$		
Principal occupation / Job title (See Instructions) Pharmacist		Martin Tipton Pharmacy				
			<del></del>			
	ate	Full name of contributor out-of-state PAC (ID#:)	)		Amount of Contribution (\$)	<b>*100.00</b>
07	7/18/2024	Waters, Chuck (Mr.)				\$100.00
		Contributor address; City; State; Zip Code				
	Polton TX 76513					
Dr	Belton, TX 76513			<u> </u>		
Principal occupation / Job title (See Instructions)Employer (See Instruction)VP Marketing and CommunicationsAmerican Pharmacies			American Pharmacies	3)		

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

MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The Instruction Guide explains how to complete this form.	Total pages Schedule A1: Sch: 12/12 Rpt: 15/20
3 APRx PAC	Filer ID (Ethics Commission Filers) 00051510
Date       5       Full name of contributor       out-of-state PAC (ID#:)       7         07/30/2024       Yarbrough R.Ph., Sean (Mr.)       6       Contributor address; City; State; Zip Code       7	Amount of Contribution (\$) \$250.00
Houston, TX 77081	
Principal occupation / Job title (See Instructions)9 Employer (See Instructions)PharmacistHillcroft Pharmacy	

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense     Loan Repayment/Reimbursement     Solicitation/Fundraising Expense       Fees     Office Overhead/Rental Expense     Transportation Equipment & Related Expense       Food/Beverage Expense     Polling Expense     Travel in District       -     Gift/Awards/Memorials Expense     Printing Expense     Travel Out of District			
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
Sch: 1/5 Rpt: 16/20	APRx PAC 00051510			
4 Date	5 Payee name			
07/01/2024	A.J. Louderback			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$2,000.00	P.O. Box 403			
Expenditure from corporate funds	Nederland, TX 77627			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Contributions/Donations Made By			
	Candidate/Officeholder/Political Committee			
	Campaign Contribution			
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	Bobby Guerra			
Amount (\$)	Payee address; City; State; Zip Code			
\$500.00	10213 N. 10th Street			
Expenditure from corporate funds	McAllen, TX 78504			
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Campaign Contribution</li> </ul> </li> </ul>			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
09/03/2024	Caroline Harris Davila			
Amount (\$)	Payee address; City; State; Zip Code			
\$1,750.00	P.O. Box 700			
\$1,100100				
Expenditure from corporate funds	Round Rock, TX 78680			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
<b>1</b> Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 2/5 Rpt: 17/20	APRx PAC 00051510
4 Date	5 Payee name
08/15/2024	Cassandra Hernandez
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code P.O. Box 1289
Expenditure from corporate funds	Addison, TX 75001
8 PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense Campaign Contribution</li> </ul> </li> </ul>
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/03/2024	Charles Schwertner
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	P.O. Box 2448
Expenditure from corporate funds	Georgetown, TX 78627
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Campaign Contribution</li> </ul> </li> </ul>
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
08/20/2024	Cody Harris
Amount (\$)	Payee address; City; State; Zip Code
\$5,000.00	1007 N. Mallard Street
Expenditure from corporate funds	Palestine, TX 75801
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense     Loan Repayment/Reimbursement     Solicitation/Fundraising Expense       Fees     Office Overhead/Rental Expense     Transportation Equipment & Related Expense       Food/Beverage Expense     Polling Expense     Travel in District       Glft/Awards/Memorials Expense     Printing Expense     Travel Out of District			
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
Sch: 3/5 Rpt: 18/20	APRx PAC 00051510			
4 Date	5 Payee name			
09/05/2024	Dade Phelan			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$10,000.00	P.O. Box 5990			
Expenditure from corporate funds	Austin, TX 78763			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
09/24/2024	Jared Patterson			
Amount (\$)	Payee address; City; State; Zip Code			
\$1,000.00	P.P. Box 5419			
Expenditure from corporate funds	Frisco, TX 75035			
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Campaign Contribution</li> </ul> </li> </ul>			
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
08/20/2024	Juan Hinojosa Campaign			
Amount (\$)	Payee address; City; State; Zip Code			
\$1,000.00	1508 Lone Star Way, Ste.5B			
Expenditure from corporate funds	Edinburg , TX 78539			
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense Campaign Contribution</li> </ul> </li> </ul>			
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held			

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense     Loan Repayment/Reimbursement     Solicitation/Fundraising Expense       Fees     Office Overhead/Rental Expense     Transportation Equipment & Related Expense       Food/Beverage Expense     Polling Expense     Travel in District       Gift/Awards/Memorials Expense     Printing Expense     Travel Of District			
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
Sch: 4/5 Rpt: 19/20	APRx PAC 00051510			
4 Date	5 Payee name			
09/03/2024	Phil King			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$2,500.00	P.O. Box 1913			
Expenditure from corporate funds	Weatherford, TX 76086			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Contributions/Donations Made By			
	Candidate/Officeholder/Political Committee			
	Campaign Contribution			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
09/09/2024	Stan Gerdes			
Amount (\$)	Payee address; City; State; Zip Code			
\$500.00	P.O. Box 1060			
Expenditure from corporate funds	Smithville, TX 78957			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF	Contributions/Donations Made By			
EXPENDITURE	Candidate/Officeholder/Political Committee			
	Campaign Contribution			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
08/15/2024	Steve Toth			
Amount (\$)	Payee address; City; State; Zip Code			
\$500.00	67 Chestnut Meadow			
	Suite 100			
Expenditure from corporate funds	Conroe, TX 77384			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	Contributions/Donations Made By			
EXPENDITURE	Candidate/Officeholder/Political Committee			
	Campaign Contribution			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
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POLITICAL EXI	PENDITURES FROM POLITICAL	SCHEDULE F1
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1 Total pages Schedule F1: Sch: 5/5 Rpt: 20/20	2 FILER NAME APRx PAC	3 Filer ID         (Ethics Commission Filers)           00051510
<ul> <li>4 Date 08/15/2024</li> <li>6 Amount (\$) \$1,000.00</li> <li>C Expenditure from</li> </ul>	<ul> <li>5 Payee name Tom Oliverson</li> <li>7 Payee address; City; State; Zip Code</li> <li>1 E. Greenwood Plaza Suite 225</li> </ul>	
Corporate funds     OF     EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense <b>ntribution</b>
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH		
Date 08/15/2024	Payee name Wes Virdell	
Amount (\$) \$750.00	Payee address; City; State; Zip Code P.O. Box 147 Brady, TX 76825	
PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense ntribution
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held