FORM MPAC MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID 2 Total pages filed: The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00016104 3 COMMITTEE NAME **OFFICE USE ONLY** Texas Osteopathic Medical Association Political Action Committee Date Received **ELECTRONICALLY FILED** 10/04/2024 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 3305 Steck Ave. Ste. 200 Change of Address Austin, TX 78757 Date Hand-delivered or Date Postmarked MS / MRS / MR **FIRST CAMPAIGN** MI **TREASURER** Receipt # Amount Dr. John C. NAME Date Processed **NICKNAME** LAST **SUFFIX** D.O. Date Imaged McDonald CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE TREASURER 313 Forest Hills Drive STREET **ADDRESS** (Residence or Business) Harrison, TX 75650 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 3305 Steck Ave. MAILING **ADDRESS** Ste. 200 Change of Address Austin, TX 78757 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (512) 708-8662 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY January 5 April 5 July 5 X October 5 REPORT FILING **DEADLINE** February 5 May 5 August 5 November 5 September 5 December 5 March 5 June 5 11 PERIOD

GO TO PAGE 2

Month

08/26/2024

COVERED

Day

Year

THROUGH

Month

09/25/2024

Day

Year

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME				13 Filer	ID	(Ethics Commission Filers)
Texas Osteopathic Medical Association Political Action Committee 000						ŕ
L4 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	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.)					
.5 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED PLEDGES, LOANS, CONTRIBUTIONS M check here if this report	OR GUARANTEES MADE ELECTRONI	CALLY)	V	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLEI		ONS R GUARANTEES OF LOANS)	\$	2,000.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	D POLITICAL EXPE	ENDITURES		\$	0.00
	4. TOTAL POLITICA	AL EXPENDITUR	ES		\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN		MAINTAINED AS OF THE LA	AST DAY	\$	71,181.89
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL A LAST DAY OF THE		OUTSTANDING LOANS AS	OF THE	\$	0.00
6 AFFIDAVIT						
		true	ear, or affirm, under penalty c and correct and includes all i er Title 15, Election Code.			
			Dr. John	C. McDona	ıld D.O.	
			Signature of	f Campaign	Treasure	er
AFFIX NOTARY	STAMP / SEAL ABOVE					
Sworn to and subscribed I	pefore me, by the said			, this the _		day
of	, 20, to certify v	which, witness my I	hand and seal of office.			
Signature of officer adn	ninistering oath	Printed name of of	ficer administering oath	Title	of office	er administering oath

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

3 of 7								
17 COMMITTI Texas Os	EE NAME teopathic Medical Association Political Action Committee	18 Filer ID 00016104	(Ethics Commission	Filers)				
19 SCHEDUL NAME OF	SUBTOTAL AM	OUNT						
1. X	\$	2,000.00						
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$					
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$					
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION)R	\$					
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$					
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$					
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	!	\$					
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$					
9.	SCHEDULE E: LOANS		\$					
10.	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$					
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$					
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$					
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$					
14. X	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	100.00				
15. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	5.71				

	MONEI	ARY POLITICAL CO	ONTRIBUTION	IS .	SCHEDULE A1
	The Instruction Guide explains how to complete this form.				1 Total pages Schedule A1: Sch: 1/2 Rpt: 4/7
2	FILER NAME Texas Osteopathic Medical Association Political Action Committee			3 Filer ID (Ethics Commission Filers) 00016104	
4	Date 09/14/2024			7 Amount of Contribution (\$) \$100.00	
		Keller, TX 76262			
8	Principal occu Physician	pation / Job title (See Instructions)	9	Employer (See Instructions Aerospace Medicine Inte	s) ternational Strategic Consulting
	Date 09/06/2024	Full name of contributor E Browne D.O., Catherine (Dr Contributor address; City; Stat)	Amount of Contribution (\$) \$50.00
	Principal occu	Austin, TX 78758 pation / Job title (See Instructions)		Employer (See Instructions	s)
	Physician			Capital Ob/Gyn Associa	ates
	Date 09/20/2024	Full name of contributor Duncan D.O., Melinda (Dr.) Contributor address; City; Stat			Amount of Contribution (\$) \$50.00
		Fort Worth, TX 76116			
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self-Employed	5)
	Date 09/16/2024	Full name of contributor Fletcher D.O., Stephen (Dr. Contributor address; City; Stat Houston, TX 77030			Amount of Contribution (\$) \$50.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self-Employed	s)
	Date 09/16/2024	Full name of contributor Freeman D.O., Georgeanne Contributor address; City; Stat Austin, TX 78703)	Amount of Contribution (\$) \$1,000.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Freeman Medical Clinic	
			,		

	MONET	ARY POLITICAL (CONTRIBUTION	N:	S		SCHEDUL	E A1
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 2/2 Rpt: 5/7			
2	FILER NAME Texas Osteopathic Medical Association Political Action Committee			3	Filer ID (Ethics Commission 00016104	n Filers)		
4	Date 09/14/2024			7	Amount of Contribution (\$)	\$100.00		
		Plano, TX 75093						
8	Principal occu Physician	pation / Job title (See Instructions	9		Employer (See Instructions Self-employed	5)		
	Date 09/16/2024	Full name of contributor Hull D.O., Christopher (Di Contributor address; City; S)		Amount of Contribution (\$)	\$100.00
	Principal occu	Fort Worth, TX 76132 pation / Job title (See Instructions	3)		Employer (See Instructions	;) [
	Physician	panon / oob into (ooo monadan)			Self-Employed	,		
	Date 09/14/2024	Full name of contributor Kielhorn D.O., Cameron (Contributor address; City; S					Amount of Contribution (\$)	\$250.00
		Harker Heights , TX 7654	8					
	Principal occu Physician	pation / Job title (See Instructions	(5)		Employer (See Instructions Self-Employed	5)		
	Date 09/15/2024	Full name of contributor Miller D.O., Joe (Dr.) Contributor address; City; S Brownwood, TX 76801	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
	Principal occu Physician	pation / Job title (See Instructions	s)		Employer (See Instructions Self-Employed	5)		
	Date 09/16/2024	Full name of contributor Nguyen D.O., Huan (Dr.) Contributor address; City; S Arlington, TX 76018	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$250.00
	Principal occu Physician	pation / Job title (See Instructions	5)		Employer (See Instructions Self-Employed	5)		
			-					

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

	The Instruction Guide explains how to complete this form.								
1	19	2	FILER NAME	3		(Ethics Commission Filers)			
Sch: 1/1 Rpt: 6/7 Texas Osteopathic Medical Association Political Action 0001					00016104				
4	Date	5	Payee name						
	09/18/2024		FREY, PAULA (Ms.)						
6	Amount (\$)	7	Payee Address; City; State; Zip						
	100.00 Expenditure from		8906 PARKFIELD DRIVE UNIT D						
			Unit D						
	corporate funds		AUSTIN, TX 78758						
8	PURPOSE	(a)) Category (See instructions for examples of acceptable categories) (b) Description	(See	e instructions regard	ding type of information required.)			
	OF EXPENDITURE		Accounting/Banking Compliance	e Rep	oorting				
		L							

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 7/7 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Texas Osteopathic Medical Association Political Action Committee 00016104 8 Amount (\$) Date 5 Name of person from whom amount is received 08/31/2024 \$5.71 First Texas Bank 6 Address of person from whom amount is received; City; State; Zip Code Georgetown, TX 78767-0649 Purpose for which amount is received Check if political contribution returned to filer Interest Earned on Account