#### MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

#### FORM MPAC COVER SHEET PG 1

		1 Filer ID		0 Total warman film du		
The MPAC Instruction	<ul><li>2 Total pages filed:</li><li>7</li></ul>					
3 COMMITTEE NAME		OFFICE USE ONLY				
Texas Osteopathi	c Medical Association Political Action Com	mittee				
	i			11/03/2024		
4 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP				
ADDITESS	3305 Steck Ave.					
	Ste. 200					
Change of Addres	<sup>s</sup> Austin, TX 78757			Date Hand-delivered or Date Postmarked		
5 CAMPAIGN	MS / MRS / MR FIRST		MI			
TREASURER NAME	Dr. John C.			Receipt # Amount		
			SUFFIX	Date Processed		
	NICKNAME LAST					
	McDonal	d	D.O.	Date Imaged		
6 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #; CITY;	ST/			
TREASURER	313 Forest Hills Drive					
STREET ADDRESS						
(Residence or Business)	Lerrison TX 75650					
	Harrison, TX 75650					
7 CAMPAIGN TREASURER	STREET ADDRESS OR PO BOX;	APT / SUITE #; CITY;	ST	ATE; ZIP CODE		
MAILING	3305 Steck Ave.					
ADDRESS	Ste. 200					
Change of Addres	<sup>s</sup> Austin, TX 78757					
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION				
TREASURER PHONE	(512) 708-8662					
THONE	(312) 700-0002					
9 REPORT TYPE						
	X Monthly	treasurer termination		Dissolution (Attach PAC-DR)		
10 MONTHLY	January 5 April	5 July 5		October 5		
REPORT FILING DEADLINE						
	February 5 May	5 August 5	5	X November 5		
	March 5 June	5 Septemb	er 5	December 5		
11 PERIOD	Month Day Year		Month	Day Year		
COVERED	09/26/2024	THROUGH	10/25/2	•		
			10/20/2			
	GO TO PAGE 2					
Forms provided by Te	Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V4.1.0.48da51f7					

#### MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

### FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)		
Texas Osteopathic Med	ical Association Politic	al Action Committee	0001610	)4		
14 COMMITTEE ACTIVITY	1. 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.)					
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00		
	2. TOTAL POLITICA (OTHER THAN PLEI	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	450.00		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	D POLITICAL EXPENDITURES	\$	0.00		
	4. TOTAL POLITICA	L EXPENDITURES	\$	100.00		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	71,537.78		
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00		
16 AFFIDAVIT	•					
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.						
Dr. John C. McDonald D.O.						
	Signature of Campaign Treasurer					
AFFIX NOTARY STAMP / SEAL ABOVE						
		, tl	nis the	day		
of, 20, to certify which, witness my hand and seal of office.						
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of of	fficer administering oath		
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V4.1.0.48da51f7		

#### FORM MPAC COVER SHEET PG 3

3 of 7

17 COMMITTI Texas Os	E NAME eopathic Medical Association Political Action Committee	18 Filer ID 00016104	(Ethics Commission Filers)
19 SCHEDUL NAME OF	SUBTOTAL AMOUNT		
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		<b>\$</b> 450.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	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. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	<b>\$</b> 100.00
11. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			\$
12.	12. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS		
13. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			\$
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
15. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	<b>\$</b> 5.89

**SUBTOTALS - MPAC** 

#### MONETARY POLITICAL CONTRIBUTIONS

#### SCHEDULE A1

	The Instrue	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/2 Rpt: 4/7	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		pathic Medical Association Political Action Committe	ee		00016104	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	10/22/2024	Clark D.O., Robert (Dr.)				\$100.00
		6 Contributor address; City; State; Zip Code		1		
		Haltom City, TX 76117				
8	Principal occu		9 Employer (See Instructions	<u> </u>		
ľ	Physician		Self-Employed	-)		
╘	-			_		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	10/17/2024	Eidson D.O., Thomas (Dr.)				\$100.00
		Contributor address; City; State; Zip Code		1		
		Arlington, TX 76016				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician		Atlas Vein Care			
⊨	Date	Full name of contributor out-of-state PAC (ID#:	)	Г	Amount of Contribution (\$)	
	10/02/2024	Male D.O., Richard (Dr.)	)			\$100.00
	10/02/2024					\$100.00
		Contributor address; City; State; Zip Code				
		Georgetown, TX 78628				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician		Ascension			
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	10/22/2024	Pifer D.O., Kathryn (Dr.)				\$50.00
		Contributor address; City; State; Zip Code		•		
		Pagosa Springs, CO 81147				
-	Bringinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Physician		Heritage Family Medicir		<sup>R</sup> Aasthatias	
	Physician					
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	10/04/2024	Shanafelt D.O., Christie (Dr.)				\$50.00
		Contributor address; City; State; Zip Code		1		
l		Richardson, TX 75081				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician	· · · · · ·	Catalyst Physicians Gro			
⊢						
I						

### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 **1** Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 2/2 Rpt: 5/7 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Texas Osteopathic Medical Association Political Action Committee 00016104 4 Amount of Contribution (\$) Date 5 Full name of contributor out-of-state PAC (ID#: 7 09/30/2024 \$50.00 Thomas D.O., William (Dr.) 6 Contributor address; City; State; Zip Code Crowley, TX 76036 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Physician Wilshire Family Medicine

## POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office O   Food/Beverage Expense Polling E   y - Gift/Awards/Memorials Expense Printing   al Committee Legal Services Salaries	payment/Reimbursement verhead/Rental Expense Expense Expense 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 c							
<b>1</b> Total pages Schedule F1:	2 FILER NAME	3	Filer ID (Ethics Commission Filers)					
Sch: 1/1 Rpt: 6/7	Texas Osteopathic Medical Association Politic	cal Action	00016104					
4 Date	5 Payee name	•						
10/21/2024	Frey, Paula							
6 Amount (\$) \$100.00 Expenditure from corporate funds	6 Amount (\$) \$100.00 Expenditure from 7 Payee address; City; State; Zip Code 0 Unit D 0 Unit D							
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		side of Texas. Complete Schedule T. K, officeholder living expense Dorting					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so H	ught	Office held					

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Clude evolutions how to complete this form				ages Schedule K: L/1 Rpt: 7/7		
				D (Ethics Commission Filers)		
	Texas Osteopathic Medical Association Political Action Committee 00016					
4	Date	5	Name of person from whom amount is received			8 Amount (\$)
	09/30/2024		First Texas Bank			\$5.89
		6	Address of person from whom amount is received; City; State; Zip Code	e		
			Georgetown, TX 78767-0649			
		7	Purpose for which amount is received	Check if pol	itical cont	ribution returned to filer
			Interest earned on account			
		•				