#### 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) 00011832 3 COMMITTEE NAME **OFFICE USE ONLY** Texas Chiropractic Assn. PAC Date Received **ELECTRONICALLY FILED** 11/05/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 1122 Colorado St., Suite 307 Change of Address Austin, TX 78701-2132 Date Hand-delivered or Date Postmarked MS / MRS / MR **CAMPAIGN FIRST** MI **TREASURER** Receipt # Amount Ryan NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged Bailey CAMPAIGN APT / SUITE #; STREET ADDRESS (NO PO BOX PLEASE); CITY; STATE; ZIP CODE **TREASURER** 1702 S. Clack STREET **ADDRESS** (Residence or Business) Abilene, TX 79605 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 1702 S. Clack MAILING **ADDRESS** Change of Address Abilene, TX 79605 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (325) 695-2225 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY January 5 April 5 July 5 October 5 REPORT FILING **DEADLINE** February 5 May 5 August 5 November 5 December 5 September 5 March 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 09/26/2024 10/25/2024

### MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

# FORM MPAC COVER SHEET PG 2

L2 COMMITTEE NAME	. 540			13 Filer		(Ethics Commission Filers)
Texas Chiropractic Ass	n. PAC			0001	1832	
4 COMMITTEE	1. Candidates	A. Supported				
ACTIVITY	(Identify by name or, if applicable, classify by party.)					
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2 Magauras	A. Supported				
	Measures     (Describe by date and location	A. Supported				
	of election and nature of issue.)					
		B. Opposed				
	3. Officeholders					
	Assisted (Identify by name or, if applicable, classify by party.)					
.5 CONTRIBUTION	1 TOTAL LIMITEMIZE	D POLITICAL CON	TRIBUTIONS (OTHER THAN	. 1		
TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M  X check here if this report	OR GUARANTEES MADE ELECTRONI	S OF LOANS, OR CALLY)	V	\$	120.76
	2. TOTAL POLITICA	AL CONTRIBUTION	ONS		\$	
	(OTHER THAN PLEI	DGES, LOANS, OF	R GUARANTEES OF LOANS	)	¥	570.76
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	D POLITICAL EXPI	ENDITURES		\$	0.00
	4. TOTAL POLITICA	AL EXPENDITUR	ES		\$	600.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL ( OF THE REPORTIN		MAINTAINED AS OF THE LA	AST DAY	\$	6,201.28
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL A LAST DAY OF THE		OUTSTANDING LOANS AS (	OF THE	\$	0.00
L6 AFFIDAVIT	1					
		true	ear, or affirm, under penalty c and correct and includes all i er Title 15, Election Code.	of perjury, tha nformation re	at the ac equired	ccompanying report is to be reported by me
			R	yan Bailey		
				f Campaign <sup>-</sup>	Treasur	er
AFFIX NOTARY	STAMP / SEAL ABOVE		Š			
Sworn to and subscribed	before me, by the said			. this the		day
	_, 20, to certify \			,		
	-· <u></u> -	,				
Signature of officer ad	ministering oath	Printed name of of	fficer administering oath	Title	of office	er administering oath

### **SUBTOTALS - MPAC**

## FORM MPAC COVER SHEET PG 3

		3 of 8
7 COMMITTEE NAME	18 Filer ID	(Ethics Commission Filers)
Texas Chiropractic Assn. PAC	00011832	
9 SCHEDULE SUBTOTALS  NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 570.7
2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 0.0
3. X SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0.0
4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LA ORGANIZATION	ABOR	\$
5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPO	DRATION OR	\$
6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR O	RGANIZATION	\$
7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LAB ORGANIZATION	OR	\$
8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABO	ORGANIZATION	\$
9. X SCHEDULE E: LOANS		\$ 0.0
10. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$ 600.0
11. X SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0.0
12. X SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBU	JTIONS	\$ 0.0
13. X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0.0
14. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBU	JTIONS	\$
15. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	NS RETURNED	\$

	MONET	ARY POLITICAL (	CONTRIBUTIO	N	S		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how	to complete this fo	orr	m.	1	Total pages Schedule A1: Sch: 1/2 Rpt: 4/8	
2	FILER NAME Texas Chirop	oractic Assn. PAC				3	Filer ID (Ethics Commission 00011832	n Filers)
4			7	Amount of Contribution (\$)	\$50.00			
8	Principal occu	Garland, TX 75044 pation / Job title (See Instructions	s) I	9	Employer (See Instructions	<u> </u> s)		
_	Chiropractor		,	•	Self	,		
	Date Full name of contributor out-of-state PAC (ID#:)  10/12/2024 Bailey D.C., Ryan (Mr.)  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00			
		Abilene, TX 79605						
		pation / Job title (See Instructions	5)		Employer (See Instructions	s)		
	Doctor of Ch	·			Self	_		
	Date Full name of contributor out-of-state PAC (ID#:  10/05/2024 Blackwell D.C., Jon  Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$50.00		
		Amarillo, TX 79109						
	Principal occu Doctor of Ch	pation / Job title (See Instructions iropractic	5)		Employer (See Instructions Self	5)		
	Date 09/27/2024	Full name of contributor Montgomery, Micah Contributor address; City; S Belton, TX 76513			)		Amount of Contribution (\$)	\$100.00
	Principal occu Chiropractor	pation / Job title (See Instructions	s)		Employer (See Instructions	<u> </u> 5)		
	Date 10/19/2024	Full name of contributor Moore D.C., David Contributor address; City; S Hewitt, TX 76645	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$50.00
	Principal occu Chiropractor	pation / Job title (See Instructions	5)		Employer (See Instructions Self employed	s)		

MONE	TARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1
The Instr	uction Guide explains how to complete this	1 Total pages Schedule A1: Sch: 2/2 Rpt: 5/8	
2 FILER NAM			3 Filer ID (Ethics Commission Filers) 00011832
Texas Chiropractic Assn. PAC  Date  09/29/2024  Full name of contributor out-of-state PAC (ID#:)  Pettiet D.C., Devin  Contributor address; City; State; Zip Code		7 Amount of Contribution (\$) \$50.00	
	Tomball, TX 77375 cupation / Job title (See Instructions)	9 Employer (See Instruction	(ac
Chiropracto		Self	
Date 10/21/2024	Full name of contributor out-of-state PAC (ID#: Whitehead D.C., J. Todd (Dr.)  Contributor address; City; State; Zip Code  Amarillo, TX 79106		Amount of Contribution (\$) \$50.00
	cupation / Job title (See Instructions) Chiropractic	Employer (See Instruction self	ls)

PLEDGED CONTRIBUT	IONS				SCHEDULE B		
The Instruction Guide explains how to complete this form.				Total pages Sche Sch: 1/1 Rpt: 6			
2 FILER NAME Texas Chiropractic Assn. PAC			3	Filer ID (Ethics Commission Filers) 00011832			
TOTAL OF UNITEMIZED PLEDGE	ES			\$	0.00		
<ul><li>Date</li><li>6 Full name of pledgor</li><li>7 Pledgor Address;</li></ul>	out-of-state PAC (ID#:	)	) 8 Amount of pledge (\$)		9 In-kind description (If applicable)		
			     <sub> </sub>	Check if travel out	I I I I side of Texas. Complete Schedule T		
10 Principal occupation / Job title (See Instructi	ions)	11 Employer (See Instruc	ctio		Side of Texas. Complete Schedule 1		

	LOANS					SC	HEDULE E	
	The Instruction Guide explains how to complete this form				1	tal pages Schedule E: h: 1/1 Rpt:  7/8		
	FILER NAME Texas Chiroprac	ctic Assn. PAC			3 Filer ID (Ethics Commission Filers) 00011832			
4	TOTAL OF UN	IITEMIZED LOANS			l	\$	0.00	
5	Date of loan	7 Name of lender	out-of-state PA	.C (ID#:		9 Loan Amo	ount (\$)	
	Is lender a financial institution?	8 Lender address; City	/; State;	Zip Code		10 Interest R		
						<b>11</b> Maturity [	Date	
12	Principal occupation	on / Job title (See Instructions)		13 Employer (See Instruction	ins)	•		
14	Description of Coll  None	ateral		15 Check if personal funds	were deposi	ited into political a (See Insti		
	GUARANTOR INFORMATION	17 Name of guarantor				19 Amount C	Guaranteed (\$)	
	not applicable	<b>18</b> Guarantor address; City	/; State;	Zip Code				
20	Principal occupation	on		21 Employer (See Instruction	ins)			

### POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	By - Gift/Awards/Memorials Expense Printing Expense Tr	avel in District avel Out of District THER (enter a category not listed above)
1 Total pages Schedule F1:	.: 2 FILER NAME 3 Fi	ler ID (Ethics Commission Filers)
Sch: 1/1 Rpt: 8/8		0011832
4 Date	·	
10/09/2024	5 Payee name Statecraft LLC	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$600.00		
Expenditure from	Suite 640	
corporate funds	Austin, TX 78750	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Consulting Expense	of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, offi	ceholder living expense
	lobbyists	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought OH	Office held