#### 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** 12/03/2024 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 October 5 REPORT FILING **DEADLINE** February 5 May 5 August 5 November 5 September 5 December 5 March 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 10/26/2024 11/25/2024

**GO TO PAGE 2** 

### MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

## FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME				<b>13</b> File	er ID	(Ethics Commission Filers)
Texas Osteopathic Medic	cal Association Politic	al Action Commi	ittee	000	016104	
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.)					
5 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED PLEDGES, LOANS, CONTRIBUTIONS M check here if this report	OR GUARANTEE	ICALLY)	THAN	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLEI		<b>ONS</b> R GUARANTEES OF LO	OANS)	\$	300.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZE	D POLITICAL EXP	ENDITURES		\$	0.00
	4. TOTAL POLITICA	AL EXPENDITUR	RES		\$	100.00
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY     OF THE REPORTING PERIOD		\$	71,743.83		
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE     LAST DAY OF THE REPORTING PERIOD		\$	0.00		
6 AFFIDAVIT					•	
		true	rear, or affirm, under pen and correct and includer er Title 15, Election Code	s all information		
			Dr. J	ohn C. McDor	ıald D.O	
			Signati	ure of Campaigr	Treasur	er
AFFIX NOTARY S	STAMP / SEAL ABOVE					
Sworn to and subscribed b	efore me, by the said			, this the		day
of,	20, to certify v	which, witness my	hand and seal of office.			
Signature of officer adm	inistering oath	Printed name of o	fficer administering oath	Titl	e of office	er administering oath

#### **SUBTOTALS - MPAC**

### FORM MPAC COVER SHEET PG 3

		3 of 6					
17 COMMITTEE NAME Texas Osteopathic Medical Association Political Action Committee	(Ethics Commission Filers)						
Texas Osteopathic Medical Association Political Action Committee 00016104  19 SCHEDULE SUBTOTALS							
NAME OF SCHEDULE	SUBTOTAL AMOUNT						
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 300.00						
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS						
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$						
4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LAB	\$						
5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPOR	\$						
6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR OR	GANIZATION	\$					
7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABO ORGANIZATION	R	\$					
8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR	RORGANIZATION	\$					
9. SCHEDULE E: LOANS		\$					
10. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	NS	\$ 100.00					
11. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$					
12. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUT	ΓΙΟΝS	\$					
13. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$					
14. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUT	TIONS	\$					
15. X SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	S RETURNED	\$ 6.05					

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E <b>A1</b>	
	The Instru	ction Guide explains how to complete this fo	orm.	l	Fotal pages Schedule A1: Sch: 1/1 Rpt: 4/6		
2	FILER NAME Texas Osteo	ppathic Medical Association Political Action Committe	ee	l	3 Filer ID (Ethics Commission Filers) 00016104		
4	Date 10/26/2024	5 Full name of contributor out-of-state PAC (ID#: Cothern D.O., William (Dr.)  6 Contributor address; City; State; Zip Code		7 /	Amount of Contribution (\$)	\$100.00	
		Fort Worth, TX 76107					
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions Dermatology and Laser		ter of Fort Worth		
	Date 11/19/2024	Full name of contributor out-of-state PAC (ID#:_Palmer D.O., Wesley (Dr.)  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$100.00	
		Bridge City, TX 77611  upation / Job title (See Instructions)	Employer (See Instructions	 s)			
	Physician  Date  10/27/2024	Full name of contributor out-of-state PAC (ID#:_ Pravong D.O., Que Thu Lam (Dr.)  Contributor address; City; State; Zip Code	Self-Employed		Amount of Contribution (\$)	\$50.00	
		Hurst, TX 76053 spation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)			
	Date 11/07/2024	Full name of contributor out-of-state PAC (ID#:_ Rezaie D.O., Morvarid (Dr.)  Contributor address; City; State; Zip Code  Fort Worth, TX 76132	Self-Employed		Amount of Contribution (\$)	\$50.00	
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions The Center for Cancer a		Blood Disorders		

#### 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 Event Expense Fees Food/Beverage Expense Giff/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District

7 - Gift/Awards/Memorials Expense Printing Expense Travel Out of District OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Texas Osteopathic Medical Association Political Action 00016104
5 Payee name
Frey, Paula
7 Payee address; City; State; Zip Code
8906 Parkfield Unit D
Unit D
Austin, TX 78758
(a) Category (See Categories listed at the top of this schedule)  Accounting/Banking  (b) Description  Check if travel outside of Texas. Complete Schedule T.
Check if Austin, TX, officeholder living expense
Compliance Reporting
Candidate/Officeholder name Office sought Office held H

# 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: 6/6 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 10/31/2024 \$6.05 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