#### FORM MPAC MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 2 Total pages filed: The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00017343 3 COMMITTEE NAME **OFFICE USE ONLY** Texas Physical Therapy Assn. Inc. PAC Date Received **ELECTRONICALLY FILED** 12/05/2024 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 900 Congress Ave., Ste. L-110 Change of Address Austin, TX 78701 Date Hand-delivered or Date Postmarked MS / MRS / MR **CAMPAIGN FIRST** MI **TREASURER** Receipt # Amount Keri NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged Jackson CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 900 Congress Ave. Ste. L110 STREET **ADDRESS** (Residence or Business) Austin, TX 78701 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 900 Congress Ave. Ste. L110 MAILING **ADDRESS** Change of Address Austin, TX 78701 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (512) 981-9574 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 March 5 September 5 December 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 10/26/2024 11/25/2024

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### MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

# FORM MPAC COVER SHEET PG 2

L2 COMMITTEE NAME				13 Filer	ID	(Ethics Commission Filers)
Texas Physical Therap	y Assn. Inc. PAC			0001	7343	
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				
	Measures    (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	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)		\$	0.00
	2. TOTAL POLITICA  (OTHER THAN PLEI		<b>ONS</b> R GUARANTEES OF LOANS)		\$	800.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	D POLITICAL EXP	ENDITURES		\$	0.00
	4. TOTAL POLITICA	AL EXPENDITUR	RES		\$	125.73
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		ST DAY	\$	13,449.98	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL A		OUTSTANDING LOANS AS O	F THE	\$	0.00
6 AFFIDAVIT						
		true	rear, or affirm, under penalty of and correct and includes all in er Title 15, Election Code.			
			Ms. K	(eri Jackso	on	
			Signature of 0			er
AFFIX NOTARY	/ STAMP / SEAL ABOVE					
				_, this the		day
of	_, 20, to certify v	which, witness my	hand and seal of office.			
Signature of officer ac	dministering oath	Printed name of o	fficer administering oath	Title	of office	er administering oath

#### **SUBTOTALS - MPAC**

## FORM MPAC COVER SHEET PG 3

3 of 7							
<b>17</b> COI	MMITTE	E NAME	18 Filer ID	(Ethics Commi	ssion Filers)		
l		/sical Therapy Assn. Inc. PAC	00017343	(			
19 SCHEDULE SUBTOTALS							
	ME OF :	SUBTOTA	AL AMOUNT				
INA	VIL OI						
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	600.00		
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$			
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS						
4.		\$					
5.		\$					
6.	X	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	200.00		
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	\$	125.73		
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.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$			
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$			

	MONET	ARY POLITICAL CONTRIBUTION	N	IS		SCHEDULE	<b>■ A1</b>
	The Instruc	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 1/2 Rpt: 4/7	
2	2 FILER NAME Texas Physical Therapy Assn. Inc. PAC				3	Filer ID (Ethics Commission 00017343	Filers)
4	Date 10/28/2024	<ul> <li>Full name of contributor</li></ul>			7	Amount of Contribution (\$)	\$50.00
_		Hurst, TX 76054	_				
8	Principal occu Student	pation / Job title (See Instructions)	9	Employer (See Instructions None	5)		
	Date 10/28/2024	Full name of contributor out-of-state PAC (ID#:_Frerich, Jennifer  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$100.00
	Principal occu	Sugar Land, TX 77479 pation / Job title (See Instructions)		Employer (See Instructions	?) 		
	Student	pation 7 vob title (oce monucions)		None	,		
	Date 10/28/2024	Full name of contributor out-of-state PAC (ID#:_ Kleinig, Kristi Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$50.00
		White Oak, TX 75693					
	Principal occu Student	pation / Job title (See Instructions)		Employer (See Instructions None	5)		
	Date 10/31/2024	Full name of contributor out-of-state PAC (ID#:_Lovelace-Chandler, Venita  Contributor address; City; State; Zip Code  Garland, TX 75040-1184		)	•	Amount of Contribution (\$)	\$100.00
	Principal occu Student	pation / Job title (See Instructions)		Employer (See Instructions None	5)		
	Date 10/31/2024	Full name of contributor out-of-state PAC (ID#:_Manning, Rhonda  Contributor address; City; State; Zip Code  El Paso, TX 79932				Amount of Contribution (\$)	\$50.00
	Principal occu Student	pation / Job title (See Instructions)		Employer (See Instructions None	5)		

	MONET	TARY POLITICAL CONTRIBUT	ΓIONS	SCHEDULE A1
	The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 2/2 Rpt: 5/7
2	Price			3 Filer ID (Ethics Commission Filers) 00017343
4	Date 10/28/2024	5 Full name of contributor out-of-state PAC (I Miller, Misty  6 Contributor address; City; State; Zip Code	ID#:	7 Amount of Contribution (\$) \$50.0
		Canyon, TX 79015		
8	Principal occu Student	upation / Job title (See Instructions)	9 Employer (See Instruction None	ctions)
	Date 10/31/2024	Full name of contributor out-of-state PAC (I	ID#:	Amount of Contribution (\$) \$200.0
		Contributor address; City; State; Zip Code		
	Principal occu	Houston, TX 77007  upation / Job title (See Instructions)	Employer (See Instruc	tions\
	Student	apation / 300 title (See Instructions)	None None	onoris)

#### 

6 Amount (\$)

5 Corporation / Labor Organization name

Texoma Physio

10/29/2024

200.00

### 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 C

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries Wagnes/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/1 Rpt: 7/7	Texas Physical Therapy Assn. Inc. PAC 00017343
4 Date	5 Payee name
11/01/2024	Affiniscape Merchant Solutions
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$42.73	200 Bridge Point Pkwy, Bldg 4 Ste 250
Expenditure from corporate funds	Austin, TX 78730
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Credit Card Merchant Fees
	Cledit Cald Welchart Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
11/05/2024	NR Bookkeeping LLC
Amount (\$)	Payee address; City; State; Zip Code
\$83.00	PO Box 91061
,,,,,,,	
X Expenditure from corporate funds	Austin, TX 78709-1061
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Compliance Consulting
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held