

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC
COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00051510	2 Total pages filed: 16
3 COMMITTEE NAME APRx PAC		OFFICE USE ONLY	
		Date Received ELECTRONICALLY FILED 01/03/2025	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 802 N. Carancahua St., Ste. 540 Corpus Christi, TX 78401-0011		
	Date Hand-delivered or Date Postmarked		
	Receipt #	Amount	
	Date Processed		
		Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Laird		
	NICKNAME LAST SUFFIX Leavoy		
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 803 N. Carancahua St., Ste. 540 Corpus Christi, TX 78401		
	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 803 N. Carancahua St., Ste. 1830 Corpus Christi, TX 78401		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address			
	AREA CODE PHONE NUMBER EXTENSION (877) 634-5445		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR)		
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 10/27/2024 12/31/2024		
	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special		

GO TO PAGE 2

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME APRx PAC	13 Filer ID (Ethics Commission Filers) 00051510
--------------------------------------	---

14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		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	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 16,887.50
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 23,500.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 398,494.55
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 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.

Mr. Laird Leavoy

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - GPAC

17 COMMITTEE NAME APRx PAC	18 Filer ID (Ethics Commission Filers) 00051510
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 16,887.50
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5. <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6. <input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7. <input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8. <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9. <input type="checkbox"/> SCHEDULE E: LOANS	\$
10. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 23,500.00
11. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/10 Rpt: 4/16
2 FILER NAME APRx PAC		3 Filer ID (Ethics Commission Filers) 00051510
4 Date 11/18/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abeldt R.Ph., Jeffrey (Mr.)	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Tyler, TX 75707	
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions) Brickstreet Pharmacy
Date 12/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abeldt R.Ph., Jeffrey (Mr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Tyler, TX 75707	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Brickstreet Pharmacy
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abernathy R.Ph., Bryan (Mr.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code San Angelo, TX 77833	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Medical Arts Pharmacy
Date 11/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alvarado R.Ph., Christopher (Mr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code San Antonio, TX 78253	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) HEB
Date 12/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alvarado R.Ph., Christopher (Mr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code San Antonio, TX 78253	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) HEB

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/10 Rpt: 5/16
2 FILER NAME APRx PAC		3 Filer ID (Ethics Commission Filers) 00051510
4 Date 10/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrera R.Ph., Jaime (Mr.)	7 Amount of Contribution (\$) \$312.50
	6 Contributor address; City; State; Zip Code Alton, TX 78573	
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions) Richard's Pharmacy Alton
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrera R.Ph., Ramiro (Mr.)	Amount of Contribution (\$) \$312.50
	Contributor address; City; State; Zip Code Edinburg, TX 78539	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Richard's Pharmacy Edinburg
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Emde R.Ph., Ed (Mr.)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Whitesboro, TX 76273	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Hometown Pharmacy Whitesboro
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Emde R.Ph., Ed (Mr.)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Gainesville, TX 76240	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Hometown Pharmacy Gainesville
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eubanks R.Ph., Chuck (Mr.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Tyler, TX 75701	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Tyler Rx Pharmacy

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/10 Rpt: 6/16
2 FILER NAME APRx PAC		3 Filer ID (Ethics Commission Filers) 00051510
4 Date 10/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Everett R.Ph., Steve (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Waco, TX 76706	7 Amount of Contribution (\$) \$375.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions) Circle Drug
Date 11/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gorman R.Ph., Kelby (Mr.) <hr/> Contributor address; City; State; Zip Code Sinton, TX 78387	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Moore's Compounding Pharmacy
Date 12/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gorman R.Ph., Kelby (Mr.) <hr/> Contributor address; City; State; Zip Code Sinton, TX 78387	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Moore's Compounding Pharmacy
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrel III R.Ph., Nick (Mr.) <hr/> Contributor address; City; State; Zip Code Kingsville, TX 78363	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Harrel's Kingsville Pharmacy
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hickman R.Ph., John (Mr.) <hr/> Contributor address; City; State; Zip Code Farmersville, TX 75442	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Owner/Pharmacy Tech		Employer (See Instructions) Dyer Drug Store

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/10 Rpt: 7/16
2 FILER NAME APRx PAC		3 Filer ID (Ethics Commission Filers) 00051510
4 Date 10/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoffart R.Ph., Steve (Mr.)	7 Amount of Contribution (\$) \$2,500.00
	6 Contributor address; City; State; Zip Code Magnolia, TX 77354	
8 Principal occupation / Job title (See Instructions) Phamacist		9 Employer (See Instructions) Magnolia Pharmacy
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson R.Ph., Michael (Mr.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code San Augustine, TX 75972	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) San Augustine Drug Company
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kanak, Alton	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Katy, TX 77450	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Katy Medical Complex
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kanak R.Ph., Alton (Mr.)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Kirbyville, TX 75956	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Brookshire Brothers Kirbyville
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kanak R.Ph., Alton (Mr.)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Brenham, TX 77833	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Norman's Pharmacy

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/10 Rpt: 8/16
2 FILER NAME APRx PAC		3 Filer ID (Ethics Commission Filers) 00051510
4 Date 10/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kegans R.Ph., H.E. (Mr.)	7 Amount of Contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code Leonard, TX 75452	
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions) Leonard Pharmacy
Date 11/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee R.Ph., David (Mr.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Webster, TX 77598	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Clear Lake Pharmacy
Date 12/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee R.Ph., David (Mr.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Webster, TX 77598	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Clear Lake Pharmacy
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Margo R.Ph., Yvonne (Ms.)	Amount of Contribution (\$) \$312.50
	Contributor address; City; State; Zip Code Donna, TX 78537	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Richard's Pharmacy Donna
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Brad (Mr.)	Amount of Contribution (\$) \$1,250.00
	Contributor address; City; State; Zip Code Tyler, TX 75701	
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Kinsey's Pharmacy

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/10 Rpt: 9/16
2 FILER NAME APRx PAC		3 Filer ID (Ethics Commission Filers) 00051510
4 Date 10/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin R.Ph., James (Mr.)	7 Amount of Contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code Crockett, TX 75835		
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions) Davy Crockett Drug
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Muecke R.Ph., Mike (Mr.)	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Palacios, TX 77465		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Palacios Prescription Shop
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen R.Ph., Mark (Mr.)	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Irving, TX 75061		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Gibson Pharmacy
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oben R.Ph., A.J. (Mr.)	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code College Station, TX 77845		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Goldstar Pharmacy
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ochoa R.Ph., Joe (Mr.)	Amount of Contribution (\$) \$625.00
Contributor address; City; State; Zip Code Edinburg, TX 78539		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Ochoa's Pharmacy Central

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/10 Rpt: 10/16
2 FILER NAME APRx PAC		3 Filer ID (Ethics Commission Filers) 00051510
4 Date 10/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oglesbee R.Ph., Vance (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Fairfield, TX 75840	7 Amount of Contribution (\$) \$750.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions) Hometown Pharmacy
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker R.Ph., Doug (Mr.) <hr/> Contributor address; City; State; Zip Code Seguin, TX 78155	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Parker's City Pharmacy
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patterson R.Ph., Laura (Ms.) <hr/> Contributor address; City; State; Zip Code Hale Center, TX 79401	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Hale Center Clinical Pharmacy
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peippo R.Ph., Mark (Mr.) <hr/> Contributor address; City; State; Zip Code Pottsboro, TX 75076	Amount of Contribution (\$) \$625.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Family Pharmacy of Pottsboro
Date 11/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pelzel R.Ph., Connor (Mr.) <hr/> Contributor address; City; State; Zip Code Collinsville, TX 76233	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Hometown Pharmacy Pilot Point

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/10 Rpt: 11/16
2 FILER NAME APRx PAC		3 Filer ID (Ethics Commission Filers) 00051510
4 Date 12/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pelzel R.Ph., Connor (Mr.) ----- 6 Contributor address; City; State; Zip Code Collinsville, TX 76233	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions) Hometown Pharmacy Pilot Point
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pelzel R.Ph., Russel (Mr.) ----- Contributor address; City; State; Zip Code Pilot Point, TX 76258	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Pelzel's Hometown Pharmacy
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perrone R.Ph., Paula (Ms.) ----- Contributor address; City; State; Zip Code Ft. Worth, TX 76116	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Perrone Pharmacy, Inc.
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rawls R.Ph., Vanessa (Ms.) ----- Contributor address; City; State; Zip Code Mission, TX 78572	Amount of Contribution (\$) \$312.50
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Richard's Pharmacy Mission
Date 11/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Miguel (Mr.) ----- Contributor address; City; State; Zip Code Austin, TX 78704	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) General Counsel		Employer (See Instructions) American Pharmacies

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/10 Rpt: 12/16
2 FILER NAME APRx PAC		3 Filer ID (Ethics Commission Filers) 00051510
4 Date 12/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Miguel (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Austin, TX 78704	
8 Principal occupation / Job title (See Instructions) General Counsel		9 Employer (See Instructions) American Pharmacies
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schley R.Ph., Kelli (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Yoakum, TX 77995	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Yoakum Discount Pharmacy
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vogler R.Ph., Mark (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Amarillo, TX 79120	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Martin Tipton Pharmacy
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson R.Ph., John (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Amarillo, TX 79106	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Catching's Prescriptions
Date 11/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Michael	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78759	
Principal occupation / Job title (See Instructions) VP Government Affairs		Employer (See Instructions) American Pharmacies

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/10 Rpt: 13/16
2 FILER NAME APRx PAC		3 Filer ID (Ethics Commission Filers) 00051510
4 Date 12/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Michael (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78759	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) VP Government Affairs		9 Employer (See Instructions) American Pharmacies
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yarbrough R.Ph., Sean (Mr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77081	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Hillcroft Pharmacy

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
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/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 complete this form.

1 Total pages Schedule F1: Sch: 1/3 Rpt: 14/16	2 FILER NAME APRx PAC	3 Filer ID (Ethics Commission Filers) 00051510
4 Date 11/11/2024	5 Payee name Cecil Bell	
6 Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P.O. Box 819 Magnolia, TX 77354	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/11/2024	Payee name Charles Perry	
Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 94806 Lubbock, TX 79493	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/05/2024	Payee name Charles Schwertner	
Amount (\$) \$2,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 2448 Georgetown, TX 78627	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/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 complete this form.

1 Total pages Schedule F1: Sch: 2/3 Rpt: 15/16	2 FILER NAME APRx PAC	3 Filer ID (Ethics Commission Filers) 00051510
--	---------------------------------	--

4 Date 11/11/2024	5 Payee name Dan Patrick
-----------------------------	------------------------------------

6 Amount (\$) \$15,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1 E. Greenway Plaza #225 Houston, TX 77046
--	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
---------------------------------	---	---

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 12/05/2024	Payee name Dennis Paul
--------------------	---------------------------

Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 626 1/2 Barringer Lane Webster, TX 77598
--	---

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
-------------------------------	---	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

Date 12/05/2024	Payee name Lois Kolkhorst Campaign
--------------------	---------------------------------------

Amount (\$) \$3,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 2546 Brenham, TX 77834
--	--

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
-------------------------------	---	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

--	--

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
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/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 complete this form.

1 Total pages Schedule F1: Sch: 3/3 Rpt: 16/16	2 FILER NAME APRx PAC	3 Filer ID (Ethics Commission Filers) 00051510
4 Date 11/18/2024	5 Payee name Richard Raymond	
6 Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P.O. Box 450349 Laredo, TX 78045	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held