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

## FORM MPAC COVER SHEET PG 1

The MPAC Instruction	2 Total pages filed: 8					
3 COMMITTEE NAME	OFFICE USE ONLY					
Texas Osteopathio	Medical Association Political Action Com	nittee				
				Date Received ELECTRONICALLY FILED		
	1			01/03/2025		
4 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP				
ADDITE00	3305 Steck Ave.					
Change of Address	Ste. 200					
				Date Hand-delivered or Date Postmarked		
5 CAMPAIGN TREASURER	MS / MRS / MR FIRST		MI	Descipt //		
NAME	Dr. John C.			Receipt # Amount		
				Date Processed		
	NICKNAME LAST		SUFFIX			
	McDonal	d	D.O.	Date Imaged		
6 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #; CITY;	STA	TE; ZIP CODE		
TREASURER STREET	313 Forest Hills Drive					
ADDRESS						
(Residence or Business)	Harrison, TX 75650					
7 CAMPAIGN	STREET ADDRESS OR PO BOX;	APT / SUITE #; CITY;	STA	ATE; ZIP CODE		
TREASURER	3305 Steck Ave.		017			
MAILING ADDRESS	Ste. 200					
	Austin, TX 78757					
8 CAMPAIGN TREASURER	AREA CODE PHONE NUMBER	EXTENSION				
PHONE	(512) 708-8662					
9 REPORT TYPE						
	X Monthly	10th day after campaign treasurer termination		Dissolution (Attach PAC-DR)		
10 MONTHLY						
REPORT FILING	X January 5 April	5 July 5		October 5		
DEADLINE	February 5 May	5 August 5		November 5		
	March 5 June	5 Septemb	er 5	December 5		
11 PERIOD	Month Day Year		Month	Day Year		
COVERED	11/26/2024	THROUGH	12/25/2	•		
	1					
GO TO PAGE 2						
Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V4.1.0.5dd2ace2						

## MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

## FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME	ical Association Dolitio	al Action Committee	13 Filer ID 00016104	(Ethics Commission Filers)
Texas Osteopathic Med			00010102	+
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 ADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA	· · · ·	¢	
	(OTHER THAN PLEI	DGES, LOANS, OR GUARANTEES OF LOANS)	\$	1,050.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	2,560.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	70,239.57
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	1		<b>I</b>	
		I swear, or affirm, under penalty of pe true and correct and includes all inform under Title 15, Election Code.		
		Dr. John C. M	/IcDonald D.	0.
		Signature of Ca	mpaign Treas	urer
		-	-	
AFFIX NOTARY	STAMP / SEAL ABOVE			
		, ti	nis the	day
of	_, 20, to certify v	which, witness my hand and seal of office.		
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of off	icer administering oath
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V4.1.0.5dd2ace2

### FORM MPAC COVER SHEET PG 3

-			-	
	3	of	8	

	17 COMMITTEE NAME       18 Filer ID         Texas Osteopathic Medical Association Political Action Committee       00016104			
19 SCHEDUL NAME OF	SUBTOTAL AMOUNT			
1. X		<b>\$</b> 1,050.00		
2.		\$		
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	IR	\$	
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA LABOR ORGANIZATION	TION OR	\$	
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG.	ANIZATION	\$	
7.	\$			
8.	\$			
9.	\$			
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	<b>\$</b> 2,560.00	
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 CONTRIBUTIONS			\$	
15. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	<b>\$</b> 5.69	
			L	

**SUBTOTALS - MPAC** 

## MONETARY POLITICAL CONTRIBUTIONS

#### SCHEDULE A1

	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 1/3 Rpt: 4/8	
2	2 FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		opathic Medical Association Political Action Committe			00016104	,
4		5 Full name of contributor Out-of-state PAC (ID#:		7	Amount of Contribution (\$)	
	12/04/2024	Apsley-Ambris D.O., Sara (Dr.)				\$50.00
		6 Contributor address; City; State; Zip Code		$\cdot$		* -
	,		1			1
	,		1			I
	,	San Antonio, TX 78232	!			1
8	Principal occu	<u> </u>	9 Employer (See Instructions)	<u>ار</u> د)		
	Physician		De Zavala Family Practic		,	ļ
⊨				<del></del>		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	÷=> 00
	12/14/2024	Benenate D.O., Joseph (Dr.)				\$50.00
	,	Contributor address; City; State; Zip Code				l
	,		1			ł
	,		1			
L		Dallas, TX 75243				
		upation / Job title (See Instructions)	Employer (See Instructions)	5)		
	Physician		Self-employed			
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	11/27/2024	Boyd D.O., Katherine (Dr.)				\$50.00
	,	Contributor address; City; State; Zip Code		ł		
	,		1			
	,		,			
	,	DeSoto, TX 75115	,			
$\vdash$	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	<b>ட</b> s)		
	Physician		A Woman's View Health		ıre	
⊢	Date	Full name of contributor Out-of-state PAC (ID#:		<del>—</del>	Amount of Contribution (\$)	
			/ ļ			ቀድባ ባበ
	12/02/2024	Gallagher, Barbara (Dr.)	!			\$50.00
	,	Contributor address; City; State; Zip Code	1			
	,		1			
	,	North Diskland Lilla, TV 76100	1			
		North Richland Hills, TX 76180		ŕ		
		upation / Job title (See Instructions)	Employer (See Instructions)	(ذ		
L	Physician		Self-Employed	_		
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	11/27/2024	Guevara D.O., Alex (Dr.)	1			\$100.00
	,	Contributor address; City; State; Zip Code	1	1		
	,		1			
	,		1			
	,	Colleyville, TX 76034	1			
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	5)		
	Physician	·	Rockwood Medical Clini			
$\vdash$	-	ł		—		

## MONETARY POLITICAL CONTRIBUTIONS

#### SCHEDULE A1

-					
	The Instru	iction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 2/3 Rpt: 5/8	
2	2 FILER NAME			3 Filer ID (Ethics Commission F	-ilers)
	Texas Osteopathic Medical Association Political Action Committee			00016104	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)	
	12/09/2024	Lawrence D.O., Don (Dr.)			\$50.00
		6 Contributor address; City; State; Zip Code	1		
	Duincipal again	Austin, TX 78226		<u> </u>	
8		upation / Job title (See Instructions)	9 Employer (See Instructions Lackland AFB	<b>;</b> )	
	Physician				
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
	12/22/2024				\$100.00
		Contributor address; City; State; Zip Code			
		College Station, TX 77845			
┝	Dringinal occi	upation / Job title (See Instructions)	Employer (See Instructions		
	Physician		Saint Joseph Regional H		
⊨					
	Date		)	Amount of Contribution (\$)	
	12/23/2024				\$100.00
		Contributor address; City; State; Zip Code			
		Arlington, TX 76016			
$\vdash$	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ۶)	
	Physician	,	Self-Employed		
╞	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
	12/09/2024	Mays D.O., Steven (Dr.)			\$50.00
		Contributor address; City; State; Zip Code			
		San Antonio, TX 78260			
		upation / Job title (See Instructions)	Employer (See Instructions	;)	
	Physician		Self-Employed		
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
	12/08/2024	Nazarian D.O., Arax (Dr.)			\$100.00
		Contributor address; City; State; Zip Code	,		
		Carrollton, TX 75010			
		upation / Job title (See Instructions)	Employer (See Instructions		
	Physician	,	Flower Mound Women's	S Care	

## MONETARY POLITICAL CONTRIBUTIONS

#### SCHEDULE A1

The Instru	iction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 3/3 Rpt: 6/8	
2 FILER NAME			3 Filer ID (Ethics Commission File	ers)
Texas Oster	opathic Medical Association Political Action Committe	ee	00016104	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
12/13/2024			\$	\$50.00
	6 Contributor address; City; State; Zip Code		•	
	Forney, TX 75216	1		
	upation / Job title (See Instructions)	9 Employer (See Instructions		
Physician		Premier Care Physician	1	
Date	—	)	Amount of Contribution (\$)	
12/06/2024			\$	\$50.00
	Contributor address; City; State; Zip Code			
	Friendowood TV 77546			
Dringingligge	Friendswood, TX 77546	1 Employee (Cool Instruction)	<u> </u>	
-	upation / Job title (See Instructions)	Employer (See Instructions		
Physician		Texas Neurosurgicare F		
Date	—	)	Amount of Contribution (\$)	
12/16/2024			\$	\$50.00
	Contributor address; City; State; Zip Code			
	Crassback TV 76642			
Dringing occ	Groesbeck, TX 76642	Employer (See Instruction)		
Principal occu Physician	upation / Job title (See Instructions)	Employer (See Instructions Self-Employed	3)	
	T		1	
Date		)	Amount of Contribution (\$)	00.00
12/10/2024			τ¢	L00.00
	Contributor address; City; State; Zip Code			
	Fort Worth, TX 76107			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
Physician		David E. Teitelbaum, DC		
Date	Full name of contributorout-of-state PAC (ID#:			
12/20/2024		)	Amount of Contribution (\$)	100.00
TTTTOTTOT				.00.00
	Contributor address; City; State; Zip Code			
	Irving, TX 75063			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)	
Physician		Self-Employed	-	

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	EXPENDITURE CATEGORIES FOR BOX 8(a)           Event Expense         Loan Repayment/Reimbursement         Solicitation/Fundraising Expense           Fees         Office Overhead/Rental Expense         Transportation Equipment & Related Expense           Food/Beverage Expense         Polling Expense         Travel in District           Gift/AwardS/Memorials Expense         Printing Expense         Travel Out of District           I Committee         Legal Services         Salaries/Wages/Contract Labor         OTHER (enter a category not listed above)
<b>1</b> Total pages Schedule F1:	
Sch: 1/1 Rpt: 7/8	Texas Osteopathic Medical Association Political Action   00016104
4 Date	5 Payee name
12/02/2024	Allman and Associates, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,460.00	9600 Great Hills Trail
	Ste. 150W
Expenditure from corporate funds	Austin, TX 78759
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Accounting/Banking
_	Check if Austin, TX, officeholder living expense
	Annual Audit
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/16/2024	Frey, Paula (Miss)
Amount (\$)	Payee address; City; State; Zip Code
\$100.00	8906 Parkfield Unit D
	Unit D
Expenditure from corporate funds	Austin, TX 78758
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Interest earned on account
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

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

SCHEDULE K

	The Instru	cti	on Guide explains how to complete this form.	:		pages Schedule K: 1/1 Rpt: 8/8
2	FILER NAME			:		D (Ethics Commission Filers)
			thic Medical Association Political Action Committee		00016	
4	Date	5	Name of person from whom amount is received			8 Amount (\$)
	11/30/2024		First Texas Bank			\$5.69
		6	Address of person from whom amount is received; City; State; Zip Code	9		
			Georgetown, TX 78767-0649			
		7	Purpose for which amount is received	Check if pol	itical cont	I tribution returned to filer
		ľ	Interest earned on account			
<u> </u>		I				