#### FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00015890 3 COMMITTEE NAME **OFFICE USE ONLY** Texas Veterinary Medical Assn. PAC Date Received **ELECTRONICALLY FILED** 01/14/2025 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 8104 Exchange Dr. Date Hand-delivered or Date Postmarked Change of Address Austin, TX 78754 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Dr. Pamela NAME NICKNAME LAST **SUFFIX** Delahoussaye DVM STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 2016 Creek Ledge Place STREET **ADDRESS** (Residence or Business) Round Rock, TX 78664 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 8104 Exchange Drive MAILING **ADDRESS** Austin, TX 78754 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (979) 229-2351 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Day Month Day Year Month **COVERED THROUGH** 10/27/2024 12/31/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special **GO TO PAGE 2**

## GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

# FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME		13 Filer ID (Ethics Commission Filers)						
Texas Veterinary Med	ical Assn. PAC		0001589	90				
14 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.)							
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	2,249.52				
	2. TOTAL POLITICA (OTHER THAN PLE	IL CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS)	\$	2,991.52				
EXPENDITURE TOTALS	3. TOTAL UNITEMIZE	D POLITICAL EXPENDITURES	\$	480.88				
	4. TOTAL POLITICA	4. TOTAL POLITICAL EXPENDITURES						
CONTRIBUTION BALANCE		5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD						
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	HE \$	0.00				
16 AFFIDAVIT	•		<u>'</u>					
		I swear, or affirm, under penalty of per true and correct and includes all inforr under Title 15, Election Code.						
		Dr. Pamela Dela	ahoussaye	e DVM				
		Signature of Car	npaign Trea	asurer				
AFFIX NOTAR	Y STAMP / SEAL ABOVE							
		, tr	is the	day				
of	, 20, to certify	which, witness my hand and seal of office.						
Signature of officer a	dministering oath	Printed name of officer administering oath	Title of o	officer administering oath				
2.3 3 3 3		The state of the s		9				

### **SUBTOTALS - GPAC**

# FORM GPAC COVER SHEET PG 3

		3 of 19					
17 COMMITT Texas Ve	(Ethics Co	ommission Filers)					
	19 SCHEDULE SUBTOTALS  NAME OF SCHEDULE						
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	2,991.52			
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$				
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$				
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION	PR	\$				
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$				
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$				
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$				
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR	ORGANIZATION	\$				
9. X	SCHEDULE E: LOANS		\$	0.00			
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	33,982.88			
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	ONS	SCHEDULE A1
	The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A1: Sch: 1/1 Rpt: 4/19	
2	FILER NAME Texas Veter	inary Medical Assn. PAC		3 Filer ID (Ethics Commission Filers) 00015890
4	Date 11/05/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_Brown DVM, Suzanne (Dr.)</li> <li>Contributor address; City; State; Zip Code</li> </ul>	7 Amount of Contribution (\$) \$242.00	
	7: -i1	Belton, TX 76513	I	ļ.
8	Principal occu Veterinarian	ipation / Job title (See Instructions)	9 Employer (See Instructions Barks & Bliss Veterinary	
	Date 12/01/2024	Full name of contributor out-of-state PAC (ID#:_York, Cheryl (Dr.)  Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$250.00
		Austin, TX 78704		
	veterinarian	ipation / Job title (See Instructions)	Employer (See Instructions Bluebonnet Veterinary I	
	Date 11/01/2024	Contributor address; City; State; Zip Code	)	Amount of Contribution (\$) \$250.00
	Principal occu	Austin, TX 78704  upation / Job title (See Instructions)	Employer (See Instructions	ls)
	veterinarian		Bluebonnet Veterinary I	Hospital

	LOANS					SCHEDULE E	
	The Instruction	on Guide explains ho	orm.	1 Total pages Schedule E: Sch: 1/1 Rpt: 5/19			
2	FILER NAME Texas Veterinar	y Medical Assn. PAC			3 Filer ID 00015	(Ethics Commission Filers)	
4		IITEMIZED LOANS				\$ 0.00	
5	Date of loan	7 Name of lender	out-of-state PA	C (ID#:		9 Loan Amount (\$)	
6	Is lender a financial institution?	8 Lender address;	City; State;	Zip Code		10 Interest Rate	
						11 Maturity Date	
12	Principal occupation	on / Job title (See Instruction	ns)	13 Employer (See Instruc	tions)	1	
14	Description of Col	lateral		15 Check if personal fund	ls were deposite	d into political account (See Instructions)	
16	GUARANTOR INFORMATION	17 Name of guarantor		<u> </u>		19 Amount Guaranteed (\$)	
	not applicable	18 Guarantor address;	City; State;	Zip Code			
20	Principal occupation	on		21 Employer (See Instruc	tions)		

### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

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

Candidate/Officeholder/Politica Credit Card Payment	I 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: 1/14 Rpt: 6/19	Texas Veterinary Medical Assn. PAC 00015890
4 Date	5 Payee name
11/08/2024	Abbott, Greg (Mr.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$5,000.00	PO BOX 308
- "	
Expenditure from corporate funds	Austin, TX 78767
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign continuution
Complete CNII V if direct	Candidate/Officeholder name Office cought Office hold
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/02/2024	Abbott, Greg (Mr.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO BOX 308
— F	
Expenditure from corporate funds	Austin, TX 78767
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXPENDITORE	Candidate/Officeholder/Political Committee
	Campaign contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experientare to benefit ever	
Date	Payee name
11/25/2024	Ashby, Trent (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 412
Funanditure from	
Expenditure from corporate funds	Lufkin, TX 75902
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
CAPCHARLINE TO DETICITE C/OI	•

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services 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
TTHER (order a cotogony pet listed above)

Candidate/Officeholder/Politica Credit Card Payment		
Credit Card r dyment	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 2/14 Rpt: 7/19	Texas Veterinary Medical Assn. PAC 00015890	
4 Date	5 Payee name	
12/05/2024	Bell, Cecil (Rep.)	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$500.00	18230 FM 1488 Ste. 302	
Expenditure from corporate funds	Magnolia, TX 77354	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
OF	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense	
	Campaign contribution	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI	1	
Date	Payee name	=
12/02/2024	Bernal, Diego (Rep.)	
Amount (\$)	Payee address; City; State; Zip Code	_
\$500.00	9862 Lorene Lane, #102	
Expenditure from corporate funds	San Antonio, TX 78216	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
OF	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense	
	Campaign contribution	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI	1	
Date	Payee name	
12/02/2024	Buckley DVM, Brad (Rep.)	
Amount (\$)	Payee address; City; State; Zip Code	_
\$1,000.00	1321 Pershing Drive	
Expenditure from corporate funds	Killeen, TX 76549	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	-
OF	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense	
	Campaign contribution	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI	<b>-</b>	

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees
Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 3/14 Rpt: 8/19	Texas Veterinary Medical Assn. PAC 00015890
4 Date	5 Payee name
11/25/2024	Burrows, Dustin (Rep.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	10507 Quaker Ave. Suite 103
Expenditure from corporate funds	Lubbock, TX 79424
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXPENDITORE	Candidate/Officeholder/Political Committee
	Campaign contribution
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
11/25/2024	Cain, Briscoe (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 7
Ψ000.00	1 0 2007
Expenditure from corporate funds	Deer Park, TX 77536
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign continuution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
11/05/2024	Campbell, Donna (Sen.)
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 171002
Expenditure from corporate funds	San Antonio, TX 78217
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign contribution
0 1. 6	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
5	

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

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
OTHER (enter a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment	
Credit Card r dyment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 4/14 Rpt: 9/19	Texas Veterinary Medical Assn. PAC 00015890
4 Date	5 Payee name
12/02/2024	Campbell, Donna (Sen.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	PO Box 171002
Expenditure from corporate funds	San Antonio, TX 78217
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	Campaign contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
12/02/2024	Canales, Terry (Rep.)
Amount (\$)	
` '	Payee address; City; State; Zip Code 310 S Closner Blvd
\$1,000.00	310 S Clostier Bivd
Expenditure from	
corporate funds	Edinburg, TX 78539
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Campaign contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experientare to benefit 6/61	·
Date	Payee name
12/06/2024	Cook, David (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	309 E Broad St
Expenditure from corporate funds	Mansfield, TX 76063
•	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made Ry  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Campaign contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total manua Cabadula F1.	
1 Total pages Schedule F1: Sch: 5/14 Rpt: 10/19	2 FILER NAME Texas Veterinary Medical Assn. PAC 3 Filer ID (Ethics Commission Filers) 00015890
4 Date	5 Payee name
11/19/2024	Curry, Pat (Rep.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	204 Woodhew Drive
Expenditure from corporate funds	Waco, TX 76712
8 PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  Contributions/Donations Made By
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Campaign contribution
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
O Compulate ONLY if direct	Candidate/Office holder name Office accept
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
oxportantaro to sorione or o	
Date	Payee name
12/02/2024	Darby, Drew (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 3284
φοσο.σσ	1 0 DOX 020 1
Expenditure from	
corporate funds	San Angelo, TX 76902
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Campaign contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
11/30/2024	Darling Promo
	-
Amount (\$)	Payee address; City; State; Zip Code
\$284.46	PO Box 27619
Expenditure from	
corporate funds	Autin, TX 78755
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Gift/Awards/Memorials Expense  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Gift for outgoing PAC chair
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

ursement Solicitation/Fundraising Expense
Expense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
Labor OTHER (enter a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment		
orodit odra i dymoni	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 6/14 Rpt: 11/19	Texas Veterinary Medical Assn. PAC 00015890	
4 Date	5 Payee name	
11/26/2024	Flores, Pete	
6 Amount (\$)	7 Payee address; City; State; Zip Code	_
\$500.00	111 Live Oak Drive	
Expenditure from corporate funds	pleasanton, TX 78064	
		_
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made Ry  Contributions/Donations Made Ry	
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
	Campaign contribution	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/OI		
Data		_
Date	Payee name	
12/02/2024	Gerdes, Stan (Rep.)	
Amount (\$)	Payee address; City; State; Zip Code	
\$500.00	PO Box 1060	
Expenditure from corporate funds	Smithville, TX 78957	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
OF	Contributions/Donations Made By  Contributions/Donations Made By  Contributions/Donations Made By	
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense	
	Campaign contribution	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI	H	
Date	Davida nama	_
12/02/2024	Payee name  Coodwin Vilki (Don)	
	Goodwin, Vikki (Rep.)	
Amount (\$)	Payee address; City; State; Zip Code	
\$500.00	9901 Brodie Lane, Suite 160-315	
- Evnanditura from		
Expenditure from corporate funds	Austin, TX 78748	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF	Contributions/Donations Made By	
EXPENDITURE	Candidate/Officeholder/Political Committee	
	Campaign contribution	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI	H	

### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		tee L	ift/Awards/Memoregal Services The Instruction			Expens Wages	se s/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed above)
1	Total pages Schedule F1:	2 EII	ER NAME						3	Filer ID	(Ethics Commission Filers)
_	Sch: 7/14 Rpt: 12/19	I		nary Medica	l Assn. PAC	:				00015890	(Euros Commission Friers)
4	Date	5 Pav	yee name						<u> </u>		
	11/25/2024	1		. Bobby (Re	p.)						
_						to. Zin C	odo				
6	Amount (\$)	1	yee address		Siai	te; Zip C	oue				
	\$500.00	10.	213 N. 10t	n St.							
	Expenditure from corporate funds	Mo	cAllen, TX	78504							
8	PURPOSE	(a) Ca	itegory (See	Categories listed	at the top of this s	chedule)	(b)	Description			
	OF			/Donations		onoudio,		_ `	outs	ide of Texas. Com	plete Schedule T.
	EXPENDITURE	Ca	andidate/O	ficeholder/F	Political Com	mittee		Check if Austin	ı, TX	, officeholder living	g expense
								Campaign co	ontr	ibution	
9	Complete ONLY if direct expenditure to benefit C/O		didate/Offic	eholder name		Office so	ught			Office he	eld
	Date	Pay	yee name								
	11/25/2024	Gu	uillen, Ryar	ı (Rep.)							
	Amount (\$)	-	yee address		Stat	te; Zip C	ode				
	\$500.00	1	•		ilding A, Sui		ouc				
	φ500.00	55	40 E. U.S.	nwy os, bu	illuling A, Sui	ie 5-A					
	Expenditure from corporate funds	Ric	o Grande (	City, TX 785	82						
	PURPOSE	(a) Cat	itegory (See	Categories listed	at the top of this s	chedule)	(b)	Description			
	OF EXPENDITURE			/Donations	-					ide of Texas. Com	
		Ca	andidate/O	ficeholder/F	Political Com	mittee		ш		, officeholder living	g expense
								Campaign co	ontr	ibution	
	Complete ONLY if direct expenditure to benefit C/O		didate/Office	eholder name		Office so	ught			Office he	eld
	Date	Pay	yee name								
	11/04/2024	He	egar, Glenr	1							
	Amount (\$)		yee address		Stat	te; Zip C	ode				
	\$2,500.00	1	O. Box 100		Siai	ie, zip c	oue				
	\$2,500.00		O. BUX 100	10							
	Expenditure from corporate funds	Ka	aty, TX 774	92							
	PURPOSE	(a) Ca	itegory (See	Categories listed	at the top of this s	chedule)	(b)	Description			
	OF EXPENDITURE			/Donations		Ž		Check if travel		ide of Texas. Com	
	EXPENDITORE	Ca	andidate/O	fficeholder/F	Political Com	mittee				, officeholder living	g expense
								Campaign co	ontr	ibution	
	Complete ONLY if direct	Can	didate/Office	eholder name		Office so	ught			Office he	eld
	expenditure to benefit C/OI	Н									

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

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)	$\neg$
Sch: 8/14 Rpt: 13/19	Texas Veterinary Medical Assn. PAC 00015890	
4 Date	5 Payee name	
11/13/2024	Hinojosa, Adam	
6 Amount (\$) \$1,500.00	7 Payee address; City; State; Zip Code P.O. Box 18301	
Expenditure from corporate funds	Corpus Christi, TX 78480	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By	
ZAI ZHBITONZ	Candidate/Officeholder/Political Committee	
	Campaign contribution	
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
11/30/2024	Jewett Cameron Company	
Amount (\$)	Payee address; City; State; Zip Code	_
\$1,979.78	32275 NW Hillcrest St.	
Expenditure from corporate funds	North Plains, OR 97133	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Gift/Awards/Memorials Expense	
EXI ENDITORE	Check if Austin, TX, officeholder living expense	
	Advocacy Day gifts for each legislative office	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
Date	Payee name	=
11/25/2024	King, Ken (Rep.)	
Amount (\$)	Payee address; City; State; Zip Code	
\$500.00	P. O. Box 517	
Expenditure from corporate funds	Canadian, TX 79014	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By	
	Candidate/Officeholder/Political Committee	
	Campaign contribution	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/Ol		
		_

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	<u> </u>
Sch: 9/14 Rpt: 14/19	Texas Veterinary Medical Assn. PAC 00015890
4 Date	5 Payee name
11/25/2024	King, Phil
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	P. O. Box 1913
Expenditure from corporate funds	Weatherford, TX 76086
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
Date	Payee name
11/07/2024	Kolkhorst, Lois (Sen.)
	Payee address; City; State; Zip Code
Amount (\$)	
\$500.00	P.O. Box 2546
Expenditure from	
corporate funds	Brennham, TX 77834
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Campaign contribution
	Campaign commodern
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	<b>o</b>
Date	Payee name
12/02/2024	Longoria, Oscar (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	Po Box 4224
Φ00.00	F O DOX 4224
Expenditure from	Mining TV 70770
corporate funds	Mission, TX 78573
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
	Sampaigh sommand
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total marian Cabadula E1.	
1 Total pages Schedule F1: Sch: 10/14 Rpt: 15/19	2 FILER NAME3 Filer ID(Ethics Commission Filers)Texas Veterinary Medical Assn. PAC00015890
4 Date	5 Payee name
12/02/2024	Middleton, Mayes (Sen.)
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code PO Box 1526
Expenditure from corporate funds	Galveston, TX 77553
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/31/2024	Miller Imaging
Amount (\$)	Payee address; City; State; Zip Code
` ′	
\$339.43	10713 Metric Blvd
Expenditure from corporate funds	Austin, TX 78758
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Signage for Donor Reception
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
11/30/2024	Omni Fort Worth
Amount (\$)	Payee address; City; State; Zip Code
\$323.19	1300 Houston St
Expenditure from corporate funds	Fort Worth, TX 76102
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Event Expense
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Room for Rep. Lynn Stucky, DVM, for speaking at
	conference.
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	•
•	

### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1: Sch: 11/14 Rpt: 16/19	2 FILER NAME Texas Veterinary Medical Assn. PAC 3 Filer ID (Ethics Commission Filers) 00015890
4 Date 12/02/2024	5 Payee name Ordaz, Claudia (Rep.)
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code PO Box 71738
Expenditure from corporate funds	El Paso, TX 79917
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  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held H
Date 11/04/2024	Payee name Patrick, Dan
Amount (\$) \$2,500.00  Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 685085  Austin, TX 78768
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign contribution
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date 11/04/2024	Payee name Perry, Charles (Sen.)
Amount (\$) \$500.00	Payee address; City; State; Zip Code P.O. Box 94806
Expenditure from corporate funds	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  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign contribution
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
nse Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	,
Sch: 12/14 Rpt: 17/19	Texas Veterinary Medical Assn. PAC 00015890
4 Date	5 Payee name
11/04/2024	Raymond, Richard
	•
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	P.O. Box 450349
Expenditure from	
corporate funds	Laredo, TX 78045
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	<b>⊣</b>
Date	Payeo namo
11/18/2024	Payee name Sebwertner, Charles
	Schwertner, Charles
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 2448
Expenditure from corporate funds	Georgetown, TX 78627
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	Campaign contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	· ·
Date	Payee name
12/02/2024	Sparks, Kevin
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	2600 Mockingbird Ln.
Expenditure from corporate funds	Midland, TX 79705
-	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  Contributions/Donations Made By
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Contributions/Donations Made By Candidate/Officeholder/Political Committee  Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Campaign contribution
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
·	

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 13/14 Rpt: 18/19	Texas Veterinary Medical Assn. PAC 00015890
4 Date	5 Payee name
11/04/2024	TEXAS LEGISLATIVE SERVICE
6 Amount (\$) \$216.05	7 Payee address; City; State; Zip Code PO BOX 100
\$210.03	FO BOX 100
Expenditure from corporate funds	AUSTIN, TX 78767
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Software subscription
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/04/2024	TEXAS LEGISLATIVE SERVICE
Amount (\$)	Payee address; City; State; Zip Code
\$216.05	PO BOX 100
Expenditure from	
corporate funds	AUSTIN, TX 78767
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
_/	Check if Austin, TX, officeholder living expense
	Software subscription
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Ol	
Date	Payee name
11/25/2024	Tepper, Carl (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 94534
Expenditure from corporate funds	Lubbock, TX 79429
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EAFEINDITURE	Candidate/Officeholder/Political Committee
	Campaign contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Com

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1: Sch: 14/14 Rpt: 19/19	2 FILER NAME Texas Veterinary Medical Assn. PAC 3 Filer ID (Ethics Commission Filers) 00015890
4 Date	5 Payee name
10/31/2024	Texas Capitol Gift Shop
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$989.41	1400 Congress Ave. Suite E1.006
Expenditure from	Austin, TX 78701
corporate funds	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense PAC Donor Gifts
	FAC DOILOI GIIIS
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experiditure to beriefft C/O	
Date	Payee name
12/31/2024	Texas Ethics Commission
Amount (\$)	Payee address; City; State; Zip Code
\$153.63	201 E 14th St #10
Φ100.00	201 E 14(ii St #10
Expenditure from	
corporate funds	Austin , TX 78701
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Lobby registration fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H end of the second of the sec
Date	Payee name
11/04/2024	Walle, Armando (Rep.)
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	4101 Washington Ave
Expenditure from	
corporate funds	Houston, TX 77007
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	Campaign contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	