

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) 00087141	2 Total pages filed: 8
3 COMMITTEE NAME Animal Care Committee of Texas		OFFICE USE ONLY	
		Date Received ELECTRONICALLY FILED 01/12/2025	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
	PO Box 1978		
	Kyle, TX 78640		
	Date Hand-delivered or Date Postmarked		
		Receipt #	Amount
		Date Processed	
		Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
		Kaitlyn	
		NICKNAME	LAST SUFFIX
			Lackey
6 CAMPAIGN TREASURER STREET ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
	2951 Allister St. Dallas, TX 75229		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
	2951 Allister St. Dallas, TX 75229		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
		(469) 525-6146	
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
	07/01/2024		12/31/2024
11 ELECTION	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 Animal Care Committee of Texas	13 Filer ID (Ethics Commission Filers) 00087141
--	---

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)	\$	3,853.97
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	4,255.52
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.

Kaitlyn Lackey

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 Animal Care Committee of Texas		18 Filer ID (Ethics Commission Filers) 00087141
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,853.97
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 type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
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 checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 2,699.00
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: 1/4 Rpt: 4/8
2 FILER NAME Animal Care Committee of Texas		3 Filer ID (Ethics Commission Filers) 00087141
4 Date 10/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dawson, Gigi	7 Amount of Contribution (\$) \$288.09
	6 Contributor address; City; State; Zip Code Mountain View, AR 72560	
8 Principal occupation / Job title (See Instructions) Chiropractor		9 Employer (See Instructions) self
Date 10/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eilertson, Gina	Amount of Contribution (\$) \$288.09
	Contributor address; City; State; Zip Code Shady cove, OR 97539	
Principal occupation / Job title (See Instructions) chiropractor		Employer (See Instructions) self
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Langmeier, Amber	Amount of Contribution (\$) \$288.09
	Contributor address; City; State; Zip Code Eldersburg, MD 21784	
Principal occupation / Job title (See Instructions) chiropractor		Employer (See Instructions) self
Date 08/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marinakis, Angelo	Amount of Contribution (\$) \$96.80
	Contributor address; City; State; Zip Code San Marcos, TX 78666	
Principal occupation / Job title (See Instructions) Chiropractic		Employer (See Instructions) Self
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marinakis, Angelo	Amount of Contribution (\$) \$96.80
	Contributor address; City; State; Zip Code San Marcos, TX 78666	
Principal occupation / Job title (See Instructions) Chiropractic		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/4 Rpt: 5/8
2 FILER NAME Animal Care Committee of Texas		3 Filer ID (Ethics Commission Filers) 00087141
4 Date 10/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marinakis, Angelo <hr/> 6 Contributor address; City; State; Zip Code San Marcos, TX 78666	7 Amount of Contribution (\$) \$96.80
8 Principal occupation / Job title (See Instructions) Chiropractic		9 Employer (See Instructions) Self
Date 09/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Webster, Cally <hr/> Contributor address; City; State; Zip Code Westerville, OH 43082	Amount of Contribution (\$) \$288.09
Principal occupation / Job title (See Instructions) veterinarian		Employer (See Instructions) self
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) bleem, melanie <hr/> Contributor address; City; State; Zip Code Havana, IL 62644	Amount of Contribution (\$) \$193.90
Principal occupation / Job title (See Instructions) office manager		Employer (See Instructions) self
Date 07/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) braudt, william <hr/> Contributor address; City; State; Zip Code canyon, TX 79015	Amount of Contribution (\$) \$95.83
Principal occupation / Job title (See Instructions) chiropractor		Employer (See Instructions) self
Date 07/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) braudt, william <hr/> Contributor address; City; State; Zip Code canyon, TX 79015	Amount of Contribution (\$) \$485.20
Principal occupation / Job title (See Instructions) chiropractor		Employer (See Instructions) self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/4 Rpt: 6/8
2 FILER NAME Animal Care Committee of Texas		3 Filer ID (Ethics Commission Filers) 00087141
4 Date 10/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) butler, stephanie <hr/> 6 Contributor address; City; State; Zip Code Frankfort, KY 40601	7 Amount of Contribution (\$) \$288.98
8 Principal occupation / Job title (See Instructions) Veterinarian		9 Employer (See Instructions) self
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) dieterle, jordan <hr/> Contributor address; City; State; Zip Code parrish, FL 34219	Amount of Contribution (\$) \$288.09
Principal occupation / Job title (See Instructions) chiropractor		Employer (See Instructions) pinnacle chiropractic
Date 07/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) massey, amanda <hr/> Contributor address; City; State; Zip Code Manchaca, TX 78652	Amount of Contribution (\$) \$96.80
Principal occupation / Job title (See Instructions) chiropractor		Employer (See Instructions) chiropractor
Date 08/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) massey, amanda <hr/> Contributor address; City; State; Zip Code Manchaca, TX 78652	Amount of Contribution (\$) \$96.80
Principal occupation / Job title (See Instructions) chiropractor		Employer (See Instructions) chiropractor
Date 09/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) massey, amanda <hr/> Contributor address; City; State; Zip Code Manchaca, TX 78652	Amount of Contribution (\$) \$96.80
Principal occupation / Job title (See Instructions) chiropractor		Employer (See Instructions) chiropractor

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/4 Rpt: 7/8
2 FILER NAME Animal Care Committee of Texas		3 Filer ID (Ethics Commission Filers) 00087141
4 Date 10/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) massey, amanda <hr/> 6 Contributor address; City; State; Zip Code Manchaca, TX 78652	7 Amount of Contribution (\$) \$96.80
8 Principal occupation / Job title (See Instructions) chiropractor		9 Employer (See Instructions) self
Date 10/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) plaugher, hannah <hr/> Contributor address; City; State; Zip Code Staunton, VA 24401	Amount of Contribution (\$) \$288.09
Principal occupation / Job title (See Instructions) veterinarian		Employer (See Instructions) self
Date 10/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) thomas, gerri <hr/> Contributor address; City; State; Zip Code scurry, TX 75158	Amount of Contribution (\$) \$288.09
Principal occupation / Job title (See Instructions) chiropractor		Employer (See Instructions) self
Date 07/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) williams, erika <hr/> Contributor address; City; State; Zip Code putnam, TX 76469	Amount of Contribution (\$) \$95.83
Principal occupation / Job title (See Instructions) chiropractor		Employer (See Instructions) self

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 1/1 Rpt: 8/8	2 FILER NAME Animal Care Committee of Texas	3 Filer ID (Ethics Commission Filers) 00087141
4 Date 07/08/2024	5 Payee name AVCA	
6 Amount (\$) 599.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 442236 E 140 Road bluejacket, OK 74333	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Advertising Expense	(b) Description (See instructions regarding type of information required.) conference attendance
Date 07/02/2024	Payee name McDonald, James (Mr.)	
Amount (\$) 1,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 200 E pecan st suite 5 pflugerville, TX 78660	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Consulting Expense	(b) Description (See instructions regarding type of information required.) lobbying fees
Date 07/12/2024	Payee name McDonald, James (Mr.)	
Amount (\$) 500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 200 E pecan st suite 5 pflugerville, TX 78660	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Consulting Expense	(b) Description (See instructions regarding type of information required.) lobbying expenses
Date 10/16/2024	Payee name lackey, kaitlyn	
Amount (\$) 100.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 2951 allister st dallas, TX 75229	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) reimbursement for avca conference attendance as representative