

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) 00051030	2 Total pages filed: 34
3 COMMITTEE NAME Texas Academy of Physician Assistants - PAC		OFFICE USE ONLY	
		Date Received ELECTRONICALLY FILED 01/15/2025	
		Date Hand-delivered or Date Postmarked	
		Receipt #	Amount
		Date Processed	
		Date Imaged	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1426 Gracy Drive Austin, TX 78758		
	5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST Eva NICKNAME LAST Montes	MI SUFFIX
6 CAMPAIGN TREASURER STREET ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1426 Gracy Drive Austin, TX 78758		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1426 Gracy Drive Austin, TX 78758		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (469) 358-3449		
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 Month Day Year 03/03/2026	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	

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GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME Texas Academy of Physician Assistants - PAC	13 Filer ID (Ethics Commission Filers) 00051030
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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 The Honorable Bryan Hughes State Senator
		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)	\$ 11,576.25
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 16,093.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 9,909.49
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.

Eva Montes

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

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM **GPAC**
ADDENDUM

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12 COMMITTEE NAME Texas Academy of Physician Assistants - PAC		13 Filer ID (Ethics Commission Filers) 00051030
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 The Honorable Molly Cook State Senator 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.)	
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 The Honorable Nathan Johnson State Senator 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.)	
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 The Honorable Liz Campos State Representative 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.)	

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM **GPAC**
ADDENDUM

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12 COMMITTEE NAME Texas Academy of Physician Assistants - PAC		13 Filer ID (Ethics Commission Filers) 00051030
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 The Honorable Matt Shaheen State Representative 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.)	
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 The Honorable Chris Turner State Representative 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.)	
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 The Honorable Mihaela Plesa State Representative 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.)	

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM **GPAC**
ADDENDUM

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12 COMMITTEE NAME Texas Academy of Physician Assistants - PAC		13 Filer ID (Ethics Commission Filers) 00051030
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 The Honorable Dade Phelan State Representative 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.)	

SUBTOTALS - GPAC

17 COMMITTEE NAME Texas Academy of Physician Assistants - PAC		18 Filer ID (Ethics Commission Filers) 00051030
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 9,358.30
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 2,217.95
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	\$ 16,093.00
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: 1/18 Rpt: 7/34
2 FILER NAME Texas Academy of Physician Assistants - PAC		3 Filer ID (Ethics Commission Filers) 00051030
4 Date 07/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allman P.A., Monique <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77044	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Physician Assistant		9 Employer (See Instructions)
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allman P.A., Monique <hr/> Contributor address; City; State; Zip Code Houston, TX 77044	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ambriz P.A., Francisco <hr/> Contributor address; City; State; Zip Code Edinburg, TX 78539	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ambriz P.A., Francisco <hr/> Contributor address; City; State; Zip Code Edinburg, TX 78539	Amount of Contribution (\$) \$70.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 07/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Badejo P.A., Michael <hr/> Contributor address; City; State; Zip Code Lewisville, TX 75056	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/18 Rpt: 8/34
2 FILER NAME Texas Academy of Physician Assistants - PAC		3 Filer ID (Ethics Commission Filers) 00051030
4 Date 10/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bollner P.A., Megan <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75206	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Physician Assistant		9 Employer (See Instructions)
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boutte P.A., Matthew <hr/> Contributor address; City; State; Zip Code Dallas, TX 75201	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 07/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Catacutan P.A., Kristi <hr/> Contributor address; City; State; Zip Code Garland, TX 75043	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Catacutan P.A., Kristi <hr/> Contributor address; City; State; Zip Code Garland, TX 75043	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crosby P.A., Karrie <hr/> Contributor address; City; State; Zip Code Robinson, TX 76706	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions) Baylor Scott & White Health

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/18 Rpt: 9/34
2 FILER NAME Texas Academy of Physician Assistants - PAC		3 Filer ID (Ethics Commission Filers) 00051030
4 Date 09/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davenport P.A., Chandra <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75238	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Physician Assistant		9 Employer (See Instructions) Presbyterian Village North
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis-Lopez P.A., Heather <hr/> Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions) CareNow Urgent Care
Date 07/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeSonier P.A., Keith <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76133	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 09/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Delaney P.A., James <hr/> Contributor address; City; State; Zip Code Allen, TX 75013	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 09/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Delaney P.A., Linda <hr/> Contributor address; City; State; Zip Code Allen, TX 75013	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/18 Rpt: 10/34
2 FILER NAME Texas Academy of Physician Assistants - PAC		3 Filer ID (Ethics Commission Filers) 00051030
4 Date 09/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Delucia P.A., Katie	7 Amount of Contribution (\$) \$300.00
6 Contributor address; City; State; Zip Code Friendswood, TX 77546		
8 Principal occupation / Job title (See Instructions) Physician Assistant		9 Employer (See Instructions)
Date 07/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dobbs P.A., Lauren	Amount of Contribution (\$) \$45.00
Contributor address; City; State; Zip Code Aledo, TX 76107		
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 08/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dobbs P.A., Lauren	Amount of Contribution (\$) \$45.00
Contributor address; City; State; Zip Code Aledo, TX 76107		
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 09/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dobbs P.A., Lauren	Amount of Contribution (\$) \$45.00
Contributor address; City; State; Zip Code Aledo, TX 76107		
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 10/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dobbs P.A., Lauren	Amount of Contribution (\$) \$90.00
Contributor address; City; State; Zip Code Aledo, TX 76107		
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/18 Rpt: 11/34
2 FILER NAME Texas Academy of Physician Assistants - PAC		3 Filer ID (Ethics Commission Filers) 00051030
4 Date 11/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dobbs P.A., Lauren <hr/> 6 Contributor address; City; State; Zip Code Aledo, TX 76107	7 Amount of Contribution (\$) \$45.00
8 Principal occupation / Job title (See Instructions) Physician Assistant		9 Employer (See Instructions)
Date 12/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dobbs P.A., Lauren <hr/> Contributor address; City; State; Zip Code Aledo, TX 76107	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 09/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eames P.A., Jennifer <hr/> Contributor address; City; State; Zip Code Abilene, TX 79602	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 09/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Estrada P.A., Nelly <hr/> Contributor address; City; State; Zip Code Austin, TX 78747	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 09/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) George P.A., Lora <hr/> Contributor address; City; State; Zip Code Floresville, TX 78114	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/18 Rpt: 12/34
2 FILER NAME Texas Academy of Physician Assistants - PAC		3 Filer ID (Ethics Commission Filers) 00051030
4 Date 09/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibson P.A., Christie	7 Amount of Contribution (\$) \$300.00
6 Contributor address; City; State; Zip Code Sanger, TX 76266		
8 Principal occupation / Job title (See Instructions) Physician Assistant		9 Employer (See Instructions)
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grubb P.A., Charles	Amount of Contribution (\$) \$35.00
Contributor address; City; State; Zip Code Dallas, TX 75238		
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 07/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gunderman P.A., Quinn	Amount of Contribution (\$) \$35.00
Contributor address; City; State; Zip Code El Paso, TX 79932		
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 07/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hawkins-Frost P.A., Edith	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Irving, TX 75060		
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez P.A., Antonio	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Round Rock, TX 78664		
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/18 Rpt: 13/34
2 FILER NAME Texas Academy of Physician Assistants - PAC		3 Filer ID (Ethics Commission Filers) 00051030
4 Date 07/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hinojos P.A., Sissy <hr/> 6 Contributor address; City; State; Zip Code Odessa, TX 79761	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) Physician Assistant		9 Employer (See Instructions)
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holmes P.A., Victor <hr/> Contributor address; City; State; Zip Code Plano, TX 75093	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Asst Professor, Clinician		Employer (See Instructions) UNTHSC
Date 08/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jordan P.A., Michelle <hr/> Contributor address; City; State; Zip Code Colleyville, TX 76034	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 09/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jordan P.A., Michelle <hr/> Contributor address; City; State; Zip Code Colleyville, TX 76034	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kamprath P.A., Kristin <hr/> Contributor address; City; State; Zip Code Dallas, TX 75206	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/18 Rpt: 14/34
2 FILER NAME Texas Academy of Physician Assistants - PAC		3 Filer ID (Ethics Commission Filers) 00051030
4 Date 07/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kaur P.A., Jasleen	7 Amount of Contribution (\$) \$35.00
6 Contributor address; City; State; Zip Code Houston, TX 77065		
8 Principal occupation / Job title (See Instructions) Physician Assistant		9 Employer (See Instructions)
Date 09/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez P.A., Lidia	Amount of Contribution (\$) \$35.00
Contributor address; City; State; Zip Code Austin, TX 78749		
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maccagno P.A., Joshua	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Austin, TX 78717		
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 07/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald P.A., Katherine	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Tomball, TX 77377		
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 08/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald P.A., Katherine	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Tomball, TX 77377		
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/18 Rpt: 15/34
2 FILER NAME Texas Academy of Physician Assistants - PAC		3 Filer ID (Ethics Commission Filers) 00051030
4 Date 09/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald P.A., Katherine <hr/> 6 Contributor address; City; State; Zip Code Tomball, TX 77377	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Physician Assistant		9 Employer (See Instructions)
Date 10/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald P.A., Katherine <hr/> Contributor address; City; State; Zip Code Tomball, TX 77377	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 09/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald P.A., Katherine <hr/> Contributor address; City; State; Zip Code Tomball, TX 77377	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 11/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald P.A., Katherine <hr/> Contributor address; City; State; Zip Code Tomball, TX 77377	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 12/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald P.A., Katherine <hr/> Contributor address; City; State; Zip Code Tomball, TX 77377	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/18 Rpt: 16/34
2 FILER NAME Texas Academy of Physician Assistants - PAC		3 Filer ID (Ethics Commission Filers) 00051030
4 Date 09/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mealer P.A., Wilma	7 Amount of Contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code Humble, TX 77346		
8 Principal occupation / Job title (See Instructions) Physician Assistant		9 Employer (See Instructions) Memorial Herman
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mendoza P.A., Diana	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Farmers Branch, TX 75234		
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 07/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meystedt P.A., Michelle	Amount of Contribution (\$) \$35.00
Contributor address; City; State; Zip Code Kyle, TX 78640		
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mills P.A., Janith	Amount of Contribution (\$) \$35.00
Contributor address; City; State; Zip Code Irving, TX 75038		
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 07/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore Gottschalk P.A., Melinda	Amount of Contribution (\$) \$41.67
Contributor address; City; State; Zip Code Georgetown, TX 78628		
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/18 Rpt: 17/34
2 FILER NAME Texas Academy of Physician Assistants - PAC		3 Filer ID (Ethics Commission Filers) 00051030
4 Date 08/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore Gottschalk P.A., Melinda <hr/> 6 Contributor address; City; State; Zip Code Georgetown, TX 78628	7 Amount of Contribution (\$) \$41.63
8 Principal occupation / Job title (See Instructions) Physician Assistant		9 Employer (See Instructions)
Date 07/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Myers P.A., Sharon <hr/> Contributor address; City; State; Zip Code Bellaire, TX 77401	Amount of Contribution (\$) \$70.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Owen-Wyatt P.A., Lydia <hr/> Contributor address; City; State; Zip Code Dallas, TX 75228	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Owen-Wyatt P.A., Lydia <hr/> Contributor address; City; State; Zip Code Dallas, TX 75228	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Owen-Wyatt P.A., Lydia <hr/> Contributor address; City; State; Zip Code Dallas, TX 75228	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/18 Rpt: 18/34
2 FILER NAME Texas Academy of Physician Assistants - PAC		3 Filer ID (Ethics Commission Filers) 00051030
4 Date 10/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Owen-Wyatt P.A., Lydia <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75228	7 Amount of Contribution (\$) \$30.00
8 Principal occupation / Job title (See Instructions) Physician Assistant		9 Employer (See Instructions)
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Owen-Wyatt P.A., Lydia <hr/> Contributor address; City; State; Zip Code Dallas, TX 75228	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 12/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Owen-Wyatt P.A., Lydia <hr/> Contributor address; City; State; Zip Code Dallas, TX 75228	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reinhart P.A., Sydney <hr/> Contributor address; City; State; Zip Code Austin, TX 78739	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Runyan P.A., Jack <hr/> Contributor address; City; State; Zip Code Willis, TX 77378	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/18 Rpt: 19/34
2 FILER NAME Texas Academy of Physician Assistants - PAC		3 Filer ID (Ethics Commission Filers) 00051030
4 Date 09/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sallee P.A., Kaylin <hr/> 6 Contributor address; City; State; Zip Code Fair Oaks, TX 78015	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Physician Assistant		9 Employer (See Instructions)
Date 07/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott P.A., Margaret <hr/> Contributor address; City; State; Zip Code Arlington, TX 76005	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 08/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott P.A., Margaret <hr/> Contributor address; City; State; Zip Code Arlington, TX 76005	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 09/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott P.A., Margaret <hr/> Contributor address; City; State; Zip Code Arlington, TX 76005	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 10/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott P.A., Margaret <hr/> Contributor address; City; State; Zip Code Arlington, TX 76005	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/18 Rpt: 20/34
2 FILER NAME Texas Academy of Physician Assistants - PAC		3 Filer ID (Ethics Commission Filers) 00051030
4 Date 11/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott P.A., Margaret <hr/> 6 Contributor address; City; State; Zip Code Arlington, TX 76005	7 Amount of Contribution (\$) \$30.00
8 Principal occupation / Job title (See Instructions) Physician Assistant		9 Employer (See Instructions)
Date 12/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott P.A., Margaret <hr/> Contributor address; City; State; Zip Code Arlington, TX 76005	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 07/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith P.A., Ashley <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78628	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 07/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith P.A., Christine <hr/> Contributor address; City; State; Zip Code Roanoke, TX 76262	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 09/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Solis P.A., Leslie <hr/> Contributor address; City; State; Zip Code Duncanville, TX 75116	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/18 Rpt: 21/34
2 FILER NAME Texas Academy of Physician Assistants - PAC		3 Filer ID (Ethics Commission Filers) 00051030
4 Date 09/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Kevin	7 Amount of Contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code Austin, TX 78759		
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Self Employed
Date 09/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swoboda P.A., Layton	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Richardson, TX 75080		
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 12/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Talbert P.A., Joshua	Amount of Contribution (\$) \$35.00
Contributor address; City; State; Zip Code Lufkin, TX 75904		
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Telford P.A., Carolyn	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Euless, TX 76040		
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 08/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turley P.A., Gwinivere	Amount of Contribution (\$) \$35.00
Contributor address; City; State; Zip Code Dallas, TX 75219		
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/18 Rpt: 22/34
2 FILER NAME Texas Academy of Physician Assistants - PAC		3 Filer ID (Ethics Commission Filers) 00051030
4 Date 09/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valdez P.A., Isabel	7 Amount of Contribution (\$) \$20.00
	6 Contributor address; City; State; Zip Code Houston, TX 77006	
8 Principal occupation / Job title (See Instructions) Physician Assistant		9 Employer (See Instructions)
Date 10/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valdez P.A., Isabel	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code Houston, TX 77006	
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 11/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valdez P.A., Isabel	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Houston, TX 77006	
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 12/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valdez P.A., Isabel	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Houston, TX 77006	
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 07/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vela P.A., Oscar	Amount of Contribution (\$) \$35.00
	Contributor address; City; State; Zip Code San Juan, TX 78589	
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/18 Rpt: 23/34
2 FILER NAME Texas Academy of Physician Assistants - PAC		3 Filer ID (Ethics Commission Filers) 00051030
4 Date 09/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ward P.A., Monica <hr/> 6 Contributor address; City; State; Zip Code Richardson, TX 75080	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Physician Assistant		9 Employer (See Instructions)
Date 07/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weberg P.A., Charity <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78260	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 08/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whetstone P.A., Cassandra <hr/> Contributor address; City; State; Zip Code McAllen, TX 78501	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whetstone P.A., Cassandra <hr/> Contributor address; City; State; Zip Code McAllen, TX 78501	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Clinical Asst Professor, Clinical Coordinator		Employer (See Instructions) UTRGV
Date 09/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White P.A., Moriah <hr/> Contributor address; City; State; Zip Code Temple, TX 76502	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician Assistant		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/18 Rpt: 24/34
2 FILER NAME Texas Academy of Physician Assistants - PAC		3 Filer ID (Ethics Commission Filers) 00051030
4 Date 09/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wineman P.A., John <hr/> 6 Contributor address; City; State; Zip Code Refugio, TX 78377	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Physician Assistant		9 Employer (See Instructions)

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/4 Rpt: 25/34	
2 FILER NAME Texas Academy of Physician Assistants - PAC		3 Filer ID (Ethics Commission Filers) 00051030	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 09/06/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Akavan P.A., Raquelle	8 Amount of contribution (\$) \$248.00	9 In-kind contribution description Kendra Scott Brynne charm bracelet and earrings set
	7 Contributor address; City; State; Zip Code Dripping Springs, TX 78620	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Physician Assistant		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis-Lopez P.A., Heather	Amount of contribution (\$) \$100.00	In-kind contribution description Alaska Basket
	Contributor address; City; State; Zip Code McAllen, TX 78504	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Physician Assistant		Employer (FOR NON-JUDICIAL) (See instructions) CareNow Urgent Care	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeLucia P.A., Katie	Amount of contribution (\$) \$50.00	In-kind contribution description Gift card
	Contributor address; City; State; Zip Code Friendswood, TX 77546	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Physician Assistant		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 2/4 Rpt: 26/34	
2 FILER NAME Texas Academy of Physician Assistants - PAC		3 Filer ID (Ethics Commission Filers) 00051030	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 09/12/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gottschalk PA-C, Melinda Ann	8 Amount of contribution (\$) \$75.00	9 In-kind contribution description Coffee Mugs/plates
	7 Contributor address; City; State; Zip Code Georgetown, TX 78628		
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Physician Assistant		11 Employer (FOR NON-JUDICIAL) (See instructions) Baylor Scott & White	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 09/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krause PA-C, Stacy	Amount of contribution (\$) \$295.00	In-kind contribution description Designer Cynthia Richard Napa Leather wedge platform white/black tennis shoes
	Contributor address; City; State; Zip Code Plano, TX 75075		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Snr Director Advanced Practice Service		Employer (FOR NON-JUDICIAL) (See instructions) Children's Health	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez P.A., Mayra	Amount of contribution (\$) \$149.95	In-kind contribution description Beats Studio Wireless Noise canceling ear buds
	Contributor address; City; State; Zip Code Mission, TX 78572		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Physician Assistant		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 3/4 Rpt: 27/34	
2 FILER NAME Texas Academy of Physician Assistants - PAC		3 Filer ID (Ethics Commission Filers) 00051030	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 09/08/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mills P.A., Janith	8 Amount of contribution (\$) \$375.00	9 In-kind contribution description 40 oz Stanley Cup w/green Swarovski crystals; 80 oz Swarovski white Stanley cup
	7 Contributor address; City; State; Zip Code Irving, TX 75038	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Physician Assistant		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Prasatik, Jeremy	Amount of contribution (\$) \$500.00	In-kind contribution description Web design/branding development
	Contributor address; City; State; Zip Code Celina, TX 75009	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Graphic Designer		Employer (FOR NON-JUDICIAL) (See instructions) self	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spencer PA-C, Autumn	Amount of contribution (\$) \$75.00	In-kind contribution description Virtual Skin care consultation, assessment and evaluation.
	Contributor address; City; State; Zip Code Round Rock, TX 78665	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Surgical Assistant		Employer (FOR NON-JUDICIAL) (See instructions) Seton Brain & Spine Institute Neurosurgery	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 4/4 Rpt: 28/34	
2 FILER NAME Texas Academy of Physician Assistants - PAC		3 Filer ID (Ethics Commission Filers) 00051030	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 09/10/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valdez P.A., Isabel	8 Amount of contribution (\$) \$150.00	9 In-kind contribution description Caymus Cabernet Sauvignon Napa 50th Anniversary 2022; Riedel Overture Magnum Set of
	7 Contributor address; City; State; Zip Code Houston, TX 77006	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Physician Assistant		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van de Putte, Leticia	Amount of contribution (\$) \$200.00	In-kind contribution description Wine basket
	Contributor address; City; State; Zip Code Castle Hills, TX 78213	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Consultant		Employer (FOR NON-JUDICIAL) (See instructions) AVDP	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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: 1/6 Rpt: 29/34	2 FILER NAME Texas Academy of Physician Assistants - PAC	3 Filer ID (Ethics Commission Filers) 00051030
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4 Date 10/31/2024	5 Payee name Bryan Hughes Campaign
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6 Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 450 Mineola, TX 75773
---	--

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 Political Contribution
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/23/2024	Payee name Casino Parties, Inc.
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Amount (\$) \$250.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 5401 W. Pleasant Ridge Rd. Arlington, TX 76016
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Deposit fee for Casino Fundraiser at Annual Meeting
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/13/2024	Payee name Casino Parties, Inc.
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Amount (\$) \$2,200.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 5401 W. Pleasant Ridge Rd. Arlington, TX 76016
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Casino Night Fundraiser expense attributed to Annual Meeting
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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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: 2/6 Rpt: 30/34	2 FILER NAME Texas Academy of Physician Assistants - PAC	3 Filer ID (Ethics Commission Filers) 00051030
4 Date 09/20/2024	5 Payee name Chris Turner Campaign	
6 Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 182093 Arlington, TX 76096	
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 Political Contribution
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/11/2024	Payee name Darling Promo	
Amount (\$) \$1,045.69 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 27619 Austin, TX 78755	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Marketing fundraising expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/10/2024	Payee name FiscalNote	
Amount (\$) \$6,236.10 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1201 Penssylvania Ave., NW Washington, DC 20004	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense two year legislative software platform
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: 3/6 Rpt: 31/34	2 FILER NAME Texas Academy of Physician Assistants - PAC	3 Filer ID (Ethics Commission Filers) 00051030
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4 Date 07/24/2024	5 Payee name Harland Clarke
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6 Amount (\$) \$27.15 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 15955 La Cantera Pkwy San Antonio, TX 78256
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Check re-order
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 07/31/2024	Payee name Jesse Dominguez, CPA
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Amount (\$) \$708.75 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 412 Chaparral Dr. Leander, TX 78641
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Accounting Services
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/31/2024	Payee name Liz Campos Campaign
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Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1035 Rigsby San Antonio, TX 78210
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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 Political Contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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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: 4/6 Rpt: 32/34	2 FILER NAME Texas Academy of Physician Assistants - PAC	3 Filer ID (Ethics Commission Filers) 00051030
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4 Date 09/25/2024	5 Payee name Matt Shaheen Campaign
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6 Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 3917 Malton Dr Plano, TX 75025
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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 Political Contribution
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/31/2024	Payee name Molly for Texas
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Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 667238 Houston, TX 77266
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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 Political Contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/31/2024	Payee name Nathan Johnson Campaign
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Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 670994 Dallas , TX 75367
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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 Political Contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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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: 5/6 Rpt: 33/34	2 FILER NAME Texas Academy of Physician Assistants - PAC	3 Filer ID (Ethics Commission Filers) 00051030
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4 Date 09/17/2024	5 Payee name Plesa for Texas
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6 Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 796311 Dallas, TX 75248
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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 Political Contribution
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/16/2024	Payee name Square, Inc.
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Amount (\$) \$1.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1455 Market Street, Ste. 600 San Francisco , CA 94103
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Card processing fee
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/11/2024	Payee name Taco Bell
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Amount (\$) \$6.57 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1001 S. IH 35 Georgetown, TX 78626
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch meeting
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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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: 6/6 Rpt: 34/34	2 FILER NAME Texas Academy of Physician Assistants - PAC	3 Filer ID (Ethics Commission Filers) 00051030
4 Date 10/31/2024	5 Payee name Texans for Dade Phelan	
6 Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 848 Nederland, TX 77627	
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 Political Contribution
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/16/2024	Payee name UPS #7512	
Amount (\$) \$80.65 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2300 W. 7th St., Ste.108 Fort Worth, TX 76107	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense printing expense related to annual meeting.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/16/2024	Payee name UPS #7512	
Amount (\$) \$37.09 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2300 W. 7th St., Ste.108 Fort Worth, TX 76107	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense printing materials for annual meeting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held