GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC COVER SHEET PG 1

Th	e GPAC Instruction	2 Total pages filed: 3							
3	COMMITTEE NAME					OFFICE USE ONLY			
	Medical Defense F	PAC							
						01/13/2025			
4	COMMITTEE	ADDRESS / PO BOX; APT / SUITE #; C	ITY;	; STATE; ZIP COD	Ε				
	ADDRESS	401 W. 15th St., Ste. 100				Date Hand-delivered or Date Postmarked			
						Date Fusherativered of Date Fushillarked			
	Change of Address	Austin, TX 78701				Receipt # Amount			
						Date Processed			
						Date Frocesseu			
						Date Imaged			
						Date intageu			
5	CAMPAIGN	MS/MRS/MR FIRST				MI			
ľ	TREASURER								
	NAME	Mr. Clayton							
		NICKNAME LAST				SUFFIX			
		Stewart							
6	CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE)	;	APT / SUITE #; C	ITY;	STATE; ZIP CODE			
	TREASURER STREET	401 W. 15th St., Ste. 100							
	ADDRESS								
	(Residence or Business)	Austin, TX 78701							
7	CAMPAIGN	STREET OR PO BOX;		APT / SUITE #;	CITY;	STATE; ZIP CODE			
ľ	TREASURER			π π π π π π	J. I. I.,	STATE, ZIF CODE			
	MAILING	401 W. 15th St., Ste. 100							
	ADDRESS								
	Change of Address	Austin, TX 78701							
8	CAMPAIGN								
ľ	TREASURER	(512) 370-1365							
	PHONE								
9	REPORT								
ľ	TYPE	X January 15	30th	day before election		Dissolution (Attach PAC-DR)			
		I_	8th c	lay before election		10th day after campaign treasurer			
		July 15	Runo	off		termination			
10	PERIOD	Month Day Year		Month D	Day	Year			
	COVERED	10/27/2024	THR	20UGH 12/31/	2024	Ļ			
11	ELECTION	ELECTION DATE		ELECTION TYP	E				
		Month Day Year	Prin	nary Runoff		Other			
		11/05/2024	ارومہ	neral Special					
			Ger						
			_						
	GO TO PAGE 2								
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GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Medical Defense PAC	0006319	. , ,		
			0006319	3
14 COMMITTEE ACTIVITY	1. Candidates	A. Supported		
Activity	(Identify by name or, if applicable, classify by party.)			
(Attach lists on plain				
(Attach lists on plain paper to complete this		B. Opposed		
report if necessary.)				
	2. Measures	A. Supported		
	(Describe by date and location of election and nature of issue.)			
		B. Opposed		
	3. Officeholders			
	Assisted (Identify by name or, if			
	applicable, classify by party.)			
15 CONTRIBUTION	1. TOTAL UNITEMIZED	POLITICAL CONTRIBUTIONS (OTHER THAN		
TOTALS		OR GUARANTEES OF LOANS, OR	\$	0.00
		ADE ELECTRONICALLY) gualifies for the higher itemization threshold		0.00
	2. TOTAL POLITICA			
		DGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
EXPENDITURE) POLITICAL EXPENDITURES		
TOTALS	S. TOTAL UNITENIZEL	POLITICAL EXPENDITORES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	0.00
				0.00
CONTRIBUTION			DAY \$	00,405,44
BALANCE	OF THE REPORTING	G PERIOD	\$	29,465.14
OUTSTANDING	6. TOTAL PRINCIPAL	AMOUNT OF ALL OUTSTANDING LOANS AS OF T	ГНЕ	
LOAN TOTALS	LAST DAY OF THE	REPORTING PERIOD	\$	0.00
16 AFFIDAVIT				
		I swear, or affirm, under penalty of pe		
		true and correct and includes all inforr under Title 15, Election Code.	mation requir	ed to be reported by me
		Mr. Clayto	on Stewart	
		Signature of Car	mpaign Treas	surer
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	before me by the said	, th	nie the	day
		uay		
01	<u>, 20, to certify t</u>	which, witness my hand and seal of office.		
Signature of officer ad-	ministoring osth	Drinted name of officer administering acth	Title of ef	finor administoring anth
Signature of officer ad	ministering Dath	Printed name of officer administering oath		ficer administering oath
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V4.1.0.5dd2ace2
i onno provided by Texas E	01103 0011111331011	www.cuncs.slale.lA.us		VEISION VALLOUUZAUEZ

SUBTOTALS - GPAC		FORM GPAC
	CC	OVER SHEET PG 3 3 of 3
17 COMMITTEE NAME Medical Defense PAC	18 Filer ID 00063193	(Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LAB ORGANIZATION	BOR	\$
5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPOR	RATION OR	\$
6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR OR	GANIZATION	\$
7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABO ORGANIZATION	R	\$
8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR	ORGANIZATION	\$
9. SCHEDULE E: LOANS		\$
10. SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	NS	\$
11. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUT	TIONS	\$
13. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUT	IONS	\$
15. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION: TO FILER	S RETURNED	\$