

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) 00017033	2 Total pages filed: 9
3 COMMITTEE NAME Texas Occupational Therapy Association Political Action Committee		OFFICE USE ONLY	
		Date Received ELECTRONICALLY FILED 01/14/2025	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2323 Clear Lake City Blvd Suite 180-197 Houston, TX 77062		
	Date Hand-delivered or Date Postmarked		
	Receipt #	Amount	
	Date Processed		
Date Imaged			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	Ms.	Eva-Maria	
NICKNAME		LAST	SUFFIX
		Anger	
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2506 Lazy Lake Drive Harlingen, TX 78550		
	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2506 Lazy Lake Drive Harlingen, TX 78550		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2506 Lazy Lake Drive Harlingen, TX 78550		
	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2506 Lazy Lake Drive Harlingen, TX 78550		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(832)	687-1687	
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 Texas Occupational Therapy Association Political Action Committee	13 Filer ID (Ethics Commission Filers) 00017033
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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
		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)	\$ 715.00
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	\$ 6,711.10
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.

Ms. Eva-Maria Anger

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 Texas Occupational Therapy Association Political Action Committee		18 Filer ID (Ethics Commission Filers) 00017033
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 715.00
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	\$ 115.45
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: 4/9
2 FILER NAME Texas Occupational Therapy Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00017033
4 Date 09/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adodo, Osarume <hr/> 6 Contributor address; City; State; Zip Code SUGAR LAND, TX 77479	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) occupational therapy assistant		9 Employer (See Instructions)
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anger, Eva-Maria <hr/> Contributor address; City; State; Zip Code Harlingen, TX 78550	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) occupational therapist		Employer (See Instructions)
Date 07/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anger, Eva-Maria <hr/> Contributor address; City; State; Zip Code Harlingen , TX 78550	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Occupational therapist		Employer (See Instructions)
Date 09/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Easley, Kelli <hr/> Contributor address; City; State; Zip Code Salado, TX 76571	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) occupational therapist		Employer (See Instructions)
Date 11/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edmondson, Julie <hr/> Contributor address; City; State; Zip Code Houston, TX 77084	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) student		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/4 Rpt: 5/9
2 FILER NAME Texas Occupational Therapy Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00017033
4 Date 07/24/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gardner, Karen	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Brenham, TX 77833		
8 Principal occupation / Job title (See Instructions) Occupational Therapist		9 Employer (See Instructions)
Date 09/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hart, Trenna	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Kennedale, TX 76060		
Principal occupation / Job title (See Instructions) student		Employer (See Instructions)
Date 11/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joseph, Judi	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Houston, TX 77075		
Principal occupation / Job title (See Instructions) Occupational Therapist		Employer (See Instructions) TOTA
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klingman, Emilie	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Carollton, TX 75007		
Principal occupation / Job title (See Instructions) occupational therapist		Employer (See Instructions)
Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neunherz, Sherry	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Flower Mound, TX 75028		
Principal occupation / Job title (See Instructions) Occupational Therapy Assistant		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/4 Rpt: 6/9
2 FILER NAME Texas Occupational Therapy Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00017033
4 Date 07/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Regli, Carol	7 Amount of Contribution (\$) \$30.00
	6 Contributor address; City; State; Zip Code ROUND ROCK, TX 78681	
8 Principal occupation / Job title (See Instructions) occupational therapist		9 Employer (See Instructions)
Date 11/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanchez, Jennifer	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code SAN ANGELO, TX 76901	
Principal occupation / Job title (See Instructions) occupational therapist		Employer (See Instructions)
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Skarbek, Judy	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Houston, TX 77008	
Principal occupation / Job title (See Instructions) occupational therapist		Employer (See Instructions)
Date 11/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Skarbek, Judy	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Houston, TX 77008	
Principal occupation / Job title (See Instructions) occupational therapist		Employer (See Instructions)
Date 12/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stahl, Shannon	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Austin, TX 78757	
Principal occupation / Job title (See Instructions) occupational therapy assistant		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/4 Rpt: 7/9
2 FILER NAME Texas Occupational Therapy Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00017033
4 Date 11/18/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vo, Lien <hr style="border-top: 1px dotted black;"/> 6 Contributor address; City; State; Zip Code Grand Prairie, TX 75054	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) occupational therapist		9 Employer (See Instructions)
Date 12/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Winthrop, Barbara <hr style="border-top: 1px dotted black;"/> Contributor address; City; State; Zip Code Houston , TX 77005	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Occupational Therapist		Employer (See Instructions)

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 1/2 Rpt: 8/9	2 FILER NAME Texas Occupational Therapy Association Political Action	3 Filer ID (Ethics Commission Filers) 00017033
4 Date 07/01/2024	5 Payee name NMI Headquarters -PayScape	
6 Amount (\$) 16.12 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 1450 American Lane, Suite 1200 Schaumburg, IL 60173	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Fees for credit card company.
Date 08/01/2024	Payee name NMI Headquarters -PayScape	
Amount (\$) 23.38 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1450 American Lane, Suite 1200 Schaumburg, IL 60173	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Fees for credit card company.
Date 09/03/2024	Payee name NMI Headquarters -PayScape	
Amount (\$) 15.17 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1450 American Lane, Suite 1200 Schaumburg, IL 60173	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Fees for credit card company.
Date 10/01/2024	Payee name NMI Headquarters -PayScape	
Amount (\$) 19.89 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1450 American Lane, Suite 1200 Schaumburg, IL 60173	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Fees for credit card company.

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 2/2 Rpt: 9/9	2 FILER NAME Texas Occupational Therapy Association Political Action	3 Filer ID (Ethics Commission Filers) 00017033
4 Date 11/01/2024	5 Payee name NMI Headquarters -PayScape	
6 Amount (\$) 18.07 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 1450 American Lane, Suite 1200 Schaumburg, IL 60173	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Fees for credit card company.
Date 12/02/2024	Payee name NMI Headquarters -PayScape	
Amount (\$) 22.82 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1450 American Lane, Suite 1200 Schaumburg, IL 60173	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Fees for credit card company.