

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC
COVER SHEET PG 2

12 COMMITTEE NAME Texas Osteopathic Medical Association Political Action Committee	13 Filer ID (Ethics Commission Filers) 00016104
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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)	\$ 1,050.00
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	\$ 71,295.73
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.

Dr. John C. McDonald D.O.

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 - MPAC

17 COMMITTEE NAME Texas Osteopathic Medical Association Political Action Committee		18 Filer ID (Ethics Commission Filers) 00016104
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,050.00
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 type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 6.21

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/3 Rpt: 4/7
2 FILER NAME Texas Osteopathic Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00016104
4 Date 12/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Basit D.O., Ali (Dr.)	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Irving, TX 75062		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) DFW Wound & Hyperbarics, PA
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Biboa D.O., John (Dr.)	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Waco, TX 76712		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Ascension
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Browne D.O., Catherine (Dr.)	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Austin, TX 78758		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Capital Ob/Gyn Associates
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cavazos D.O., Norma (Dr.)	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Mission, TX 78574		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self-Employed
Date 01/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chang D.O., Victoria (Dr.)	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Universal City, TX 78418		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/3 Rpt: 5/7
2 FILER NAME Texas Osteopathic Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00016104
4 Date 12/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gittings D.O., Mark (Dr.)	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Austin, TX 78731	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self-Employed
Date 01/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzales D.O., Antonio (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Lubbock, TX 79410	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Emergency Medical Center
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hendricks D.O., Marian (Dr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78414	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Christus Trinity Clinic
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Medica-O'Hea D.O., Zena (Dr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Troy, TX 76579	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self-Employed
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schafer D.O., Suzanne (Dr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code League City, TX 77573	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/3 Rpt: 6/7
2 FILER NAME Texas Osteopathic Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00016104
4 Date 12/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smola D.O., Jeremy (Dr.)	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Sweetwater, TX 79556	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self-Employed
Date 01/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner D.O., Rami (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76177	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self-Employed
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Verfurth D.O., Lawrence (Dr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code The Woodlands, TX 77354	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Conroe Regional Medical Center
Date 01/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waters D.O., Michael (Dr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76185-0373	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Texas Center for Urology

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 1/1 Rpt: 7/7
2 FILER NAME Texas Osteopathic Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00016104
4 Date 12/31/2024	5 Name of person from whom amount is received First Texas Bank	8 Amount (\$) \$6.21
	6 Address of person from whom amount is received; City; State; Zip Code Georgetown, TX 78767-0649	
	7 Purpose for which amount is received Interest earned on account	<input type="checkbox"/> Check if political contribution returned to filer