### FORM MPAC MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID 2 Total pages filed: The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00016104 3 COMMITTEE NAME **OFFICE USE ONLY** Texas Osteopathic Medical Association Political Action Committee Date Received **ELECTRONICALLY FILED** 02/03/2025 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 3305 Steck Ave. Ste. 200 Change of Address Austin, TX 78757 Date Hand-delivered or Date Postmarked MS / MRS / MR **FIRST CAMPAIGN** MI **TREASURER** Receipt # Amount Dr. John C. NAME Date Processed **NICKNAME** LAST **SUFFIX** D.O. Date Imaged McDonald CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE TREASURER 313 Forest Hills Drive STREET **ADDRESS** (Residence or Business) Harrison, TX 75650 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 3305 Steck Ave. MAILING **ADDRESS** Ste. 200 Change of Address Austin, TX 78757 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (512) 708-8662 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY January 5 April 5 July 5 October 5 REPORT FILING **DEADLINE** February 5 May 5 August 5 November 5 March 5 September 5 December 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 12/26/2024 01/25/2025

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## MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

# FORM MPAC COVER SHEET PG 2

2 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Texas Osteopathic M	edical Association Politic	al Action Committee	00016104	
4 COMMITTEE ACTIVITY	1. Candidates	A. Supported		
ACTIVITY	(Identify by name or, if applicable, classify by party.)			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
		A. Comparted		
	Measures     (Describe by date and location	A. Supported		
	of election and nature of issue.)			
		B. Opposed		
	Officeholders     Assisted			
	(Identify by name or, if applicable, classify by party.)			
.5 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICA	qualifies for the higher itemization threshold	<u> </u>	
		DGES, LOANS, OR GUARANTEES OF LOANS)	\$	1,050.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	71,295.73
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF REPORTING PERIOD	THE \$	0.00
.6 AFFIDAVIT	·		I	
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.	erjury, that the a	accompanying report is d to be reported by me
		Dr. John C. I	McDonald D.0	ο.
		Signature of Ca		
AFFIX NOTAF	RY STAMP / SEAL ABOVE	· ·		
Sworn to and subscrib	ad hafara ma, bu tha caid	, t	hic tho	day
		which, witness my hand and seal of office.	5 1116	uay
<u> </u>				
Signature of officer	administering oath	Printed name of officer administering oath	Title of office	cer administering oath

### **SUBTOTALS - MPAC**

## FORM MPAC COVER SHEET PG 3

			OVER OTIEET	3 of 7
17 COMMIT Texas C	TEE NAME steopathic Medical Association Political Action Committee	<b>18</b> Filer ID 00016104	(Ethics Commission F	-ilers)
19 SCHEDU NAME O	SUBTOTAL AM	OUNT		
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	1,050.00	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	DR	\$	
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$	
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	SANIZATION	\$	
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	!	\$	
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR	ORGANIZATION	\$	
9.	SCHEDULE E: LOANS		\$	
10.	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	6.21

	MONEI	ARY POLITICAL CONT	RIBUTION	S		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to com	plete this forr	m.	l	otal pages Schedule A1: sch: 1/3 Rpt: 4/7	
2	FILER NAME	FILER NAME			l	iler ID (Ethics Commission	n Filers)
	Texas Osteo	pathic Medical Association Political Ac	tion Committee		0	0016104	
4 Date 5 Full name of contributor Basit D.O., Ali (Dr.) 6 Contributor address; City		<b>—</b>	state PAC (ID#: ode	)	7 A	mount of Contribution (\$)	\$100.00
_		Irving, TX 75062					
8		pation / Job title (See Instructions)	9	Employer (See Instructions		DA	
	Physician			DFW Wound & Hyperba	irics,	PA 	
	Date 12/31/2024	Full name of contributor out-of-Biboa D.O., John (Dr.)  Contributor address; City; State; Zip C	state PAC (ID#:	)	A	mount of Contribution (\$)	\$100.00
		Waco, TX 76712					
		pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Physician			Ascension			
	Date 12/31/2024	Full name of contributor out-of- Browne D.O., Catherine (Dr.) Contributor address; City; State; Zip C	state PAC (ID#: ode	)	A	mount of Contribution (\$)	\$50.00
		Austin, TX 78758					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>                                     </u>		
	Physician	,		Capital Ob/Gyn Associa	•		
	Date 12/31/2024	Full name of contributor out-of- Cavazos D.O., Norma (Dr.)  Contributor address; City; State; Zip C  Mission, TX 78574	state PAC (ID#:	)	А	mount of Contribution (\$)	\$100.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self-Employed	s)		
	Date 01/12/2025	Full name of contributor out-of- Chang D.O., Victoria (Dr.)  Contributor address; City; State; Zip C  Universal City, TX 78418	state PAC (ID#:	)	А	mount of Contribution (\$)	\$50.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Self-Employed	5)		

	MONEI	ARY POLITICAL CONTRIBUTIO	)NS			SCHEDUL	E <b>A1</b>	
	The Instru	ction Guide explains how to complete this fo	orm.		1	Total pages Schedule A1: Sch: 2/3 Rpt: 5/7		
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)	
	Texas Osteo	pathic Medical Association Political Action Committe	ee			00016104		
4	Date 12/31/2024	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$100.00	
		Austin, TX 78731						
8	Principal occu Physician	pation / Job title (See Instructions)		ployer (See Instructions lf-Employed	)			
	Date 01/02/2025	Full name of contributor out-of-state PAC (ID#:_ Gonzales D.O., Antonio (Dr.)  Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$100.00	
	Principal occu	Lubbock, TX 79410 pation / Job title (See Instructions)	Em	nployer (See Instructions	)			
	Physician		Emergency Medical Cer					
	Date 12/31/2024	Full name of contributor out-of-state PAC (ID#:_ Hendricks D.O., Marian (Dr.)  Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$50.00	
		Corpus Christi, TX 78414						
	Principal occu Physician	pation / Job title (See Instructions)		nployer (See Instructions ristus Trinity Clinic	)			
	Date 12/31/2024	Full name of contributor out-of-state PAC (ID#:_ Medica-O'Hea D.O., Zena (Dr.)  Contributor address; City; State; Zip Code  Troy, TX 76579		)		Amount of Contribution (\$)	\$50.00	
	Principal occu Physician	pation / Job title (See Instructions)		ployer (See Instructions lf-Employed	)			
	Date 12/30/2024	Full name of contributor out-of-state PAC (ID#:_Schafer D.O., Suzanne (Dr.)  Contributor address; City; State; Zip Code  League City, TX 77573				Amount of Contribution (\$)	\$50.00	
	Principal occu Physician	pation / Job title (See Instructions)		nployer (See Instructions If-Employed	)			

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>
	The Instru	uction Guide explains how to complete this form.			Total pages Schedule A1: Sch: 3/3 Rpt: 6/7	
2	FILER NAME Texas Osteo	opathic Medical Association Political Action Committee			Filer ID (Ethics Commission 00016104	n Filers)
4	Date 12/31/2024	5 Full name of contributor out-of-state PAC (ID#:)  Smola D.O., Jeremy (Dr.)  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$100.00
		Sweetwater, TX 79556				
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions Self-Employed	5)		
	Date 01/06/2025	Full name of contributor out-of-state PAC (ID#:_ Turner D.O., Rami (Dr.)  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
	Duinning Langu	Fort Worth, TX 76177	Frankrian (Cook batusatis no			
	Physician Physician	pation / Job title (See Instructions)	Employer (See Instructions Self-Employed	)		
	Date 12/31/2024	Full name of contributor out-of-state PAC (ID#:_ Verfurth D.O., Lawrence (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
		The Woodlands, TX 77354				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions Conroe Regional Medica		Center	
	Date 01/12/2025	Full name of contributor out-of-state PAC (ID#:_ Waters D.O., Michael (Dr.) Contributor address; City; State; Zip Code Fort Worth, TX 76185-0373			Amount of Contribution (\$)	\$50.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions Texas Center for Urolog			

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