FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00016388 3 COMMITTEE NAME **OFFICE USE ONLY** Texas Psychological Association PAC Date Received **ELECTRONICALLY FILED** 07/15/2025 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 3305 Steck Avenue Date Hand-delivered or Date Postmarked #200 Change of Address Austin, TX 78757 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mary Beth NAME NICKNAME LAST **SUFFIX** Kiser STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 3305 Steck Avenue STREET **ADDRESS** #200 (Residence or Business) Austin, TX 78757 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 3305 Steck Avenue MAILING **ADDRESS** #200 Austin, TX 78757 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 528-8400 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Х Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 01/01/2025 06/30/2025 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME	<u> </u>		13 Filer ID	(Ethics Commission Filers)
Texas Psychologi	cal Association PAC		00016388	
14 COMMITTEE	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		
	2. Measures	A. Supported		
	(Describe by date and location of election and nature of issue.)			
		B. Opposed		
	O. Office baldens			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
45 CONTRIBUTION	4 TOTAL LINUTENAUZES	POLITICAL CONTRIBUTIONS (OTHER THAN	<u> </u>	
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	O POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	10.00
	2. TOTAL POLITICA	L CONTRIBUTIONS	<u>,</u>	
	(OTHER THAN PLE	DGES, LOANS, OR GUARANTEES OF LOANS)	\$	4,023.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	110.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	4,919.79
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	5,980.00
OUTSTANDING LOAN TOTALS	l l	AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	<u> </u>			
		I swear, or affirm, under penalty of petrue and correct and includes all informunder Title 15, Election Code.		
		Mary Be	eth Kiser	
		Signature of Car	mpaign Treasu	rer
AFFIX NC	OTARY STAMP / SEAL ABOVE			
Sworn to and subs	scribed before me, by the said	, th	nis the	day
		which, witness my hand and seal of office.		
		,		
Signature of offi	icer administering oath	Printed name of officer administering oath	ritle of offic	cer administering oath

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3

				3 of 16
17 COMMITT	EE NAME	18 Filer ID	(Ethics Cor	nmission Filers)
Texas Ps	ychological Association PAC	00016388		
	E SUBTOTALS		SUBT	OTAL AMOUNT
NAME OF	SCHEDULE		_	
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	4,023.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION)R	\$	
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR ORGANIZATION	ATION OR	\$	
6.	\$			
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. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	4,919.79
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.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	MONEI	ARY POLITICAL (CONTRIBUTIO)NS		SCHEDUL	E A1
	The Instru	ction Guide explains hov	v to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/10 Rpt: 4/16	
2	FILER NAME Texas Psych	nological Association PAC			3	Filer ID (Ethics Commission 00016388	n Filers)
4	Date 01/22/2025	5 Full name of contributor Baker, Victoria (Dr.)6 Contributor address; City; S	out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	\$100.00
8	Principal occu	Joaquin, TX 75954 pation / Job title (See Instruction	5)	9 Employer (See Instructions	<u> </u>		
	Licensed Ps	ychologist					
	Date 02/04/2025	Full name of contributor Baker, Victoria (Dr.) Contributor address; City; S Joaquin, TX 75954	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$100.00
_	Principal occu	pation / Job title (See Instruction	5)	Employer (See Instructions	<u>L</u> 5)		
	Licensed Ps	ychologist					
	Date 01/28/2025	Full name of contributor Baldwin, Laurie (Dr.) Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$40.00
		Bellaire, TX 77401					
	Principal occu Licensed Psy	pation / Job title (See Instruction: ychologist	5)	Employer (See Instructions	<u>(</u>		
	Date 02/24/2025	Full name of contributor Baldwin, Laurie (Dr.) Contributor address; City; S Bellaire, TX 77401	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$40.00
	Principal occu Licensed Psy	pation / Job title (See Instruction: ychologist	5)	Employer (See Instructions	5)		
	Date 03/24/2025	Full name of contributor Baldwin, Laurie (Dr.) Contributor address; City; S Bellaire, TX 77401	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$40.00
	Principal occu Licensed Psy	pation / Job title (See Instruction: ychologist	5)	Employer (See Instructions	s)		

	MONEI	ARY POLITICAL CONTRIBUT	IONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete thi	is form.	1	Total pages Schedule A1: Sch: 2/10 Rpt: 5/16	
2	FILER NAME Texas Psych	ological Association PAC		3	Filer ID (Ethics Commission 00016388	n Filers)
4	Date 04/22/2025	 Full name of contributor out-of-state PAC (II Baldwin, Laurie (Dr.) Contributor address; City; State; Zip Code 	D#:)	7	Amount of Contribution (\$)	\$40.00
8	Principal occu	Bellaire, TX 77401 pation / Job title (See Instructions)	9 Employer (See Instructions	 s)		
	Licensed Ps	ychologist				
	Date 02/20/2025	Full name of contributor out-of-state PAC (II Bryan, Tamara (Dr.) Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$150.00
	Dringingless	Austin, TX 78731	Franksian (Cookasticas			
	Licensed Ps	pation / Job title (See Instructions) /chologist	Employer (See Instructions	is)		
	Date 01/21/2025	Full name of contributor out-of-state PAC (II Burks, Robin (Dr.) Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$100.00
		Houston, TX 77005				
	Principal occu Psychologist	pation / Job title (See Instructions)	Employer (See Instructions	ıs)		
	Date 01/14/2025	Full name of contributor out-of-state PAC (II Chanderbhan-Forde, Susan (Dr.) Contributor address; City; State; Zip Code Laredo, TX 78041	D#:)		Amount of Contribution (\$)	\$70.00
	Principal occu Licensed Ps	pation / Job title (See Instructions) /chologist	Employer (See Instructions	ıs)		
	Date 02/11/2025	Full name of contributor out-of-state PAC (II Chanderbhan-Forde, Susan (Dr.) Contributor address; City; State; Zip Code Laredo, TX 78041	D#:)		Amount of Contribution (\$)	\$70.00
	Principal occu Licensed Ps	pation / Job title (See Instructions) ychologist	Employer (See Instructions	is)		

	MONEI	ARY POLITICAL CO	NTRIBUTIO	NS		SCHEDULI	■ A1
	The Instruc	ction Guide explains how to o	complete this fo	rm.	1	Total pages Schedule A1: Sch: 3/10 Rpt: 6/16	
2	FILER NAME Texas Psych	ological Association PAC			3	Filer ID (Ethics Commission 00016388	ı Filers)
4	Date 06/12/2025	Chanderbhan-Forde, Susan (D 6 Contributor address; City; State; Z			7	Amount of Contribution (\$)	\$70.00
8	Principal occu	Laredo, TX 78041 pation / Job title (See Instructions)	ا	Employer (See Instructions)		
Ü	Licensed Psy			Employer (See mondenons	,		
	Date 04/14/2025	Full name of contributor ochanderbhan-Forde, Susan (Contributor address; City; State; Z)		Amount of Contribution (\$)	\$70.00
		Laredo, TX 78041					
	Principal occu Licensed Psy	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 01/06/2025	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
		Austin, TX 78731					
	Principal occu Psychologist	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 01/19/2025	Full name of contributor of Godfrey Ph.D, John (Dr.) Contributor address; City; State; Z	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$42.00
	Principal occu Psychologist	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 02/04/2025	Full name of contributor Godfrey Ph.D, John (Dr.) Contributor address; City; State; Z	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu Psychologist	pation / Job title (See Instructions)		Employer (See Instructions)		
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	MONEI	ARY POLITICAL CO	DNTRIBUTIO	NS		SCHEDULI	E A1
	The Instruc	ction Guide explains how to	o complete this fo	orm.	1	Total pages Schedule A1: Sch: 4/10 Rpt: 7/16	
2	FILER NAME Texas Psych	ological Association PAC			3	Filer ID (Ethics Commission 00016388	ı Filers)
4	Date 02/21/2025	5 Full name of contributor Godfrey Ph.D, John (Dr.)6 Contributor address; City; State	out-of-state PAC (ID#: e; Zip Code		7	Amount of Contribution (\$)	\$42.00
8	Principal occu	Austin, TX 78731 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	Psychologist Date 03/04/2025		out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$25.00
	Principal occu Psychologist	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Date 03/21/2025	Full name of contributor Godfrey Ph.D, John (Dr.) Contributor address; City; State	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$42.00
		Austin, TX 78731			<u> </u>		
	Principal occu Psychologist	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 04/04/2025	Full name of contributor Godfrey Ph.D, John (Dr.) Contributor address; City; State Austin, TX 78731	out-of-state PAC (ID#:_ e; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu Psychologist	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Date 04/22/2025	Full name of contributor Godfrey Ph.D, John (Dr.) Contributor address; City; State Austin, TX 78731	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$42.00
	Principal occu Psychologist	pation / Job title (See Instructions)		Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 5/10 Rpt: 8/16	
2	FILER NAME Texas Psych	ological Association PAC		3	Filer ID (Ethics Commission 00016388	n Filers)
4	Date 01/28/2025	 Full name of contributor out-of-state PAC (ID#: Hart, Suzanne (Dr.) Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$150.00
8	Principal occu	Austin, TX 78751 pation / Job title (See Instructions)	9 Employer (See Instructions	<u>s)</u>		
	Licensed Ps		Employer (See Instructions	,		
	Date 01/03/2025	Full name of contributor out-of-state PAC (ID#: Kahn, David (Dr.) Contributor address; City; State; Zip Code		-	Amount of Contribution (\$)	\$100.00
	Dringing age	Friendswood, TX 77546	Employer (Coo Instructions	<u></u>		
	Psychologist	pation / Job title (See Instructions)	Employer (See Instructions Self	>)		
	Date 01/03/2025	Full name of contributor out-of-state PAC (ID#: Leavell, Kari (Dr.) Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$100.00
		Grapevine, TX 76051				
	Principal occu Licensed Psy	oation / Job title (See Instructions) /chologist	Employer (See Instructions	5)		
	Date 02/04/2025	Full name of contributor out-of-state PAC (ID#: Leavell, Kari (Dr.) Contributor address; City; State; Zip Code Grapevine, TX 76051		•	Amount of Contribution (\$)	\$100.00
	Principal occu Licensed Psy	oation / Job title (See Instructions) /chologist	Employer (See Instructions	5)		
	Date 03/04/2025	Full name of contributor out-of-state PAC (ID#: Leavell, Kari (Dr.) Contributor address; City; State; Zip Code Grapevine, TX 76051		•	Amount of Contribution (\$)	\$100.00
	Principal occu Licensed Psy	oation / Job title (See Instructions) /chologist	Employer (See Instructions	5)		
			•			

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 6/10 Rpt: 9/16	
2	FILER NAME Texas Psych	ological Association PAC		3	Filer ID (Ethics Commission 00016388	n Filers)
4	Date 04/03/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$100.00
8	Principal occur	Grapevine, TX 76051 pation / Job title (See Instructions)	9 Employer (See Instructions	·/_		
0	Licensed Psy	,	e Employer (See instructions	·)		
	Date 05/05/2025	Full name of contributor out-of-state PAC (ID#: Leavell, Kari (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
		Grapevine, TX 76051				
	Principal occup	pation / Job title (See Instructions) /chologist	Employer (See Instructions	5)		
	Date 01/09/2025	Full name of contributor out-of-state PAC (ID#: Lockart Ph.D, Esther (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
		Fort Worth, TX 76132				
	Principal occu Psychologist	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 02/11/2025	Full name of contributor out-of-state PAC (ID#:_Marks, Alison (Dr.) Contributor address; City; State; Zip Code Austin, TX 78750			Amount of Contribution (\$)	\$25.00
	Principal occu Licensed Psy	oation / Job title (See Instructions) /chologist	Employer (See Instructions	5)		
	Date 03/11/2025	Full name of contributor out-of-state PAC (ID#:_Marks, Alison (Dr.) Contributor address; City; State; Zip Code Austin, TX 78750			Amount of Contribution (\$)	\$25.00
	Principal occu Licensed Psy	oation / Job title (See Instructions) /chologist	Employer (See Instructions	5)		
		-				

	MONET	ARY POLITICAL CON	ITRIBUTIO	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to c	omplete this fo	orm.	1	Total pages Schedule A1: Sch: 7/10 Rpt: 10/16	
2	FILER NAME	ological Association PAC			3	Filer ID (Ethics Commission 00016388	n Filers)
_					L		
4	Date 04/09/2025	 Full name of contributor on Marks, Alison (Dr.) Contributor address; City; State; Zity 	ut-of-state PAC (ID#:_ ip Code)	7	Amount of Contribution (\$)	\$25.00
		Austin, TX 78750					
8		oation / Job title (See Instructions)		9 Employer (See Instructions	()		
	Licensed Ps	/chologist					
	Date	Full name of contributor ou	ut-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	05/09/2025	Marks, Alison (Dr.)					\$25.00
		Contributor address; City; State; Zi	ip Code				
		Austin, TX 78750					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
	Licensed Psy	/chologist					
	Date	Full name of contributor Ou	ut-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	05/06/2025	Montfort, Natalie (Dr.)		/		(+)	\$100.00
		Contributor address; City; State; Zi	in Code				
		Communication address, City, State, 21	ip code				
		Houston, TX 77043					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>. </u>		
	Licensed Psy	· · · · · · · · · · · · · · · · · · ·			,		
	Date		ut of otato DAC (ID#)	,		Amount of Contribution (\$)	
	05/06/2025	-	ut-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$100.00
	03/00/2023	Montfort, Natalie (Dr.)					Φ100.00
		Contributor address; City; State; Zi	ip Code				
		Houston, TX 77043					
	Dringinal occu	pation / Job title (See Instructions)	<u>_</u>	Employer (See Instructions			
	Licensed Psy	· · · · · · · · · · · · · · · · · · ·		Employer (See mandenons	')		
					_		
	Date	-	ut-of-state PAC (ID#:_)		Amount of Contribution (\$)	405.00
	01/19/2025	Mooney, Megan (Dr.)					\$25.00
		Contributor address; City; State; Zi	ip Code				
		11 TV 77055					
		Houston, TX 77055			Ļ		
		pation / Job title (See Instructions)		Employer (See Instructions	()		
	Licensed Ps	/chologist					

	MONEI	ARY POLITICAL (CONTRIBUTIO)NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 8/10 Rpt: 11/16	
2	FILER NAME Texas Psych	ological Association PAC			3	Filer ID (Ethics Commission 00016388	Filers)
1	Date	5 Full name of contributor	out-of-state PAC (ID#:	,	7	Amount of Contribution (\$)	
-	02/21/2025	Mooney, Megan (Dr.) 6 Contributor address; City; St			'	Amount of Contribution (4)	\$25.00
		Houston, TX 77055					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Licensed Psy	ychologist					
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Г	Amount of Contribution (\$)	
	03/24/2025	Mooney, Megan (Dr.)	out of state 1 AC (ID#:_			ranount of Contribution (¢)	\$25.00
	00/2-1/2020		esto: Zin Codo				Ψ20.00
		Contributor address; City; St	ate; Zip Code				
		Houston, TX 77055					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Licensed Psy	ychologist					
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	04/22/2025	Mooney, Megan (Dr.)					\$25.00
		Contributor address; City; St	ate; Zip Code				
	5	Houston, TX 77055	`		$\overline{\Gamma}$		
	Licensed Psy	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Licenseu Ps				_		
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	01/29/2025	Parrott, Charlotte (Dr.)					\$20.00
		Contributor address; City; St	ate; Zip Code				
		Bellaire, TX 77401					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>L</u>		
	Licensed Psy	ychologist	,		,		
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Π	Amount of Contribution (\$)	
	03/03/2025	Parrott, Charlotte (Dr.)	_ ` -			()	\$20.00
		Contributor address; City; St	ate; Zip Code		l		
		,	•				
		Bellaire, TX 77401					
		pation / Job title (See Instructions	<u> </u>	Employer (See Instructions	5)		
	Licensed Ps	ychologist					

	MONET	ARY POLITICAL CONTRIBU	JTION	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete	this for	m.	1	Total pages Schedule A1: Sch: 9/10 Rpt: 12/16	
2	FILER NAME Texas Psych	ological Association PAC			3	Filer ID (Ethics Commissio 00016388	n Filers)
4	Date 03/27/2025	 Full name of contributor out-of-state PA Parrott, Charlotte (Dr.) Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$20.00
8	Principal occur	Bellaire, TX 77401 pation / Job title (See Instructions)	l q	Employer (See Instructions) 		
Ü	Licensed Psy			Employer (See instructions	')		
	Date 04/29/2025	Full name of contributor out-of-state PA Parrott, Charlotte (Dr.) Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$20.00
	Delicational account	Bellaire, TX 77401	1	Familia de Constitución de	_		
	Licensed Psy	oation / Job title (See Instructions) rchologist		Employer (See Instructions	5)		
	Date 06/30/2025	Full name of contributor out-of-state PA Parrott, Charlotte (Dr.) Contributor address; City; State; Zip Code	.C (ID#:			Amount of Contribution (\$)	\$100.00
		Bellaire, TX 77401					
	Principal occup	pation / Job title (See Instructions) rchologist		Employer (See Instructions	5)		
	Date 04/15/2025	Full name of contributor out-of-state PA Richeson, Elizabeth (Dr.) Contributor address; City; State; Zip Code El Paso, TX 79912				Amount of Contribution (\$)	\$125.00
	Principal occup Psychologist	oation / Job title (See Instructions)		Employer (See Instructions)		
	Date 06/30/2025	Full name of contributor out-of-state PAROSS, Elizabeth (Dr.) Contributor address; City; State; Zip Code Houston, TX 77098	C (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occup Psychologist	pation / Job title (See Instructions)		Employer (See Instructions Self	i)		
			•				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDU	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 10/10 Rpt: 13/16	
2	FILER NAME Texas Psych	nological Association PAC		3		on Filers)
4	Date 06/30/2025	 Full name of contributor		7	Amount of Contribution (\$)	\$1,000.00
_	Dringing agg	Austin, TX 78746 upation / Job title (See Instructions)	9 Employer (See Instructions	<u></u>		
8	Licensed Ps		9 Employer (See Instructions	>)		
	Date 03/19/2025	Full name of contributor out-of-state PAC (ID#:_ Smith, Randy (Dr.) Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$100.00
		Waco, TX 76710				
	Principal occu Licensed Ps	upation / Job title (See Instructions) sychologist	Employer (See Instructions	s)		
	Date 01/03/2025	Full name of contributor out-of-state PAC (ID#: Williams Thomas, Joycelyn (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
	Principal occu	Fort Worth , TX 76116 upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> S)		
		yenologist				

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
Sch: 1/3 Rpt: 14/16	Texas Psychological Association PAC 00016388		
	7 0		
4 Date	5 Payee name		
01/02/2025	Affinipay		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$22.97	P.O. Box 27074		
Expenditure from corporate funds	Austin, TX 78746		
8 PURPOSE	(b) Description		
OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.		
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
	Online processing fees		
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/OI			
Data			
Date	Payee name		
02/03/2025	Affinipay		
Amount (\$)	Payee address; City; State; Zip Code		
\$32.24	P.O. Box 27074		
Expenditure from corporate funds	Austin, TX 78746		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T.		
EXPENDITURE	Check if Austin, TX, officeholder living expense		
	Online processing fees		
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/OI	-1		
Date	Payee name		
03/03/2025	Payee name Affinipay		
Amount (\$)	Payee address; City; State; Zip Code		
\$17.76	P.O. Box 27074		
Expenditure from			
corporate funds	Austin, TX 78746		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.		
EXPENDITURE	Check if Austin, TX, officeholder living expense		
	Online processing fees		
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/OH			

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	y - Gift/Awards/Memorials Expense Printing Expense Travel Out of District al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	
Sch: 2/3 Rpt: 15/16	Texas Psychological Association PAC Texas Psychological Association PAC 00016388	
•		
4 Date	5 Payee name	
04/02/2025	Affinipay	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$13.06	P.O. Box 27074	
Expenditure from corporate funds	Austin, TX 78746	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF	Fees Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
	Online processing fees	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O	H .	
Date	Payee name	
05/02/2025	Affinipay	
Amount (\$)	Payee address; City; State; Zip Code	
\$17.39	P.O. Box 27074	
Ψ11.09		
Expenditure from	Austin TV 78746	
corporate funds	Austin, TX 78746	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Taxon Complete Schedule T	
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Online processing fees	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O		
Data	Davisa maria	
Date	Payee name Affinition	
06/02/2025	Affinipay	
Amount (\$)	Payee address; City; State; Zip Code	
\$6.37	P.O. Box 27074	
Evponditure from		
Expenditure from corporate funds	Austin, TX 78746	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF	Fees Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
	Online processing fees	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O	п 	
F		

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

sement Solicitation/Fundraising Expense
pense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTIES (poter a category set listed above)

Candidate/Officeholder/Politica Credit Card Payment		,
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 3/3 Rpt: 16/16	Texas Psychological Association PAC	00016388
4 Date	5 Payee name	
01/03/2025	Hilton Fort Worth	
6 Amount (\$) \$4,000.00	7 Payee address; City; State; Zip Code 815 Main St.	
Expenditure from corporate funds	Fort Worth, TX 76102	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) D	Description
OF EXPENDITURE	Event Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ood and beverages for event.
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
Date	Payee name	
02/06/2025	VAN BIBBER, DEBBIE (Ms.)	
Amount (\$)	Payee address; City; State; Zip Code	
\$700.00	12609 Dessau Rd., Lot 519	
Expenditure from corporate funds	Austin, TX 78754	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contract labor
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held