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) 00051030 3 COMMITTEE NAME **OFFICE USE ONLY** Texas Academy of Physician Assistants - PAC Date Received **ELECTRONICALLY FILED** 07/15/2025 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 1426 Gracy Drive Date Hand-delivered or Date Postmarked Change of Address Austin, TX 78758 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Eva NAME NICKNAME LAST **SUFFIX** Montes STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 1426 Gracy Drive STREET **ADDRESS** (Residence or Business) Austin, TX 78758 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 1426 Gracy Drive MAILING **ADDRESS** Austin, TX 78758 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (469) 358-3449 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 χ Primary Runoff Other 03/03/2026 General Special

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME		13 Filer ID	(Ethics Commission Filers)
Texas Academy of Physician Assistants	- PAC	00051030	
14 COMMITTEE ACTIVITY 1. Candidates (Identify by name or, if applicable, classify by	A. Supported party.)		
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed		
Measures (Describe by date and of election and nature of the second se	f issue.)		
	B. Opposed		
Officeholders Assisted (Identify by name or, if applicable, classify by	party.)		
TOTALS PLEDGES, LC CONTRIBUTI check here if thi	EMIZED POLITICAL CONTRIBUTIONS (OTHER THAN DANS, OR GUARANTEES OF LOANS, OR ONS MADE ELECTRONICALLY) s report qualifies for the higher itemization threshold	\$	0.00
	LITICAL CONTRIBUTIONS AN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	2,075.00
EXPENDITURE 3. TOTAL UNITI	EMIZED POLITICAL EXPENDITURES	\$	0.00
4. TOTAL POL	ITICAL EXPENDITURES	\$	675.00
I	FICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST ORTING PERIOD	DAY \$	11,309.49
	CIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT		I	
	I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.		
	Eva I	Montes	
	Signature of Ca	mpaign Treasur	rer
AFFIX NOTARY STAMP / SEAL A	BOVE		
	said, t	his 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 office	er administering oath

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3

					3 of 15
17 CO	MMITTE	E NAME	18 Filer ID	(Ethics Commission	n Filers)
l Te	xas Aca	ademy of Physician Assistants - PAC	00051030	`	,
		E SUBTOTALS		T	
l		SCHEDULE		SUBTOTAL AI	MOUNT
	IVIL OI	SCHEDOLE			
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	2,075.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION	DR	\$	
5.		\$			
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	
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	\$	675.00
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 CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 1/11 Rpt: 4/15	
2	FILER NAME				Filer ID (Ethics Commission	Filers)
	Texas Acade	my of Physician Assistants - PAC			00051030	
4	Date 02/25/2025	 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$50.00
		Dripping Springs, TX 78620				
8			9 Employer (See Instructions)	5)		
	Physician As					
	Date 03/25/2025	Full name of contributor out-of-state PAC (ID#: Akavan P.A., Raquelle Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
		Dripping Springs, TX 78620				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	5)		
	Physician As	sistant				
	Date 04/25/2025	Full name of contributor out-of-state PAC (ID#: Akavan P.A., Raquelle Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
		Dripping Springs, TX 78620				
	Principal occu Physician As	pation / Job title (See Instructions) sistant	Employer (See Instructions)	5)		
	Date 05/25/2025	Full name of contributor out-of-state PAC (ID#:Akavan P.A., Raquelle Contributor address; City; State; Zip Code Dripping Springs, TX 78620			Amount of Contribution (\$)	\$50.00
	Principal occu Physician As	pation / Job title (See Instructions) sistant	Employer (See Instructions)	5)		
	Date 06/25/2025	Full name of contributor out-of-state PAC (ID#: Akavan P.A., Raquelle Contributor address; City; State; Zip Code Dripping Springs, TX 78620			Amount of Contribution (\$)	\$50.00
	Principal occu Physician As	pation / Job title (See Instructions)	Employer (See Instructions)	<u> </u>		
		·				

	MONEI	ARY POLITICAL C	ONTRIBUTIO)NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/11 Rpt: 5/15	
2	FILER NAME Texas Acade	emy of Physician Assistants -	PAC		3	Filer ID (Ethics Commission 00051030	n Filers)
4	Date 03/30/2025	Full name of contributor Baesa PA-C, Hilda Contributor address; City; St	out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	\$35.00
8	Principal occu	Mission, TX 78572		9 Employer (See Instructions			
0	Physician As		9	Employer (See Instructions	>)		
	Date 03/23/2025	Full name of contributor Cambron P.A., Michele Contributor address; City; St	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$35.00
	Principal occu	Saginaw, TX 76131 Ipation / Job title (See Instructions	 s)	Employer (See Instructions	 s)		
	Physician As		<u></u>	, , ,			
	Date 06/01/2025	Full name of contributor Delaney PA-C, James Contributor address; City; St	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$140.00
		Allen, TX 75013					
	Principal occu Physician As	pation / Job title (See Instructions ssistant	;)	Employer (See Instructions	5)		
	Date 02/25/2025	Full name of contributor Delucia P.A., Katie Contributor address; City; St Friendswood, TX 77456	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$50.00
	Principal occu Physician As	pation / Job title (See Instructions ssistant	;)	Employer (See Instructions	5)		
	Date 02/05/2025	Full name of contributor Gibson P.A., Kelly D. Contributor address; City; St	out-of-state PAC (ID#:_		•	Amount of Contribution (\$)	\$35.00
	Principal occu Physician As	pation / Job title (See Instructions ssistant	;)	Employer (See Instructions	s)		

	MONEI	ARY POLITICAL C	ONTRIBUTIO	ons		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 3/11 Rpt: 6/15	
2	FILER NAME Texas Acade	emy of Physician Assistants - I	PAC		3	Filer ID (Ethics Commission 00051030	n Filers)
4	Date 05/31/2025	Full name of contributor Harrison PA-C, April Contributor address; City; Sta	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$70.00
		Houston, TX 77024	,	0.5.1.00.1.1.1			
8	Principal occu Physician As	upation / Job title (See Instructions))	9 Employer (See Instructions SBA Dermatology	5)		
	Date 06/17/2025	Full name of contributor Hawkins-Frost P.A., Edith Contributor address; City; Sta				Amount of Contribution (\$)	\$100.00
	Principal occu Physician As	irving, TX 75060 upation / Job title (See Instructions) ssistant)	Employer (See Instructions	<u> </u> S)		
	Date 01/14/2025	Full name of contributor Kasel P.A., John Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occur	Leander, TX 78641 upation / Job title (See Instructions	<u>)</u>	Employer (See Instructions	<u>s)</u>		
	Physician As	· · · · · · · · · · · · · · · · · · ·	'				
	Date 01/21/2025	Full name of contributor King P.A., Timothy Contributor address; City; Sta)	•	Amount of Contribution (\$)	\$50.00
	Principal occu Physician As	upation / Job title (See Instructions) ssistant)	Employer (See Instructions	5)		
	Date 01/21/2025	Full name of contributor King P.A., Timothy Contributor address; City; Sta	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$35.00
	Principal occu Physician As	upation / Job title (See Instructions) ssistant)	Employer (See Instructions	5)		

	MONEI	NETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1			
	The Instruc	ction Guide explains how t	o complete this f	orm.	1	Total pages Schedule A1: Sch: 4/11 Rpt: 7/15			
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)		
	Texas Acade	my of Physician Assistants - Pa	AC			00051030			
4	Date 01/14/2025	5 Full name of contributor Lauren PA-C, Lauren6 Contributor address; City; Stat	out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	\$45.00		
		Aledo, TX 76107	e, zip code						
8		pation / Job title (See Instructions)		9 Employer (See Instructions	5)				
	Physician As	sistant							
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)			
	03/14/2025	Lauren PA-C, Lauren					\$45.00		
		Contributor address; City; Stat	e; Zip Code						
		Aledo, TX 76107							
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>L</u>				
	Physician As			, , ,					
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Г	Amount of Contribution (\$)			
	02/14/2025	Lauren PA-C, Lauren	_ ((.,	\$45.00		
		Contributor address; City; State; Zip Code							
			-, ,						
		Aledo, TX 76107							
	Principal occu	oation / Job title (See Instructions)		Employer (See Instructions	5)				
	Physician As	sistant							
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)			
	04/14/2025	Lauren PA-C, Lauren	_				\$45.00		
		Contributor address; City; Stat	e; Zip Code						
		Aledo, TX 76107							
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)				
	Physician As	sistant							
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)			
	05/14/2025	Lauren PA-C, Lauren					\$45.00		
		Contributor address; City; Stat	e; Zip Code		İ				
		Aledo, TX 76107							
		pation / Job title (See Instructions)		Employer (See Instructions	s)				
	Physician As	sistant							

	MONET	ARY POLITICAL CONTRIBUTION	ONS 		SCHEDULI	■ A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 5/11 Rpt: 8/15	
2	FILER NAME Texas Acade	emy of Physician Assistants - PAC		3	Filer ID (Ethics Commission 00051030	Filers)
4	Date 06/14/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$45.00
		Aledo, TX 76107				
8	Principal occu Physician As	pation / Job title (See Instructions) sistant	9 Employer (See Instructions	s) 		
	Date 05/16/2025	Full name of contributor out-of-state PAC (ID#:_Malek Seay P.A., Adili Kwasi Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$35.00
	Principal occu Physician As	Austin, TX 78747 pation / Job title (See Instructions) sistant	Employer (See Instructions	<u> </u> S)		
	Date 06/07/2025	Full name of contributor out-of-state PAC (ID#:_McDonald P.A., Katherine Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
	•	Tomball, TX 77377 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Physician As Date 04/07/2025	Full name of contributor out-of-state PAC (ID#:_McDonald P.A., Katherine			Amount of Contribution (\$)	\$25.00
	Principal occu Physician As	oation / Job title (See Instructions) sistant	Employer (See Instructions	5)		
	Date 02/07/2025	Full name of contributor out-of-state PAC (ID#:_McDonald P.A., Katherine Contributor address; City; State; Zip Code Tomball, TX 77377		•	Amount of Contribution (\$)	\$25.00
	Principal occu Physician As	pation / Job title (See Instructions)	Employer (See Instructions	5)		
			1			

	MONEI	ARY POLITICAL C	ONTRIBUTIO)NS		SCHEDULE	■ A1
	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 6/11 Rpt: 9/15	
2	FILER NAME Texas Acade	emy of Physician Assistants - I	PAC		3	Filer ID (Ethics Commission 00051030	Filers)
4	Date 01/07/2025	 Full name of contributor McDonald P.A., Katherine Contributor address; City; St. 	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	\$25.00
•	Dringing Loon	Tomball, TX 77377		Continue (Continue tions	<u></u>		
8	Principal occu Physician As	upation / Job title (See Instructions ssistant)	9 Employer (See Instructions	<u>;)</u>		
	Date 03/07/2025	Full name of contributor McDonald P.A., Katherine Contributor address; City; St.				Amount of Contribution (\$)	\$25.00
	Principal occu	Tomball, TX 77377 upation / Job title (See Instructions	;)	Employer (See Instructions	 s)		
	Physician As		, 		<i>''</i>		
	Date 05/07/2025	Full name of contributor McDonald P.A., Katherine Contributor address; City; St)		Amount of Contribution (\$)	\$25.00
	l	Tomball, TX 77377					
	Principal occu Physician As	upation / Job title (See Instructions ssistant)	Employer (See Instructions	;) 		
	Date 06/03/2025	Full name of contributor Naqvi PA-C, Sumbul Contributor address; City; St)		Amount of Contribution (\$)	\$35.00
	Principal occu Physician As	pation / Job title (See Instructions ssistant)	Employer (See Instructions	<u>1</u>		
	Date 04/15/2025	Full name of contributor Owen-Wyatt P.A., Lydia Contributor address; City; St. Dallas, TX 75228	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$30.00
	Principal occu Physician As	upation / Job title (See Instructions ssistant)	Employer (See Instructions	5)		

	MONEI	ARY POLITICAL C	ONTRIBUTIO)NS		SCHEDULE	■ A1
	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 7/11 Rpt: 10/15	
2	FILER NAME Texas Acade	emy of Physician Assistants - I	PAC		3	Filer ID (Ethics Commission 00051030	Filers)
4	Date 03/15/2025	5 Full name of contributorOwen-Wyatt P.A., Lydia6 Contributor address; City; St.	out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	\$30.00
		Dallas, TX 75228					
8	Principal occu Physician As	upation / Job title (See Instructions ssistant)	9 Employer (See Instructions	5)		
	Date 01/15/2025	Full name of contributor Owen-Wyatt P.A., Lydia Contributor address; City; St	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$30.00
	Principal occu	Dallas, TX 75228 upation / Job title (See Instructions	;)	Employer (See Instructions	 		
	Physician As				,		
	Date 02/15/2025	Full name of contributor Owen-Wyatt P.A., Lydia Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code)		Amount of Contribution (\$)	\$30.00
		Dallas, TX 75228					
	Principal occu Physician As	upation / Job title (See Instructions ssistant)	Employer (See Instructions	5)		
	Date 05/15/2025	Full name of contributor Owen-Wyatt P.A., Lydia Contributor address; City; St. Dallas, TX 75228	out-of-state PAC (ID#:_ ate; Zip Code)		Amount of Contribution (\$)	\$30.00
	Principal occu Physician As	upation / Job title (See Instructions)	Employer (See Instructions	<u>I</u> S)		
	Date 06/15/2025	Full name of contributor Owen-Wyatt P.A., Lydia Contributor address; City; St. Dallas, TX 75228	out-of-state PAC (ID#:_		•	Amount of Contribution (\$)	\$30.00
	Principal occu Physician As	upation / Job title (See Instructions ssistant)	Employer (See Instructions	5)		

	MONEI	ONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1			
	The Instruc	ction Guide explains how	v to complete this f	orm.	1	Total pages Schedule A1: Sch: 8/11 Rpt: 11/15			
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)		
	Texas Acade	emy of Physician Assistants -	PAC			00051030			
4	Date 05/18/2025	5 Full name of contributor Pomales, Jr. PA-C, Rafa6 Contributor address; City; S)	7	Amount of Contribution (\$)	\$35.00		
		Wylie, TX 75098							
8		pation / Job title (See Instruction	s)	9 Employer (See Instructions	5)				
	Physician As	sistant							
	Date 01/15/2025	Full name of contributor Reid, Madison Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$35.00		
		Dallas, TX 75206							
	Principal occu	pation / Job title (See Instruction	s)	Employer (See Instructions	5)				
	Physician As	sistant							
	Date 04/15/2025	Full name of contributor Scott P.A., Margaret Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$30.00		
		Arlington, TX 76005							
	Principal occu Physician As	pation / Job title (See Instruction ssistant	s)	Employer (See Instructions	5)				
	Date 05/15/2025	Full name of contributor Scott P.A., Margaret Contributor address; City; S Arlington, TX 76005	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$30.00		
	Principal occu Physician As	pation / Job title (See Instruction ssistant	s)	Employer (See Instructions	5)				
	Date 01/14/2025	Full name of contributor Scott P.A., Margaret Contributor address; City; S Arlington, TX 76005	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$30.00		
	Principal occu Physician As	pation / Job title (See Instruction sistant	s)	Employer (See Instructions	5)				
_									

	MONEI	ONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1			
	The Instru	ction Guide explains how to	complete this fo	orm.	1	Total pages Schedule A1: Sch: 9/11 Rpt: 12/15			
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)		
	Texas Acade	my of Physician Assistants - PAC	<u> </u>			00051030			
4	Date 02/14/2025	5 Full name of contributor Scott P.A., Margaret	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	\$30.00		
	02/14/2023	6 Contributor address; City; State;	Zin Code				φ30.00		
		Arlington, TX 76005	Zip Gode						
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	<u> </u>				
	Physician As			c Employer (See mediadione	,				
	Date		out-of-state PAC (ID#:_	,	Г	Amount of Contribution (\$)			
	03/14/2025	Scott P.A., Margaret	out-of-state PAC (ID#			Amount of Continuation (4)	\$30.00		
	00,1 2020	Contributor address; City; State;	Zin Code				400.00		
		Contributor address, Sity, State,	Zip Gode						
		Arlington, TX 76005							
	Principal occu	oation / Job title (See Instructions)		Employer (See Instructions	5)				
	Physician Assistant								
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)			
	06/15/2025	Scott P.A., Margaret					\$30.00		
		Contributor address; City; State;	Zip Code						
		Arlington, TX 76005							
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>				
	Physician As				,				
	Date		out-of-state PAC (ID#:)	Г	Amount of Contribution (\$)			
	05/14/2025	Valdez P.A., Isabel	out-oi-state 1 AC (1D#			ranount of contribution (¢)	\$20.00		
	00/1 1/2020	Contributor address; City; State;	Zin Code				Ψ20.00		
		Contributor address, Oity, State,	2.p 0000						
		Houston, TX 77006							
	•	oation / Job title (See Instructions)		Employer (See Instructions	5)				
	Physician As	sistant							
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)			
	01/14/2025	Valdez P.A., Isabel					\$20.00		
		Contributor address; City; State;	Zip Code						
		Houston TV 77006							
	Dringing coor	Houston, TX 77006	1	Employer (See Instructions	·/				
	Physician As	pation / Job title (See Instructions)		Employer (See Instructions)				
_	i ilysiciali As	JiJiWi II							

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A			
	The Instruc	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 10/11 Rpt: 13/15		
2	FILER NAME Texas Acade	emy of Physician Assistants - PAC		3	Filer ID (Ethics Commission 00051030	ı Filers)	
4	Date 02/14/2025	 Full name of contributor		7	Amount of Contribution (\$)	\$20.00	
8		Houston, TX 77006 pation / Job title (See Instructions)	9 Employer (See Instructions	 - s)			
	Physician As Date 04/14/2025	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$20.00	
	Principal occu Physician As	pation / Job title (See Instructions) sistant	Employer (See Instructions	5)			
	Date 03/14/2025	Full name of contributor out-of-state PAC (ID#: Valdez P.A., Isabel Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$20.00	
	Principal occu Physician As	Houston, TX 77006 pation / Job title (See Instructions) sistant	Employer (See Instructions	 - s)			
	Date 06/14/2025	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$20.00	
	Principal occu Physician As	pation / Job title (See Instructions)	Employer (See Instructions	<u>l</u> s)			
	Date 06/09/2025	Full name of contributor out-of-state PAC (ID#: Vela PA-C, Oscar Contributor address; City; State; Zip Code San Juan, TX 78589			Amount of Contribution (\$)	\$35.00	
	Principal occu Physician As	pation / Job title (See Instructions) sistant	Employer (See Instructions	5)			
			•				

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1				
The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 11/11 Rpt: 14/15	
2 FILER NAME Texas Academy of Physician Assistants - PAC			3 Filer ID (Ethics Commission Filers) 00051030	
Date 02/25/2025	5 Full name of contributor out-of-state PAC (ID#:)		7 Amount of Contribution (\$) \$100.00	
	McAllen, TX 78501			
		9 Employer (See Instruction:	s)	
	The Instru FILER NAME Texas Acade Date 02/25/2025	The Instruction Guide explains how to complete this FILER NAME Texas Academy of Physician Assistants - PAC Date 5 Full name of contributor out-of-state PAC (ID) Whetstone P.A., Cassandra 6 Contributor address; City; State; Zip Code	The Instruction Guide explains how to complete this form. FILER NAME Texas Academy of Physician Assistants - PAC Date 02/25/2025 S Full name of contributor out-of-state PAC (ID#:	

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

abursement Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
act Labor OTHER (enter a category not listed above)

Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment		g Expense Travel Out of District s/Wages/Contract Labor OTHER (enter a category not listed above) complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 1/1 Rpt: 15/15	Texas Academy of Physician Assistants - PA	AC 00051030
4 Date	5 Payee name	
01/31/2025	Dominguez, Jesse	
6 Amount (\$)	7 Payee address; City; State; Zip	Code
\$675.00	412 Chaparral Dr.	
Expenditure from		
corporate funds	Leander, TX 78641	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Accounting/Banking	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Accounting Services
9 Complete ONLY if direct	Candidate/Officeholder name Office s	ought Office held
expenditure to benefit C/O	DH	