

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) 00088890	2 Total pages filed: 15
3 COMMITTEE NAME Action Behavior Centers LLC Texas PAC			OFFICE USE ONLY Date Received ELECTRONICALLY FILED 07/13/2025 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1601 South MoPac Expy. C-300 Austin, TX 78746		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Bryan NICKNAME LAST SUFFIX Davey		
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1601 South MoPac Expy. C-300 Austin, TX 78746		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1601 South MoPac Expy. C-300 Austin, TX 78746		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (480) 455-0987		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input checked="" 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 01/01/2025 THROUGH 06/30/2025		
11 ELECTION	ELECTION DATE Month Day Year 03/03/2026	ELECTION TYPE <input checked="" 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 Action Behavior Centers LLC Texas PAC	13 Filer ID (Ethics Commission Filers) 00088890
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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)	\$ 658.00
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	\$ 43,604.05
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.

Bryan Davey

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**FORM GPAC**
COVER SHEET PG 3
3 of 15

17 COMMITTEE NAME Action Behavior Centers LLC Texas PAC		18 Filer ID (Ethics Commission Filers) 00088890
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 358.00
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 checked="" type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$ 300.00
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 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: 1/11 Rpt: 4/15
2 FILER NAME Action Behavior Centers LLC Texas PAC		3 Filer ID (Ethics Commission Filers) 00088890
4 Date 05/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Abigail <hr/> 6 Contributor address; City; State; Zip Code Socorro, TX 79927	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Behavior Therapist		9 Employer (See Instructions) Action Behavior Centers Therapy LLC
Date 05/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Abigail <hr/> Contributor address; City; State; Zip Code Socorro, TX 79927	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Behavior Therapist		Employer (See Instructions) Action Behavior Centers Therapy LLC
Date 05/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Abigail <hr/> Contributor address; City; State; Zip Code Socorro, TX 79927	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Behavior Therapist		Employer (See Instructions) Action Behavior Centers Therapy LLC
Date 06/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Abigail <hr/> Contributor address; City; State; Zip Code Socorro, TX 79927	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Behavior Therapist		Employer (See Instructions) Action Behavior Centers Therapy LLC
Date 05/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Briseida <hr/> Contributor address; City; State; Zip Code Del Valle, TX 78617	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Behavior Therapist		Employer (See Instructions) Action Behavior Centers Therapy LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/11 Rpt: 5/15
2 FILER NAME Action Behavior Centers LLC Texas PAC		3 Filer ID (Ethics Commission Filers) 00088890
4 Date 05/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Briseida <hr/> 6 Contributor address; City; State; Zip Code Del Valle, TX 78617	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Behavior Therapist		9 Employer (See Instructions) Action Behavior Centers Therapy LLC
Date 05/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Briseida <hr/> Contributor address; City; State; Zip Code Del Valle, TX 78617	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Behavior Therapist		Employer (See Instructions) Action Behavior Centers Therapy LLC
Date 06/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Briseida <hr/> Contributor address; City; State; Zip Code Del Valle, TX 78617	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Behavior Therapist		Employer (See Instructions) Action Behavior Centers Therapy LLC
Date 06/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jibawi, Enas <hr/> Contributor address; City; State; Zip Code Fulshear, TX 77441	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Behavior Therapist		Employer (See Instructions) Action Behavior Centers Therapy LLC
Date 01/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knoll, Nicholas <hr/> Contributor address; City; State; Zip Code Arlington, TX 76011	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Behavior Therapist		Employer (See Instructions) Action Behavior Centers Therapy LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/11 Rpt: 6/15
2 FILER NAME Action Behavior Centers LLC Texas PAC		3 Filer ID (Ethics Commission Filers) 00088890
4 Date 01/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knoll, Nicholas <hr/> 6 Contributor address; City; State; Zip Code Arlington, TX 76011	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Behavior Therapist		9 Employer (See Instructions) Action Behavior Centers Therapy LLC
Date 02/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knoll, Nicholas <hr/> Contributor address; City; State; Zip Code Arlington, TX 76011	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Behavior Therapist		Employer (See Instructions) Action Behavior Centers Therapy LLC
Date 02/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knoll, Nicholas <hr/> Contributor address; City; State; Zip Code Arlington, TX 76011	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Behavior Therapist		Employer (See Instructions) Action Behavior Centers Therapy LLC
Date 05/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lasala, Kristine <hr/> Contributor address; City; State; Zip Code Tomball, TX 77375	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Behavior Therapist		Employer (See Instructions) Action Behavior Centers Therapy LLC
Date 05/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lasala, Kristine <hr/> Contributor address; City; State; Zip Code Tomball, TX 77375	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Behavior Therapist		Employer (See Instructions) Action Behavior Centers Therapy LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/11 Rpt: 7/15
2 FILER NAME Action Behavior Centers LLC Texas PAC		3 Filer ID (Ethics Commission Filers) 00088890
4 Date 05/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lasala, Kristine <hr/> 6 Contributor address; City; State; Zip Code Tomball, TX 77375	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Behavior Therapist		9 Employer (See Instructions) Action Behavior Centers Therapy LLC
Date 06/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lasala, Kristine <hr/> Contributor address; City; State; Zip Code Tomball, TX 77375	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Behavior Therapist		Employer (See Instructions) Action Behavior Centers Therapy LLC
Date 02/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linzy, Sydney <hr/> Contributor address; City; State; Zip Code Houston, TX 77040	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Behavior Therapist		Employer (See Instructions) Action Behavior Centers Therapy LLC
Date 02/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linzy, Sydney <hr/> Contributor address; City; State; Zip Code Houston, TX 77040	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Behavior Therapist		Employer (See Instructions) Action Behavior Centers Therapy LLC
Date 03/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linzy, Sydney <hr/> Contributor address; City; State; Zip Code Houston, TX 77040	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Behavior Therapist		Employer (See Instructions) Action Behavior Centers Therapy LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/11 Rpt: 8/15
2 FILER NAME Action Behavior Centers LLC Texas PAC		3 Filer ID (Ethics Commission Filers) 00088890
4 Date 03/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linzy, Sydney <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77040	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Behavior Therapist		9 Employer (See Instructions) Action Behavior Centers Therapy LLC
Date 04/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linzy, Sydney <hr/> Contributor address; City; State; Zip Code Houston, TX 77063	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Behavior Therapist		Employer (See Instructions) Action Behavior Centers Therapy LLC
Date 04/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linzy, Sydney <hr/> Contributor address; City; State; Zip Code Houston, TX 77063	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Behavior Therapist		Employer (See Instructions) Action Behavior Centers Therapy LLC
Date 05/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linzy, Sydney <hr/> Contributor address; City; State; Zip Code Houston, TX 77063	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Behavior Therapist		Employer (See Instructions) Action Behavior Centers Therapy LLC
Date 05/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linzy, Sydney <hr/> Contributor address; City; State; Zip Code Houston, TX 77063	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Behavior Therapist		Employer (See Instructions) Action Behavior Centers Therapy LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/11 Rpt: 9/15
2 FILER NAME Action Behavior Centers LLC Texas PAC		3 Filer ID (Ethics Commission Filers) 00088890
4 Date 05/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linzy, Sydney <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77063	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Behavior Therapist		9 Employer (See Instructions) Action Behavior Centers Therapy LLC
Date 06/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linzy, Sydney <hr/> Contributor address; City; State; Zip Code Houston, TX 77063	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Behavior Therapist		Employer (See Instructions) Action Behavior Centers Therapy LLC
Date 01/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanders, Turquoise <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78244	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Behavior Therapist		Employer (See Instructions) Action Behavior Centers Therapy LLC
Date 01/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanders, Turquoise <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78244	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Behavior Therapist		Employer (See Instructions) Action Behavior Centers Therapy LLC
Date 02/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanders, Turquoise <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78244	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Behavior Therapist		Employer (See Instructions) Action Behavior Centers Therapy LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/11 Rpt: 10/15
2 FILER NAME Action Behavior Centers LLC Texas PAC		3 Filer ID (Ethics Commission Filers) 00088890
4 Date 02/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanders, Turquoise <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78244	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Behavior Therapist		9 Employer (See Instructions) Action Behavior Centers Therapy LLC
Date 01/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schornick, Stephanie <hr/> Contributor address; City; State; Zip Code Katy, TX 77449	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Senior BCBA		Employer (See Instructions) Action Behavior Centers Therapy LLC
Date 01/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schornick, Stephanie <hr/> Contributor address; City; State; Zip Code Katy, TX 77449	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Senior BCBA		Employer (See Instructions) Action Behavior Centers Therapy LLC
Date 02/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schornick, Stephanie <hr/> Contributor address; City; State; Zip Code Katy, TX 77449	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Senior BCBA		Employer (See Instructions) Action Behavior Centers Therapy LLC
Date 02/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schornick, Stephanie <hr/> Contributor address; City; State; Zip Code Katy, TX 77449	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Senior BCBA		Employer (See Instructions) Action Behavior Centers Therapy LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/11 Rpt: 11/15
2 FILER NAME Action Behavior Centers LLC Texas PAC		3 Filer ID (Ethics Commission Filers) 00088890
4 Date 03/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schornick, Stephanie 6 Contributor address; City; State; Zip Code Katy, TX 77449	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Senior BCBA		9 Employer (See Instructions) Action Behavior Centers Therapy LLC
Date 03/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schornick, Stephanie Contributor address; City; State; Zip Code Katy, TX 77449	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Senior BCBA		Employer (See Instructions) Action Behavior Centers Therapy LLC
Date 04/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schornick, Stephanie Contributor address; City; State; Zip Code Katy, TX 77449	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Senior BCBA		Employer (See Instructions) Action Behavior Centers Therapy LLC
Date 04/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schornick, Stephanie Contributor address; City; State; Zip Code Katy, TX 77449	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Senior BCBA		Employer (See Instructions) Action Behavior Centers Therapy LLC
Date 05/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schornick, Stephanie Contributor address; City; State; Zip Code Katy, TX 77449	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Senior BCBA		Employer (See Instructions) Action Behavior Centers Therapy LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/11 Rpt: 12/15
2 FILER NAME Action Behavior Centers LLC Texas PAC		3 Filer ID (Ethics Commission Filers) 00088890
4 Date 05/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schornick, Stephanie <hr/> 6 Contributor address; City; State; Zip Code Katy, TX 77449	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Senior BCBA		9 Employer (See Instructions) Action Behavior Centers Therapy LLC
Date 05/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schornick, Stephanie <hr/> Contributor address; City; State; Zip Code Katy, TX 77449	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Senior BCBA		Employer (See Instructions) Action Behavior Centers Therapy LLC
Date 06/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schornick, Stephanie <hr/> Contributor address; City; State; Zip Code Katy, TX 77449	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Senior BCBA		Employer (See Instructions) Action Behavior Centers Therapy LLC
Date 03/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, India <hr/> Contributor address; City; State; Zip Code Tomball, TX 77377	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Behavior Therapist		Employer (See Instructions) Action Behavior Centers Therapy LLC
Date 03/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, India <hr/> Contributor address; City; State; Zip Code Tomball, TX 77377	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Behavior Therapist		Employer (See Instructions) Action Behavior Centers Therapy LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/11 Rpt: 13/15
2 FILER NAME Action Behavior Centers LLC Texas PAC		3 Filer ID (Ethics Commission Filers) 00088890
4 Date 04/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, India <hr/> 6 Contributor address; City; State; Zip Code Tomball, TX 77377	7 Amount of Contribution (\$) <div style="text-align: right;">\$1.00</div>
8 Principal occupation / Job title (See Instructions) Behavior Therapist		9 Employer (See Instructions) Action Behavior Centers Therapy LLC
Date 04/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, India <hr/> Contributor address; City; State; Zip Code Tomball, TX 77377	Amount of Contribution (\$) <div style="text-align: right;">\$1.00</div>
Principal occupation / Job title (See Instructions) Behavior Therapist		Employer (See Instructions) Action Behavior Centers Therapy LLC
Date 05/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, India <hr/> Contributor address; City; State; Zip Code Tomball, TX 77377	Amount of Contribution (\$) <div style="text-align: right;">\$1.00</div>
Principal occupation / Job title (See Instructions) Behavior Therapist		Employer (See Instructions) Action Behavior Centers Therapy LLC
Date 05/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, India <hr/> Contributor address; City; State; Zip Code Tomball, TX 77377	Amount of Contribution (\$) <div style="text-align: right;">\$1.00</div>
Principal occupation / Job title (See Instructions) Behavior Therapist		Employer (See Instructions) Action Behavior Centers Therapy LLC
Date 05/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, India <hr/> Contributor address; City; State; Zip Code Tomball, TX 77377	Amount of Contribution (\$) <div style="text-align: right;">\$1.00</div>
Principal occupation / Job title (See Instructions) Behavior Therapist		Employer (See Instructions) Action Behavior Centers Therapy LLC

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 Action Behavior Centers LLC Texas PAC		3 Filer ID (Ethics Commission Filers) 00088890
4 Date 06/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, India <hr/> 6 Contributor address; City; State; Zip Code Tomball, TX 77377	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Behavior Therapist		9 Employer (See Instructions) Action Behavior Centers Therapy LLC
Date 01/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Bianca <hr/> Contributor address; City; State; Zip Code Mansfield, TX 76063	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Behavior Therapist		Employer (See Instructions) Action Behavior Centers Therapy LLC
Date 01/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Bianca <hr/> Contributor address; City; State; Zip Code Mansfield, TX 76063	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Behavior Therapist		Employer (See Instructions) Action Behavior Centers Therapy LLC
Date 02/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Bianca <hr/> Contributor address; City; State; Zip Code Mansfield, TX 76063	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Behavior Therapist		Employer (See Instructions) Action Behavior Centers Therapy LLC

MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE **C3**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule C3:
Sch: 1/1 Rpt: 15/15

2 FILER NAME

Action Behavior Centers LLC Texas PAC

3 Filer ID (Ethics Commission Filers)
00088890

4 Date

02/26/2025

5 Corporation / Labor Organization name

Action Behavior Centers LLC

6 Amount (\$)

300.00