

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) 00015890	2 Total pages filed: 22
3 COMMITTEE NAME Texas Veterinary Medical Assn. PAC			OFFICE USE ONLY Date Received ELECTRONICALLY FILED 07/14/2025 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 8104 Exchange Dr. Austin, TX 78754		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Dr. Pamela NICKNAME LAST SUFFIX Delahoussaye DVM		
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2016 Creek Ledge Place Round Rock, TX 78664		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 8104 Exchange Drive Austin, TX 78754		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (979) 229-2351		
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 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 Texas Veterinary Medical Assn. PAC	13 Filer ID (Ethics Commission Filers) 00015890
--	---

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	\$ 65,233.15
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 87,440.85
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 326.41
	4. TOTAL POLITICAL EXPENDITURES	\$ 19,310.14
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 582,666.43
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. Pamela Delahoussaye DVM

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 22

17 COMMITTEE NAME Texas Veterinary Medical Assn. PAC		18 Filer ID (Ethics Commission Filers) 00015890
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 74,440.85
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
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	\$ 1,500.00
7.	<input checked="" type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$ 11,500.00
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 0.00
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 19,310.14
11.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
12.	<input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$ 0.00
13.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
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: 1/3 Rpt: 4/22
2 FILER NAME Texas Veterinary Medical Assn. PAC		3 Filer ID (Ethics Commission Filers) 00015890
4 Date 03/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bratton, Geoffrey (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75206-5017	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Vet		9 Employer (See Instructions) Holt Veterinary Clinic
Date 05/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bratton, Geoffrey (Dr.) <hr/> Contributor address; City; State; Zip Code Dallas, TX 75206-5017	Amount of Contribution (\$) \$53.85
Principal occupation / Job title (See Instructions) Vet		Employer (See Instructions) Holt Veterinary Clinic
Date 03/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carpenter DVM, Janie (Dr.) <hr/> Contributor address; City; State; Zip Code Garland, TX 75044	Amount of Contribution (\$) \$3,000.00
Principal occupation / Job title (See Instructions) Veterinarian		Employer (See Instructions) Richardson Veterinary Clinic
Date 03/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark DVM, Dennis (Dr.) <hr/> Contributor address; City; State; Zip Code Moody, TX 76557	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) veterinarian		Employer (See Instructions) Equine Performance Veterinarians
Date 06/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark DVM, Dennis (Dr.) <hr/> Contributor address; City; State; Zip Code Moody, TX 76557	Amount of Contribution (\$) \$53.85
Principal occupation / Job title (See Instructions) veterinarian		Employer (See Instructions) Equine Performance Veterinarians

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/3 Rpt: 5/22
2 FILER NAME Texas Veterinary Medical Assn. PAC		3 Filer ID (Ethics Commission Filers) 00015890
4 Date 03/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Colborn, Jessica (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Magnolia, TX 77054	7 Amount of Contribution (\$) \$300.00
8 Principal occupation / Job title (See Instructions) Veterinarian		9 Employer (See Instructions) Shady Brook Animal Hospital
Date 03/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Driever DVM, Scott (Dr.) <hr/> Contributor address; City; State; Zip Code TX, TX 77459	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Veterinarian		Employer (See Instructions) Highway 6 Animal Hospital
Date 02/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jankowski DVM, Sean (Dr.) <hr/> Contributor address; City; State; Zip Code Floresville, TX 78114	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Veterinarian		Employer (See Instructions) Deason Animal Hospital
Date 04/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McShane, H. Keven (Dr.) <hr/> Contributor address; City; State; Zip Code The Hills, TX 78738	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Veterinarian		Employer (See Instructions) Self
Date 03/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walthall, Tamara (Dr.) <hr/> Contributor address; City; State; Zip Code Waco, TX 76705	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Veterinarian		Employer (See Instructions) La Vega Veterinary Clinic

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/3 Rpt: 6/22
2 FILER NAME Texas Veterinary Medical Assn. PAC		3 Filer ID (Ethics Commission Filers) 00015890
4 Date 04/23/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Mary Anne (Dr.) <hr/> 6 Contributor address; City; State; Zip Code San Angelo, TX 76903	7 Amount of Contribution (\$) \$300.00
8 Principal occupation / Job title (See Instructions) Veterinarian		9 Employer (See Instructions) Southside Animal Hospital
Date 04/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wurster DVM, Joseph (Dr.) <hr/> Contributor address; City; State; Zip Code Wichita Falls, TX 76308	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) veterinarian		Employer (See Instructions) Colonial Park Veterinary Hospital

PLEDGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:
Sch: 1/1 Rpt: 7/22

2 FILER NAME

Texas Veterinary Medical Assn. PAC

3 Filer ID (Ethics Commission Filers)
00015890

4 TOTAL OF UNITEMIZED PLEDGES

\$ 0.00

5 Date

6 Full name of pledgor ☐ out-of-state PAC (ID#: _____)

7 Pledgor Address; City; State; Zip Code

8 Amount of
pledge (\$)

9 In-kind description
(If applicable)

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

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: 8/22

2 FILER NAME

Texas Veterinary Medical Assn. PAC

3 Filer ID (Ethics Commission Filers)
00015890

4 Date

06/30/2025

5 Corporation / Labor Organization name

Texas Veterinary Medical Association

6 Amount (\$)

1,500.00

NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE **C4**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C4: Sch: 1/1 Rpt: 9/22
2 FILER NAME Texas Veterinary Medical Assn. PAC		3 Filer ID (Ethics Commission Filers) 00015890
4 Date 01/31/2025	5 Corporation / Labor Organization name Texas Veterinary Medical Association	6 Amount (\$) 3,000.00
Date 02/28/2025	Corporation / Labor Organization name Texas Veterinary Medical Association	Amount (\$) 3,000.00
Date 04/30/2025	Corporation / Labor Organization name Texas Veterinary Medical Association	Amount (\$) 2,000.00
Date 05/31/2025	Corporation / Labor Organization name Texas Veterinary Medical Association	Amount (\$) 2,000.00
Date 06/30/2025	Corporation / Labor Organization name Texas Veterinary Medical Association	Amount (\$) 1,500.00

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 1/1 Rpt: 10/22
2 FILER NAME Texas Veterinary Medical Assn. PAC		3 Filer ID (Ethics Commission Filers) 00015890
4 TOTAL OF UNITEMIZED LOANS		\$ 0.00
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial institution?	8 Lender address; City; State; Zip Code	10 Interest Rate
		11 Maturity Date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal occupation		21 Employer (See Instructions)

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
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/12 Rpt: 11/22	2 FILER NAME Texas Veterinary Medical Assn. PAC	3 Filer ID (Ethics Commission Filers) 00015890
4 Date 03/31/2025	5 Payee name Alexander, Troy (Mr.)	
6 Amount (\$) \$991.32 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO BOX 100 AUSTIN, TX 78767	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement for trip to Dallas for fundraising events
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/30/2025	Payee name Allman & Associates, Inc.	
Amount (\$) \$1,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 9600 Great Hills Trail Suite 150W Austin, TX 78759	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Preparation of form 990 with IRS.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/28/2025	Payee name Austin Land and Cattle	
Amount (\$) \$357.33 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1205 N. Lamar Austin, TX 78703	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dinner with lobby team, Rep. Fairly and Rep. Smithee.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/12 Rpt: 12/22	2 FILER NAME Texas Veterinary Medical Assn. PAC	3 Filer ID (Ethics Commission Filers) 00015890
4 Date 06/18/2025	5 Payee name Buckley DVM, Brad (Rep.)	
6 Amount (\$) \$2,500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1321 Pershing Drive Killeen, TX 76549	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/01/2025	Candidate/Officeholder name Chase	
Amount (\$) \$25.38 <input type="checkbox"/> Expenditure from corporate funds	Office sought 270 Park Avenue New York, NY 10017	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/01/2025	Candidate/Officeholder name Chase	
Amount (\$) \$31.82 <input type="checkbox"/> Expenditure from corporate funds	Office sought 270 Park Avenue New York, NY 10017	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/12 Rpt: 13/22	2 FILER NAME Texas Veterinary Medical Assn. PAC	3 Filer ID (Ethics Commission Filers) 00015890
4 Date 04/01/2025	5 Payee name Chase	
6 Amount (\$) \$214.57 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 270 Park Avenue New York, NY 10017	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/01/2025	Candidate/Officeholder name Office sought Office held	
Payee name Chase		
Amount (\$) \$123.11 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 270 Park Avenue New York, NY 10017	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/01/2025	Candidate/Officeholder name Office sought Office held	
Payee name Chase		
Amount (\$) \$61.95 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 270 Park Avenue New York, NY 10017	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/12 Rpt: 14/22	2 FILER NAME Texas Veterinary Medical Assn. PAC	3 Filer ID (Ethics Commission Filers) 00015890
4 Date 03/31/2025	5 Payee name Goodwin, Stephanie	
6 Amount (\$) \$257.50 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 140 Briarpatch Court Austin, TX 78737	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gifts for members of House Ag Committee.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/30/2025	Payee name Minted	
Amount (\$) \$194.79 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 747 Front St San Francisco, CA 94111	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Appreciation gifts for key legislative staff.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/18/2025	Payee name Minuteman Press	
Amount (\$) \$198.87 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 3007 Longhorn Blvd Austin, TX 78758	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postcards for use at Annual Conference
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/12 Rpt: 15/22	2 FILER NAME Texas Veterinary Medical Assn. PAC	3 Filer ID (Ethics Commission Filers) 00015890
4 Date 03/31/2025	5 Payee name Minuteman Press	
6 Amount (\$) \$55.72 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 3007 Longhorn Blvd Austin, TX 78758	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postcards for use K9 Veterans' Day Appreciation
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/31/2025	Payee name Minuteman Press	
Amount (\$) \$21.86 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 3007 Longhorn Blvd Austin, TX 78758	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Flyers for legislative advocacy
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/31/2025	Payee name Minuteman Press	
Amount (\$) \$68.14 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 3007 Longhorn Blvd Austin, TX 78758	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Invites to reception during legislative advocacy day.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/12 Rpt: 16/22	2 FILER NAME Texas Veterinary Medical Assn. PAC	3 Filer ID (Ethics Commission Filers) 00015890
4 Date 02/28/2025	5 Payee name Modern Market	
6 Amount (\$) \$204.92 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 401 Congress Austin, TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch for Rep. Lambert's office
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 01/31/2025	Candidate/Officeholder name Payee name Poinsett PLLC	
Amount (\$) \$140.92 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1122 Colorado Street, Suite 1001 Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel expenses for contract lobbyist.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/28/2025	Candidate/Officeholder name Payee name Poinsett PLLC	
Amount (\$) \$416.30 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1122 Colorado Street, Suite 1001 Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lobbyist exp. reimbursement
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/12 Rpt: 17/22	2 FILER NAME Texas Veterinary Medical Assn. PAC	3 Filer ID (Ethics Commission Filers) 00015890
4 Date 03/31/2025	5 Payee name Poinsett PLLC	
6 Amount (\$) \$1,882.72 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1122 Colorado Street, Suite 1001 Austin, TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lobbyist exp. reimbursement
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/31/2025	Candidate/Officeholder name Office sought Office held	
Payee name Poinsett PLLC		
Amount (\$) \$632.48 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1122 Colorado Street, Suite 1001 Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lobbyist exp. reimbursement
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/30/2025	Candidate/Officeholder name Office sought Office held	
Payee name Poinsett PLLC		
Amount (\$) \$1,255.64 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1122 Colorado Street, Suite 1001 Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lobbyist exp. reimbursement
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/12 Rpt: 18/22	2 FILER NAME Texas Veterinary Medical Assn. PAC	3 Filer ID (Ethics Commission Filers) 00015890
4 Date 03/31/2025	5 Payee name Speak4	
6 Amount (\$) \$2,737.50 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 3001 Washington Blvd Arlington, VA 22201	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advocacy Software
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/30/2025	Candidate/Officeholder name Office sought Office held	
Payee name Speak4		
Amount (\$) \$2,092.50 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 3001 Washington Blvd Arlington, VA 22201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advocacy Software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 01/31/2025	Candidate/Officeholder name Office sought Office held	
Payee name Swedish Hill		
Amount (\$) \$538.60 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1128 W. 6th Austin, TX 78703	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch for Rep. Buckley's office
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/12 Rpt: 19/22	2 FILER NAME Texas Veterinary Medical Assn. PAC	3 Filer ID (Ethics Commission Filers) 00015890
4 Date 01/06/2025	5 Payee name TEXAS LEGISLATIVE SERVICE	
6 Amount (\$) \$237.70 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO BOX 100 AUSTIN, TX 78767	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bill monitoring software subscription.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/05/2025	Candidate/Officeholder name Office sought Office held	
Payee name TEXAS LEGISLATIVE SERVICE		
Amount (\$) \$237.70 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO BOX 100 AUSTIN, TX 78767	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bill monitoring software subscription.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/03/2025	Candidate/Officeholder name Office sought Office held	
Payee name TEXAS LEGISLATIVE SERVICE		
Amount (\$) \$237.70 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO BOX 100 AUSTIN, TX 78767	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bill monitoring software subscription.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 10/12 Rpt: 20/22	2 FILER NAME Texas Veterinary Medical Assn. PAC	3 Filer ID (Ethics Commission Filers) 00015890
4 Date 04/01/2025	5 Payee name TEXAS LEGISLATIVE SERVICE	
6 Amount (\$) \$237.70 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO BOX 100 AUSTIN, TX 78767	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bill monitoring software subscription.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/02/2025	Candidate/Officeholder name Office sought Office held	
Payee name TEXAS LEGISLATIVE SERVICE		
Amount (\$) \$237.70 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO BOX 100 AUSTIN, TX 78767	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bill monitoring software subscription.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/04/2025	Candidate/Officeholder name Office sought Office held	
Payee name TEXAS LEGISLATIVE SERVICE		
Amount (\$) \$237.70 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO BOX 100 AUSTIN, TX 78767	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bill monitoring software subscription.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 11/12 Rpt: 21/22	2 FILER NAME Texas Veterinary Medical Assn. PAC	3 Filer ID (Ethics Commission Filers) 00015890
4 Date 04/11/2025	5 Payee name TEXAS LEGISLATIVE SERVICE	
6 Amount (\$) \$405.94 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO BOX 100 AUSTIN, TX 78767	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Legislative blue books
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 01/25/2025	Candidate/Officeholder name Texans for Lawsuit Reform	
Amount (\$) \$245.00 <input type="checkbox"/> Expenditure from corporate funds	Office sought 919 Congress Suite 455 Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Share of expense for capitol staff holiday party.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/31/2025	Candidate/Officeholder name Texas Business Roundtable	
Amount (\$) \$212.62 <input type="checkbox"/> Expenditure from corporate funds	Office sought 400 W. 15th Suite 1400 Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meeting lunch/breakfast
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 12/12 Rpt: 22/22	2 FILER NAME Texas Veterinary Medical Assn. PAC	3 Filer ID (Ethics Commission Filers) 00015890
4 Date 05/31/2025	5 Payee name Tumble 22	
6 Amount (\$) \$190.03 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2304 Lake Austin Blvd Austin, TX 78703	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch for Rep. Buckley's office
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held