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) 00015890 3 COMMITTEE NAME **OFFICE USE ONLY** Texas Veterinary Medical Assn. PAC Date Received **ELECTRONICALLY FILED** 07/14/2025 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 8104 Exchange Dr. Date Hand-delivered or Date Postmarked Change of Address Austin, TX 78754 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Dr. Pamela NAME NICKNAME LAST **SUFFIX** Delahoussaye DVM STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 2016 Creek Ledge Place STREET **ADDRESS** (Residence or Business) Round Rock, TX 78664 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 8104 Exchange Drive MAILING **ADDRESS** Austin, TX 78754 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (979) 229-2351 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 **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC** COVER SHEET PG 2

| Texas Veterinary Medical Assn. PAC 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.) B. Opposed 3. Officeholders Assisted (identify by name or, if applicable, classify by party.) B. Opposed 3. Officeholders Assisted (identify by name or, if applicable, classify by party.) B. Opposed 3. Officeholders Assisted (identify by name or, if applicable, classify by party.) B. Opposed 3. Officeholders Assisted (identify by name or, if applicable, classify by party.) B. Opposed 3. Officeholders Assisted (identify by name or, if applicable, classify by party.) B. Opposed 3. Officeholders Assisted (identify by name or, if applicable, classify by party.) B. Opposed 3. Officeholders Assisted (identify by name or, if applicable, classify by party) B. Opposed 3. Officeholders Assisted (identify by name or, if applicable, classify by party) B. Opposed 3. Officeholders Assisted (identify by name or, if applicable, classify by party) B. Opposed 3. Officeholders Assisted (identify by name or, if applicable, classify by party) B. Opposed 3. Officeholders Assisted (identify by name or, if applicable, classify by party) B. Opposed 3. Officeholders Assisted (identify by name or, if applicable, classify by party) B. Opposed 3. Officeholders Assisted (identify by name or, if applicable, classify by party) B. Opposed 3. Officeholders Assisted (identify by name or, if applicable, classify by party) B. Opposed 3. Officeholders A | | | | | | |
|---|-------------------------|-----------------------------------|--|-------------|------------|----------------------------|
| A. Supported CITYTY Classification by American (I registration of the control by Internation | | | | | | (Ethics Commission Filers) |
| ACTIVITY Place his per plate processory | Texas Veterinary Medi | cal Assn. PAC | | 00019 | 5890 | |
| CARRICH late: or plant Seport of the cessary Carried | | | A. Supported | | | |
| 2. Measures (Coscrete by Atlan soul locations) 2. Measures (Coscrete by Atlan soul locations) 3. Officeholdiers Assisted Obertic by name or, if approach of section and nature of tissue. 3. Officeholdiers Assisted Obertic by name or, if approach of section and nature of tissue. 5. CONTRIBUTION TOTALS 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS AND E ELECTRONICALLY) check here if this report qualities for the higher itemization threshold 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) 8. 7,440 EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES \$ 3,266 4. TOTAL POLITICAL EXPENDITURES \$ 19,310 CONTRIBUTION BALANCE 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD OUTSTANDING LOAN TOTALS 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD 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. Parmela Delahoussaye DVM Signature of Campaign Treasurer AFFIX NOTARY STAMP / SEAL ABOVE Swom to and subscribed before me, by the said of | ACTIVITY | | | | | |
| Describe by date and location of electron and nature of issue) | paper to complete this | | B. Opposed | | | |
| Describe by date and location of electron and nature of issue) | | | LA Company | | | |
| B. Opposed | | | A. Supported | | | |
| 3. Officeholders Assisted Useptish premior or if speciable classify by party or TOTALS 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) classification of the lighter flemination threshold 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) 8. 7.440 EXPENDITURE TOTALS 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES \$ 2. 4. TOTAL POLITICAL EXPENDITURES \$ 3.26 4. TOTAL POLITICAL EXPENDITURES \$ 3.26 CONTRIBUTION BALANCE 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD 7. Pamela Delahoussaye DVM Signature of Campaign Treasurer AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD 9. TOTAL POLITICAL EXPENDITURES 1. SWEAT, 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. 1. TOTAL POLITICAL EXPENDITURES 1. TOTAL POLITICAL EXPENDITURES 2. TOTAL POLITICAL EXPENDITURES 3. TOTAL POLITICAL EXPENDITURES 3. TOTAL POLITICAL EXPENDITURES 3. TOTAL POLITICAL E | | | | | | |
| ASSISTED ASSISTED | | | B. Opposed | | | |
| ASSISTED ASSIST | | 3. Officeholders | | | | |
| TOTALS PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MORE ELECTRONICALLY) \$ 65,233 | | Assisted (Identify by name or, if | | | | |
| 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES 4. TOTAL POLITICAL EXPENDITURES 5. 19,310 CONTRIBUTION BALANCE 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD 6 AFFIDAVIT 1 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, to certify which, witness my hand and seal of office. | | PLEDGES, LOANS, CONTRIBUTIONS M | OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) | \$ | \$ | 65,233.15 |
| CONTRIBUTION S 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES S 3.26 | | | | | | |
| 4. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD 6. AFFIDAVIT 1 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, to certify which, witness my hand and seal of office. | | | | | \$ | 87,440.85 |
| CONTRIBUTION BALANCE 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD 6. 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 | | 3. TOTAL UNITEMIZED | POLITICAL EXPENDITURES | 5 | \$ | 326.41 |
| BALANCE OF THE REPORTING PERIOD \$ 582,666 OUTSTANDING LOAN TOTALS 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0 6. 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 | | 4. TOTAL POLITICA | L EXPENDITURES | 5 | \$ | 19,310.14 |
| LAST DAY OF THE REPORTING PERIOD 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. | | | | ST DAY | \$ | 582,666.43 |
| 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 | | • | | F THE 5 | \$ | 0.00 |
| true and correct and includes all information required to be reported by me under Title 15, Election Code. Dr. Pamela Delahoussaye DVM | .6 AFFIDAVIT | l | | | | |
| 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. | | | true and correct and includes all in | | | |
| 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. | | | Dr. Damola I | Dolohoussa | ovo DVI | M |
| 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. | | | | | | |
| 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 or | Campaign | reasure | I |
| of, 20, to certify which, witness my hand and seal of office. | AFFIX NOTARY | / STAMP / SEAL ABOVE | | | | |
| | Sworn to and subscribed | d before me, by the said | | _, this the | | day |
| Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath | 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 | | | | | | |
| Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath | | | | | | |
| · · · · · · · · · · · · · · · · · · · | Signature of officer ac | dministering oath | Printed name of officer administering oath | Title o | of officer | administering oath |

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3 3 of 22

| | | | | | 3 of 22 | |
|--|---|--|--------------|----|-----------|--|
| 17 COMMITTEE NAME 18 Filer ID (Ethics Commission Filers) | | | | | | |
| Tex | as Ve | terinary Medical Assn. PAC | 00015890 | | | |
| 19 SCH NAM | HEDUL ME OF | SUBT | OTAL AMOUNT | | | |
| 1. | Х | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ | 74,440.85 | |
| 2. | X | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ | 0.00 | |
| 3. | Х | SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ | 0.00 | |
| 4. | | SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION | DR | \$ | | |
| 5. | | SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION | ATION OR | \$ | | |
| 6. | X | SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG | ANIZATION | \$ | 1,500.00 | |
| 7. | 7. X SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION | | | \$ | 11,500.00 | |
| 8. | | SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR | ORGANIZATION | \$ | | |
| 9. | X | SCHEDULE E: LOANS | | \$ | 0.00 | |
| 10. | X | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION | S | \$ | 19,310.14 | |
| 11. | Х | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ | 0.00 | |
| 12. | Х | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTI | ONS | \$ | 0.00 | |
| 13. | X | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ | 0.00 | |
| 14. | | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION | ONS | \$ | | |
| 15. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED \$ | | | | \$ | | |
| 15. | <u> </u> | | | \$ | | |

| | MONEI | ARY POLITICAL C | ONTRIBUTION | NS | | SCHEDUI | E A1 |
|---|--------------------------------|--|---|---|----------------|--|------------|
| | The Instruc | ction Guide explains how | to complete this for | m. | 1 | Total pages Schedule A1: Sch: 1/3 Rpt: 4/22 | |
| 2 | FILER NAME Texas Veteri | inary Medical Assn. PAC | | | 3 | Filer ID (Ethics Commission 00015890 | on Filers) |
| 4 | Date 03/18/2025 | 5 Full name of contributor Bratton, Geoffrey (Dr.)6 Contributor address; City; St | out-of-state PAC (ID#: ate; Zip Code |) | 7 | Amount of Contribution (\$) | \$1,000.00 |
| 8 | Principal occu Vet | Dallas, TX 75206-5017 pation / Job title (See Instructions | 9 | Employer (See Instructions Holt Veterinary Clinic | 5) | | |
| | Date 05/29/2025 | Full name of contributor Bratton, Geoffrey (Dr.) Contributor address; City; St Dallas, TX 75206-5017 | out-of-state PAC (ID#: ate; Zip Code | | | Amount of Contribution (\$) | \$53.85 |
| | Principal occu Vet | pation / Job title (See Instructions |) | Employer (See Instructions Holt Veterinary Clinic | <u> </u> 5) | | |
| | Date 03/13/2025 | Full name of contributor Carpenter DVM, Janie (Dr Contributor address; City; St | |) | | Amount of Contribution (\$) | \$3,000.00 |
| | Principal occu | Garland, TX 75044 pation / Job title (See Instructions | 1 | Employer (See Instructions | ·, | | |
| | Veterinarian | panorry oob tille (occ monucions | , | Richardson Veterinary C | | ic | |
| | Date 03/29/2025 | Full name of contributor Clark DVM, Dennis (Dr.) Contributor address; City; St Moody, TX 76557 | out-of-state PAC (ID#: ate; Zip Code |) | | Amount of Contribution (\$) | \$1,000.00 |
| | Principal occu veterinarian | pation / Job title (See Instructions |) | Employer (See Instructions Equine Performance Ve | • | inarians | |
| | Date 06/04/2025 | Full name of contributor Clark DVM, Dennis (Dr.) Contributor address; City; St Moody, TX 76557 | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$53.85 |
| | Principal occu veterinarian | pation / Job title (See Instructions | | Employer (See Instructions Equine Performance Ve | | inarians | |
| | | | | | | | |

| | MONEI | ARY POLITICAL C | ONTRIBUTION | IS | | SCHEDUI | E A1 |
|---|--------------------------------|--|--|---|---|--|------------|
| | The Instruc | ction Guide explains how | to complete this for | n. | 1 | Total pages Schedule A1: Sch: 2/3 Rpt: 5/22 | |
| 2 | FILER NAME Texas Veteri | inary Medical Assn. PAC | | | 3 | Filer ID (Ethics Commission 00015890 | on Filers) |
| 4 | Date 03/13/2025 | 5 Full name of contributor Colborn, Jessica (Dr.)6 Contributor address; City; Sta | out-of-state PAC (ID#: atte; Zip Code | | 7 | Amount of Contribution (\$) | \$300.00 |
| | Dringing! goog | Magnolia, TX 77054 | | Employer (See Instructions | <u>, </u> | | |
| 8 | Veterinarian | pation / Job title (See Instructions) | 9 | Employer (See Instructions Shady Brook Animal Ho | | tal | |
| | Date 03/29/2025 | Full name of contributor Driever DVM, Scott (Dr.) Contributor address; City; Sta | out-of-state PAC (ID#: ate; Zip Code |) | | Amount of Contribution (\$) | \$500.00 |
| | 5 | TX, TX 77459 | | 5 1 (0 1 : " | <u>L</u> | | |
| | Veterinarian | pation / Job title (See Instructions) | | Employer (See Instructions Highway 6 Animal Hosp | | | |
| | Date 02/05/2025 | Full name of contributor Jankowski DVM, Sean (Dr Contributor address; City; Sta | ······ | | | Amount of Contribution (\$) | \$1,000.00 |
| | | Floresville, TX 78114 | 1 | | | | |
| | Principal occu Veterinarian | pation / Job title (See Instructions) | | Employer (See Instructions Deason Animal Hospital | | | |
| | Date 04/01/2025 | Full name of contributor McShane, H. Keven (Dr.) Contributor address; City; Sta | out-of-state PAC (ID#: | | | Amount of Contribution (\$) | \$500.00 |
| | Principal occu Veternarian | pation / Job title (See Instructions) | | Employer (See Instructions Self | s) | | |
| | Date 03/18/2025 | Full name of contributor Walthall, Tamara (Dr.) Contributor address; City; Sta Waco, TX 76705 | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$500.00 |
| | Principal occu Veternarian | pation / Job title (See Instructions) | 1 | Employer (See Instructions La Vega Veterinary Clin | | | |
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| | MONET | TARY POLITICAL CONTRIBUTIO | NS | SCHEDULE | A1 |
|---|--|--|---|--|---------|
| | The Instru | ction Guide explains how to complete this fo | 1 Total pages Schedule A1: Sch: 3/3 Rpt: 6/22 | | |
| 2 | FILER NAME Texas Veter | inary Medical Assn. PAC | | 3 Filer ID (Ethics Commission 00015890 | Filers) |
| 4 | 4 Date 04/23/2025 5 Full name of contributor out-of-state PAC (ID#:) White, Mary Anne (Dr.) 6 Contributor address; City; State; Zip Code | | 7 Amount of Contribution (\$) | \$300.00 | |
| 8 | Principal occu | San Angelo, TX 76903 upation / Job title (See Instructions) | 9 Employer (See Instructions | ons) | |
| | Veternarian | | Southside Animal Hosp | spital | |
| | Date Full name of contributor out-of-state PAC (ID#:) 04/07/2025 Wurster DVM, Joseph (Dr.) Contributor address; City; State; Zip Code | | Amount of Contribution (\$) | 1,000.00 | |
| | | Wichita Falls, TX 76308 | | | |
| | Principal occu veterinarian | upation / Job title (See Instructions) | Employer (See Instructions Colonial Park Veterinary | | |
| | | | | | |
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| PLEI | DGED CONTRIBUT | IONS | | | SCHEDUL | ΕВ |
|---------------|---------------------------------------|------------------------|----------------------|--------|---|------------|
| Т | he Instruction Guide expla | ins how to comple | ete this form. | 1 | Total pages Schedule B: Sch: 1/1 Rpt: 7/22 | |
| 2 FILER NAME | | | 3 | | | |
| Texas V | eterinary Medical Assn. PAC | | | | 00015890 | |
| 4 TOTAL | OF UNITEMIZED PLEDGE | S | | | \$ | 0.00 |
| 5 Date | 6 Full name of pledgor | out-of-state PAC (ID#: | |) 8 | Amount of pledge (\$) 9 In-kind description (If applicable) | n |
| | 7 Pledgor Address; | City; State; Zip Code | | | | |
| 40 Data da al | | () | Taa = | | Check if travel outside of Texas. Complete S | Schedule T |
| 10 Principal | occupation / Job title (See Instructi | ons) | 11 Employer (See Ins | tructi | ions) | |
| | | | | | | |
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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 | 2 FILER NAME | | | 3 | Filer ID (Ethics Commission Filers) |
| Texas Veterinary Medical Assn. PAC | | | 00015890 | | |
| 4 | Date | 5 | Corporation / Labor Organization name | 6 | Amount (\$) |
| | 06/30/2025 | | Texas Veterinary Medical Association | | 1,500.00 |

NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C4

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

| | LOANS | | | | | | SCHEE | DULE E |
|----|------------------------------------|-----------------------------------|-----------------|----------------------|-------------|-----------------|--|-------------|
| | The Instructio | on Guide explains how to c | omplete this f | orm. | 1 | | ges Schedule E: 1 Rpt: 10/22 | |
| 2 | FILER NAME Texas Veterinary | y Medical Assn. PAC | | | 3 | Filer ID 000158 | (Ethics Commissi | on Filers) |
| 4 | TOTAL OF UN | IITEMIZED LOANS | | | L | | \$ | 0.00 |
| 5 | Date of loan | 7 Name of lender | out-of-state PA | C (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 | on / Job title (See Instructions) | | 13 Employer (See In | structions) | | | |
| 14 | Description of Coll | ateral | | 15 Check if personal | funds were | deposited | into political accou (See Instruction | |
| 16 | GUARANTOR INFORMATION | 17 Name of guarantor | | | | | 19 Amount Guara | inteed (\$) |
| | not applicable | 18 Guarantor address; City; | State; | Zip Code | | | | |
| | | | | | | | | |
| 20 | Principal occupation | on | | 21 Employer (See In | structions) | | | |
| | | | | | | | | |
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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

ent Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
Travel Out of District

| Candidate/Officenoider/Politica | The Instruction Guide explains how to complete this form. |
|----------------------------------|--|
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| Sch: 1/12 Rpt: 11/22 | Texas Veterinary Medical Assn. PAC 00015890 |
| 4 Date | 5 Payee name |
| 03/31/2025 | Alexander, Troy (Mr.) |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$991.32 | PO BOX 100 |
| - Funanditura from | |
| Expenditure from corporate funds | AUSTIN, TX 78767 |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Event Expense |
| | Check if Austin, TX, officeholder living expense Reimbursement for trip to Dallas for fundraising |
| | events |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/O | |
| Date | Payee name |
| 06/30/2025 | Allman & Associates, Inc. |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$1,500.00 | 9600 Great Hills Trail Suite 150W |
| | |
| Expenditure from corporate funds | Austin, TX 78759 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Consulting Expense |
| _/ | Check if Austin, TX, officeholder living expense Preparation of form 990 with IRS. |
| | reparation of form 350 with inco. |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/O | |
| Date | Payee name |
| 02/28/2025 | Austin Land and Cattle |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$357.33 | 1205 N. Lamar |
| | |
| Expenditure from corporate funds | Austin, TX 78703 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Food/Beverage Expense |
| | Check if Austin, TX, officeholder living expense |
| | Dinner with lobby team, Rep. Fairly and Rep. Smithee. |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/O | |
| | |
| | |
| | |

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

| Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | |
|--|---|
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| Sch: 2/12 Rpt: 12/22 | Texas Veterinary Medical Assn. PAC 00015890 |
| 4 Date | 5 Payee name |
| 06/18/2025 | Buckley DVM, Brad (Rep.) |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$2,500.00 | 1321 Pershing Drive |
| Expenditure from | |
| corporate funds | Killeen, TX 76549 |
| 8 PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| EXPENDITURE | Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | Candidate/Officeholder/Political Committee |
| | Campaign Continuation |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/OI | |
| Date | Payee name |
| 02/01/2025 | Chase |
| | 1 111 |
| Amount (\$) \$25.38 | Payee address; City; State; Zip Code 270 Park Avenue |
| \$25.38 | 270 Park Avenue |
| Expenditure from | |
| corporate funds | New York, NY 10017 |
| PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | Processing fees |
| | 1 Toccssing Ices |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/OI | |
| Date | Davies name |
| 03/01/2025 | Payee name Chase |
| | |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$31.82 | 270 Park Avenue |
| Expenditure from | N |
| corporate funds | New York, NY 10017 |
| PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | Processing fees |
| | . 1000000 19 1000 |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/OI | |
| | |
| | |
| | |

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

| Candidate/Officeholder/Politica Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. |
|---|---|
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| Sch: 3/12 Rpt: 13/22 | Texas Veterinary Medical Assn. PAC 00015890 |
| 4 Date | 5 Payee name |
| 04/01/2025 | Chase |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$214.57 | 270 Park Avenue |
| | |
| Expenditure from corporate funds | New York, NY 10017 |
| 8 PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. |
| | Check if Austin, TX, officeholder living expense Processing fees |
| | 1 Toccssing ices |
| Complete ONLY if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought Office held |
| Date | Payee name |
| 05/01/2025 | Chase |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$123.11 | 270 Park Avenue |
| | |
| Expenditure from corporate funds | New York, NY 10017 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. |
| | Check if Austin, TX, officeholder living expense Processing fees |
| | Flocessing lees |
| Complete ONII V if direct | Condidate/Officeholder name |
| Complete <u>ONLY</u> if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought Office held |
| Date | Payee name |
| 06/01/2025 | Chase |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$61.95 | 270 Park Avenue |
| Expenditure from | New York NV 10017 |
| corporate funds | New York, NY 10017 |
| PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | Processing fees |
| | T roocssing rees |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/O | |
| | |
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SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

| Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | |
|--|--|--|
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) | |
| Sch: 4/12 Rpt: 14/22 | Texas Veterinary Medical Assn. PAC 00015890 | |
| 4 Date | 5 Payee name | |
| 03/31/2025 | Goodwin, Stephanie | |
| 6 Amount (\$) \$257.50 | 7 Payee address; City; State; Zip Code 140 Briarpatch Court | |
| Ψ237.30 | 140 Bharpatch Court | |
| Expenditure from corporate funds | Austin, TX 78737 | |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| OF EXPENDITURE | Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| | Gifts for members of House Ag Committee. | |
| | Cited for members of riouse rig commutes. | |
| Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | |
| experialiture to benefit C/OI | ' | |
| Date | Payee name | |
| 06/30/2025 | Minted | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| \$194.79 | 747 Front St | |
| Expenditure from | | |
| corporate funds | San Francisco, CA 94111 | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| OF EXPENDITURE | Gift/Awards/Memorials Expense | |
| | Check if Austin, TX, officeholder living expense | |
| | Appreciation gifts for key legislative staff. | |
| Complete <u>ONLY</u> if direct | Candidate/Officeholder name Office sought Office held | |
| expenditure to benefit C/OI | | |
| Date | Payee name | |
| 03/18/2025 | Minuteman Press | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| \$198.87 | 3007 Longhorn Blvd | |
| Expenditure from corporate funds | Austin, TX 78758 | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| OF EXPENDITURE | Printing Expense Check if travel outside of Texas. Complete Schedule T. | |
| | Check if Austin, TX, officeholder living expense Postcards for use at Annual Conference | |
| | Posicalus foi use al Affilia Cofficience | |
| Complete <u>ONLY</u> if direct | Candidate/Officeholder name Office sought Office held | |
| expenditure to benefit C/OH | | |
| | | |
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political C

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

| Candidate/Officenolder/Politica Credit Card Payment | The Instruction Guide explains how to complete this form. | |
|--|--|--|
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) | |
| Sch: 5/12 Rpt: 15/22 | Texas Veterinary Medical Assn. PAC 00015890 | |
| 4 Date | 5 Payee name | |
| 03/31/2025 | Minuteman Press | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | |
| \$55.72 | 3007 Longhorn Blvd | |
| | | |
| Expenditure from corporate funds | Austin, TX 78758 | |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| OF EXPENDITURE | Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| | Postcards for use K9 Veterans' Day Appreciation | |
| | Todadiao ini aoo no votorano bay ripproblation | |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | |
| expenditure to benefit C/OI | | |
| Data | David and the second se | |
| Date 03/31/2025 | Payee name Minuteman Press | |
| | | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| \$21.86 | 3007 Longhorn Blvd | |
| Expenditure from | | |
| corporate funds | Austin, TX 78758 | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| OF EXPENDITURE | Printing Expense Check if travel outside of Texas. Complete Schedule T. | |
| | Check if Austin, TX, officeholder living expense Flyers for legislative advocacy | |
| | Tyers for registative advocacy | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | |
| expenditure to benefit C/OI | | |
| Data | Davis same | |
| Date 01/31/2025 | Payee name Minuteman Press | |
| | | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| \$68.14 | 3007 Longhorn Blvd | |
| Expenditure from | | |
| corporate funds | Austin, TX 78758 | |
| PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| EXPENDITURE | Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| | Invites to reception during legislative advocacy day. | |
| | invites to reception during registative advocacy day. | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | |
| expenditure to benefit C/OH | | |
| | | |
| | | |
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SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

| Consuling Expense Contributions/ Donations Made Candidate/Officeholder/Pol Credit Card Payment | | | |
|--|---|--|--|
| 1 Total pages Schedule F | 1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) | | |
| Sch: 6/12 Rpt: 16/22 | 2 Texas Veterinary Medical Assn. PAC 00015890 | | |
| 4 Date | 5 Payee name | | |
| 02/28/2025 | Modern Market | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | | |
| \$204.9 | 2 401 Congress | | |
| — Consoditus from | | | |
| Expenditure from corporate funds | Austin, TX 78701 | | |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | |
| OF EXPENDITURE | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. | | |
| | Check if Austin, TX, officeholder living expense Lunch for Rep. Lambert's office | | |
| | Editor to trop. Earnbert's office | | |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | |
| expenditure to benefit C | | | |
| Date | Payee name | | |
| 01/31/2025 | Poinsett PLLC | | |
| Amount (\$) | Payee address; City; State; Zip Code | | |
| \$140.9 | \$140.92 1122 Colorado Street, Suite 1001 | | |
| | | | |
| Expenditure from corporate funds | Austin, TX 78701 | | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | |
| OF EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | |
| | Travel expenses for contract lobbyist. | | |
| | Traver expenses for contract loss yield | | |
| Complete ONLY if direct | L Candidate/Officeholder name Office sought Office held | | |
| expenditure to benefit C | | | |
| Date | Payee name | | |
| 02/28/2025 | Poinsett PLLC | | |
| Amount (\$) | Payee address; City; State; Zip Code | | |
| \$416.3 | 0 1122 Colorado Street, Suite 1001 | | |
| - Evpanditure from | | | |
| Expenditure from corporate funds | Austin, TX 78701 | | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | |
| OF EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. | | |
| EX ENDITORE | Check if Austin, TX, officeholder living expense | | |
| | Lobbyist exp. reimbursement | | |
| Complete ONLY if direct | t Candidate/Officeholder name Office sought Office held | | |
| expenditure to benefit C | | | |
| | | | |
| | | | |
| Forms provided by Tayas | Ethics Commission Wasse state by us Version V/A 1 0 f10d0fd | | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Credit Card Payment | The Instruction Guide explains how to complete this form. | | |
|---|--|---|--|--|
| 1 | Total pages Schedule F1: | | | |
| _ | Sch: 7/12 Rpt: 17/22 | Texas Veterinary Medical Assn. PAC 00015890 | | |
| 4 | Date | 5 Payee name | | |
| | 03/31/2025 | Poinsett PLLC | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | |
| | \$1,882.72 | 1122 Colorado Street, Suite 1001 | | |
| | | | | |
| | Expenditure from corporate funds | Austin, TX 78701 | | |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | | |
| | EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | |
| | | Lobbyist exp. reimbursement | | |
| | | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held | | |
| | experiditure to beliefit C/OI | <u>'</u> | | |
| | Date | Payee name | | |
| | 03/31/2025 | Poinsett PLLC | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | |
| | \$632.48 | 1122 Colorado Street, Suite 1001 | | |
| | | | | |
| | Expenditure from corporate funds | Austin, TX 78701 | | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | | |
| | EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | |
| | | Lobbyist exp. reimbursement | | |
| | | | | |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held | | |
| | Date | Payee name | | |
| | 06/30/2025 | Poinsett PLLC | | |
| | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code 1122 Colorado Street, Suite 1001 | | |
| | \$1,255.64 | 1122 Colorado Street, Suite 1001 | | |
| | Expenditure from corporate funds | Austin, TX 78701 | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | |
| | OF EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. | | |
| | EXI ENDITORE | Check if Austin, TX, officeholder living expense | | |
| | | Lobbyist exp. reimbursement | | |
| | 0 1. 5 | | | |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held | | |
| | | | | |
| | | | | |
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SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

| Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | |
|--|---|--|
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) | |
| Sch: 8/12 Rpt: 18/22 | Texas Veterinary Medical Assn. PAC O0015890 | |
| 4 Date | 5 Payee name | |
| 03/31/2025 | Speak4 | |
| 6 Amount (\$) \$2,737.50 | 7 Payee address; City; State; Zip Code 3001 Washington Blvd | |
| Ψ2,707.50 | 3001 Washington Diva | |
| Expenditure from corporate funds | Arlington, VA 22201 | |
| 8 PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| | Advocacy Software | |
| | Havoday Sollware | |
| Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | |
| Date | Payee name | |
| 06/30/2025 | Speak4 | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| \$2,092.50 | 3001 Washington Blvd | |
| Expenditure from corporate funds | Arlington, VA 22201 | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| OF EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. | |
| _/ | Check if Austin, TX, officeholder living expense | |
| | Advocacy Software | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | |
| expenditure to benefit C/OI | | |
| Date | Payee name | |
| 01/31/2025 | Swedish Hill | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| \$538.60 | 1128 W. 6th | |
| Expenditure from corporate funds | Austin, TX 78703 | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| OF EXPENDITURE | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. | |
| | Check if Austin, TX, officeholder living expense Lunch for Rep. Buckley's office | |
| | Lunch for Rep. Buckley's office | |
| Complete <u>ONLY</u> if direct | Candidate/Officeholder name Office sought Office held | |
| expenditure to benefit C/OH | | |
| | | |
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| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political C Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | |
|--|--|
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| Sch: 9/12 Rpt: 19/22 | Texas Veterinary Medical Assn. PAC O0015890 |
| 4 Date | 5 Payee name |
| 01/06/2025 | TEXAS LEGISLATIVE SERVICE |
| 6 Amount (\$) \$237.70 | 7 Payee address; City; State; Zip Code PO BOX 100 |
| Expenditure from corporate funds | AUSTIN, TX 78767 |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITORE | Check if Austin, TX, officeholder living expense |
| | Bill monitoring software subscription. |
| Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| Date | Payee name |
| 02/05/2025 | TEXAS LEGISLATIVE SERVICE |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$237.70 | PO BOX 100 |
| Expenditure from corporate funds | AUSTIN, TX 78767 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITORE | Check if Austin, TX, officeholder living expense |
| | Bill monitoring software subscription. |
| | |
| Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| Date | Payee name |
| 03/03/2025 | TEXAS LEGISLATIVE SERVICE |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$237.70 | PO BOX 100 |
| Expenditure from corporate funds | AUSTIN, TX 78767 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. |
| LA LADITORE | Check if Austin, TX, officeholder living expense |
| | Bill monitoring software subscription. |
| Complete Chill V if all | Condidate/Officeholder page Office page 1 |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
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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

| Credit Card Payment | The Instruction Guide explains how to complete this form. | c) |
|---|---|----------------|
| 1 Total pages Schedule F1: | · · · · · · · · · · · · · · · · · · · | n Filers) |
| Sch: 10/12 Rpt: 20/22 | | , |
| 4 Date | 5 Payee name | |
| 04/01/2025 | TEXAS LEGISLATIVE SERVICE | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | |
| \$237.70 | PO BOX 100 | |
| | | |
| Expenditure from corporate funds | AUSTIN, TX 78767 | |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| OF EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| | Bill monitoring software subscription. | |
| | | |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | |
| expenditure to benefit C/OI | | |
| B-4- | | |
| Date | Payee name | |
| 05/02/2025 | TEXAS LEGISLATIVE SERVICE | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| \$237.70 | PO BOX 100 | |
| Expenditure from | | |
| corporate funds | AUSTIN, TX 78767 | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| OF EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. | |
| LAI LIIDITORE | Check if Austin, TX, officeholder living expense | |
| | Bill monitoring software subscription. | |
| | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | |
| | 71 | |
| Date | Payee name | |
| 06/04/2025 | TEXAS LEGISLATIVE SERVICE | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| \$237.70 | PO BOX 100 | |
| | | |
| Expenditure from corporate funds | AUSTIN, TX 78767 | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| OF | Fees Check if travel outside of Texas. Complete Schedule T. | |
| EXPENDITURE | Check if Austin, TX, officeholder living expense | |
| | Bill monitoring software subscription. | |
| | | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | |
| expenditure to benefit C/OI |)H | |
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SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

| | Contributing Donations Made By Candidate/Officeholder/Politica Credit Card Payment | al Committee Legal Services Salaries/We The Instruction Guide explains how to con | pense Travel Out of District ages/Contract Labor OTHER (enter a category not listed above) |
|---|--|---|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| | Sch: 12/12 Rpt: 22/22 | Texas Veterinary Medical Assn. PAC | 00015890 |
| 4 | Date | 5 Payee name | |
| | 05/31/2025 | Tumble 22 | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Coo | de |
| | \$190.03 | 2304 Lake Austin Blvd | |
| | | | |
| | Expenditure from corporate funds | Austin, TX 78703 | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
| | OF EXPENDITURE | Food/Beverage Expense | Check if travel outside of Texas. Complete Schedule T. |
| | LAFENDITORE | | Check if Austin, TX, officeholder living expense |
| | | | Lunch for Rep. Buckley's office |
| | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office soug | ht Office held |
| | | | |