

MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC
COVER SHEET PG 1

The MPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00017343		2 Total pages filed: 7													
3 COMMITTEE NAME Texas Physical Therapy Assn. Inc. PAC				OFFICE USE ONLY Date Received ELECTRONICALLY FILED 08/05/2025 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged													
4 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP 166 Hargraves Drive, Suite C-400-148 Austin, TX 78737																
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Ms. Keri NICKNAME LAST SUFFIX Jackson																
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 166 Hargraves Drive, Suite C-400-148 Austin, TX 78737																
7 CAMPAIGN TREASURER MAILING ADDRESS	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 166 Hargraves Drive, Suite C-400-148 Austin, TX 78737																
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 981-9574																
9 REPORT TYPE	<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Dissolution (Attach PAC-DR)																
10 MONTHLY REPORT FILING DEADLINE	<table border="0"> <tr> <td><input type="checkbox"/> January 5</td> <td><input type="checkbox"/> April 5</td> <td><input type="checkbox"/> July 5</td> <td><input type="checkbox"/> October 5</td> </tr> <tr> <td><input type="checkbox"/> February 5</td> <td><input type="checkbox"/> May 5</td> <td><input checked="" type="checkbox"/> August 5</td> <td><input type="checkbox"/> November 5</td> </tr> <tr> <td><input type="checkbox"/> March 5</td> <td><input type="checkbox"/> June 5</td> <td><input type="checkbox"/> September 5</td> <td><input type="checkbox"/> December 5</td> </tr> </table>					<input type="checkbox"/> January 5	<input type="checkbox"/> April 5	<input type="checkbox"/> July 5	<input type="checkbox"/> October 5	<input type="checkbox"/> February 5	<input type="checkbox"/> May 5	<input checked="" type="checkbox"/> August 5	<input type="checkbox"/> November 5	<input type="checkbox"/> March 5	<input type="checkbox"/> June 5	<input type="checkbox"/> September 5	<input type="checkbox"/> December 5
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<input type="checkbox"/> February 5	<input type="checkbox"/> May 5	<input checked="" type="checkbox"/> August 5	<input type="checkbox"/> November 5														
<input type="checkbox"/> March 5	<input type="checkbox"/> June 5	<input type="checkbox"/> September 5	<input type="checkbox"/> December 5														
11 PERIOD COVERED	Month Day Year THROUGH Month Day Year 06/26/2025 07/25/2025																

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MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME Texas Physical Therapy Assn. Inc. PAC		13 Filer ID (Ethics Commission Filers) 00017343
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 Caroline Harris-Davila State Representative
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	
15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 115.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,668.98
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 3,855.03
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00
16 AFFIDAVIT <div style="text-align: center; margin-top: 100px;">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.</div> <div style="text-align: center; margin-top: 20px;">Ms. Keri Jackson _____ Signature of Campaign Treasurer</div> <div style="margin-top: 40px;">AFFIX NOTARY STAMP / SEAL ABOVE</div> <div style="margin-top: 20px;">Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.</div> <div style="margin-top: 40px;">_____ Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath</div>		

MONTHLY FILING GPAC REPORT: PURPOSE

FORM **MPAC**
ADDENDUM

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12 COMMITTEE NAME

Texas Physical Therapy Assn. Inc. PAC

13 Filer ID

(Ethics Commission Filers)

00017343

**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 Angelia Orr State Representative

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.)

SUBTOTALS - MPAC**FORM MPAC**
COVER SHEET PG 3
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17 COMMITTEE NAME Texas Physical Therapy Assn. Inc. PAC		18 Filer ID (Ethics Commission Filers) 00017343
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 115.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 2,668.98
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/1 Rpt: 5/7
2 FILER NAME Texas Physical Therapy Assn. Inc. PAC		3 Filer ID (Ethics Commission Filers) 00017343
4 Date 07/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderl, Elizabeth <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77007	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Student		9 Employer (See Instructions)
Date 07/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Luciano <hr/> Contributor address; City; State; Zip Code Houston, TX 77096	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Student		Employer (See Instructions)
Date 06/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGehee, Kevin <hr/> Contributor address; City; State; Zip Code Arlington, TX 76013	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Student		Employer (See Instructions)
Date 07/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pientok, Colette <hr/> Contributor address; City; State; Zip Code Houston, TX 77007	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Student		Employer (See Instructions) None

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: 1/2 Rpt: 6/7	2 FILER NAME Texas Physical Therapy Assn. Inc. PAC	3 Filer ID (Ethics Commission Filers) 00017343
4 Date 07/03/2025	5 Payee name CardPointe	
6 Amount (\$) \$65.76 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1000 Continental Dr., Ste. 300 King of Prussia, PA 19406	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Merchant Fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/07/2025	Payee name Caroline Harris-Davila for State Representative	
Amount (\$) \$1,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 700 Round Rock, TX 78680	
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
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/01/2025	Payee name MemberClicks	
Amount (\$) \$14.22 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 3495 Piedmont Rd NE Bldg. 11, Ste. 800 Atlanta, GA 30305	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Merchant Fees
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: 2/2 Rpt: 7/7	2 FILER NAME Texas Physical Therapy Assn. Inc. PAC	3 Filer ID (Ethics Commission Filers) 00017343
4 Date 07/05/2025	5 Payee name NR Bookkeeping LLC	
6 Amount (\$) \$87.00	7 Payee address; City; State; Zip Code PO Box 91061 Austin, TX 78709-1061	
<input checked="" type="checkbox"/> Expenditure from corporate funds		
8 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 Compliance Consulting
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/07/2025	Payee name Rep. Angelia Orr Campaign	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code PO Box 113 Itasca, TX 76055	
<input type="checkbox"/> Expenditure from corporate funds		
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
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/02/2025	Payee name Zelle	
Amount (\$) \$2.00	Payee address; City; State; Zip Code 16552 N. 90th St. Scottsdale, AZ 85260	
<input checked="" type="checkbox"/> Expenditure from corporate funds		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Merchant Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held