

CORRECTION/AMENDMENT AFFIDAVIT FOR POLITICAL COMMITTEE

FORM COR-PAC

1 Filer ID (Ethics Commission Filers) 00016041		2 Total pages filed: 11		OFFICE USE ONLY	
3 COMMITTEE NAME Texas Society Of Certified Public Accountants PAC				Date Received ELECTRONICALLY FILED 12/23/2025	
4 TREASURER NAME Besserman, Kenneth (Mr.)				Date Hand-delivered or Date Postmarked	
5 ORIGINAL REPORT TYPE		<input type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election		<input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer resignation <input type="checkbox"/> Dissolution report <input checked="" type="checkbox"/> Other (specify) <u>April 5</u>	
6 ORIGINAL PERIOD COVERED		Month Day Year 02/26/2025		Month Day Year THROUGH 03/25/2025	
				Receipt # Amount	
				Date Processed	
				Date Imaged	

7 EXPLANATION OF CORRECTION

Schedules F3 and K were omitted from the original report. We have included those amended schedules F3 and K in this correction. The cash on hand and contributors names have been appropriately adjusted. The original report was filed in good faith and with no intent to mislead or misrepresent the contents of the report.

8 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check the box next to any and all applicable statements:

☐ **Semiannual reports:** I swear or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

☒ **Other reports:** I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Mr. Kenneth Besserman

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

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

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) 00016041		2 Total pages filed: 11	
3 COMMITTEE NAME Texas Society Of Certified Public Accountants PAC				OFFICE USE ONLY Date Received ELECTRONICALLY FILED 12/23/2025 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
4 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP 14131 Midway Rd., Suite 850 Addison, TX 75001				
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Kenneth NICKNAME LAST SUFFIX Besserman				
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 10810 Sierra Oaks Austin, TX 78759				
7 CAMPAIGN TREASURER MAILING ADDRESS	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE TX				
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 532-5441				
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	<input type="checkbox"/> January 5 <input checked="" 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 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 02/26/2025 THROUGH 03/25/2025				

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MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC
COVER SHEET PG 2

12 COMMITTEE NAME Texas Society Of Certified Public Accountants PAC		13 Filer ID (Ethics Commission Filers) 00016041
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
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,245.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,257,130.90
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.

Mr. Kenneth Besserman

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 - MPAC**FORM MPAC**
COVER SHEET PG 3
4 of 11

17 COMMITTEE NAME Texas Society Of Certified Public Accountants PAC		18 Filer ID (Ethics Commission Filers) 00016041
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,245.00
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 type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$ 37,764.61
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 checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 16,348.58

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/3 Rpt: 5/11
2 FILER NAME Texas Society Of Certified Public Accountants PAC		3 Filer ID (Ethics Commission Filers) 00016041
4 Date 03/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Besserman, Kenneth <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78731-4990	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Other		9 Employer (See Instructions) Texas Society of CPAs Austin
Date 02/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cadena, Anita <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78414-3146	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Executive Officer		Employer (See Instructions) Rally Credit Union
Date 03/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Colon, Ricardo <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77713-4183	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Professor/Teacher/Trainer		Employer (See Instructions) Lamar University School of Accounting Finance & Economics
Date 02/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dierschke, Tina Marie <hr/> Contributor address; City; State; Zip Code San Angelo, TX 76903-5814	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Director/Department Head		Employer (See Instructions) City of San Angelo
Date 03/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Ana Karina <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76116-5733	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Controller		Employer (See Instructions) Baird Hampton & Brown Inc

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/3 Rpt: 6/11
2 FILER NAME Texas Society Of Certified Public Accountants PAC		3 Filer ID (Ethics Commission Filers) 00016041
4 Date 03/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holm, Paul Brendan <hr/> 6 Contributor address; City; State; Zip Code Victoria, TX 77904-1626	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Other		9 Employer (See Instructions) Paul B Holm & Company PLLC
Date 02/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keller, Thomas Lane <hr/> Contributor address; City; State; Zip Code Victoria, TX 77901-8142	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Sole Practitioner		Employer (See Instructions) Keller & Associates CPAs PLLC
Date 02/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morales, David John <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78401-0862	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Principal		Employer (See Instructions) Gowland Morales & Smith PLLC
Date 03/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morgan, Stephanie Therese <hr/> Contributor address; City; State; Zip Code Tyler, TX 75703-0413	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) Maxwell Locke & Ritter LLP
Date 03/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Okafor, Christopher O <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78665-3922	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Other		Employer (See Instructions) Okafor & Associates PC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/3 Rpt: 7/11
2 FILER NAME Texas Society Of Certified Public Accountants PAC		3 Filer ID (Ethics Commission Filers) 00016041
4 Date 03/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Triska, Jeremy 6 Contributor address; City; State; Zip Code Beaumont, TX 77706-3648	7 Amount of Contribution (\$) \$125.00
8 Principal occupation / Job title (See Instructions) Other		9 Employer (See Instructions) Wathen DeShong & Juncker LLP
Date 03/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wood, Reed Glenn Contributor address; City; State; Zip Code Kingwood, TX 77345-1761	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Carrtegra LLC

PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F3: Sch: 1/2 Rpt: 8/11
2 FILER NAME Texas Society Of Certified Public Accountants PAC		3 Filer ID (Ethics Commission Filers) 00016041
4 Date 03/25/2025	5 Name of person from whom investment is purchased Vanguard	
	6 Address of person from whom investment is purchased; City; State; Zip Code PO BOX 3009 Monroe, WI 53566	
	7 Description of investment Purchase of VNQ	
	8 Amount of investment (\$) 1,614.99	
Date 03/25/2025	Name of person from whom investment is purchased Vanguard	
	Address of person from whom investment is purchased; City; State; Zip Code PO BOX 3009 Monroe, WI 53566	
	Description of investment Purchase of VBR	
	Amount of investment (\$) 1,624.63	
Date 03/25/2025	Name of person from whom investment is purchased Vanguard	
	Address of person from whom investment is purchased; City; State; Zip Code PO BOX 3009 Monroe, WI 53566	
	Description of investment Purchase of VCSH	
	Amount of investment (\$) 16,975.79	
Date 03/25/2025	Name of person from whom investment is purchased Vanguard	
	Address of person from whom investment is purchased; City; State; Zip Code PO BOX 3009 Monroe, WI 53566	
	Description of investment Purchase of VEA	
	Amount of investment (\$) 1,634.61	

PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F3: Sch: 2/2 Rpt: 9/11
2 FILER NAME Texas Society Of Certified Public Accountants PAC		3 Filer ID (Ethics Commission Filers) 00016041
4 Date 03/25/2025	5 Name of person from whom investment is purchased Vanguard	
	6 Address of person from whom investment is purchased; City; State; Zip Code PO BOX 3009 Monroe, WI 53566	
	7 Description of investment Purchase of VOT	
	8 Amount of investment (\$) 550.53	
Date 03/25/2025	Name of person from whom investment is purchased Vanguard	
	Address of person from whom investment is purchased; City; State; Zip Code PO BOX 3009 Monroe, WI 53566	
	Description of investment Purchase of VWO	
	Amount of investment (\$) 2,213.92	
Date 03/25/2025	Name of person from whom investment is purchased Vanguard	
	Address of person from whom investment is purchased; City; State; Zip Code PO BOX 3009 Monroe, WI 53566	
	Description of investment Purchase of BSV	
	Amount of investment (\$) 13,150.14	

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 1/2 Rpt: 10/11
2 FILER NAME Texas Society Of Certified Public Accountants PAC		3 Filer ID (Ethics Commission Filers) 00016041
4 Date 03/25/2025	5 Name of person from whom amount is received Vanguard	8 Amount (\$) \$2,099.00
	6 Address of person from whom amount is received; City; State; Zip Code Monroe, WI 53566	
	7 Purpose for which amount is received Dividend Income <input type="checkbox"/> Check if political contribution returned to filer	
Date 03/25/2025	Name of person from whom amount is received Vanguard	Amount (\$) \$9.64
	Address of person from whom amount is received; City; State; Zip Code Monroe, WI 53566	
	Purpose for which amount is received Interest Income <input type="checkbox"/> Check if political contribution returned to filer	
Date 03/25/2025	Name of person from whom amount is received Vanguard	Amount (\$) \$9,314.77
	Address of person from whom amount is received; City; State; Zip Code Monroe, WI 53566	
	Purpose for which amount is received Sale of VCIT <input type="checkbox"/> Check if political contribution returned to filer	
Date 03/25/2025	Name of person from whom amount is received Vanguard	Amount (\$) \$548.71
	Address of person from whom amount is received; City; State; Zip Code Monroe, WI 53566	
	Purpose for which amount is received Sale of VOE <input type="checkbox"/> Check if political contribution returned to filer	
Date 03/25/2025	Name of person from whom amount is received Vanguard	Amount (\$) \$3,278.37
	Address of person from whom amount is received; City; State; Zip Code Monroe, WI 53566	
	Purpose for which amount is received Sale of VTV <input type="checkbox"/> Check if political contribution returned to filer	

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:
Sch: 2/2 Rpt: 11/11

2 FILER NAME

Texas Society Of Certified Public Accountants PAC

3 Filer ID (Ethics Commission Filers)
00016041

4 Date

03/25/2025

5 Name of person from whom amount is received

Vanguard

8 Amount (\$)

\$1,098.09

6 Address of person from whom amount is received; City; State; Zip Code

Monroe, WI 53566

7 Purpose for which amount is received

Sale of VUG

☐ Check if political contribution returned to filer