

CORRECTION/AMENDMENT AFFIDAVIT FOR POLITICAL COMMITTEE

FORM COR-PAC

1 Filer ID (Ethics Commission Filers) 00016041		2 Total pages filed: 15		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>September 5</u>	
6 ORIGINAL PERIOD COVERED		Month Day Year 07/26/2025		Month Day Year THROUGH 08/25/2025	
				Receipt # Amount Date Processed Date Imaged	

7 EXPLANATION OF CORRECTION

Schedule K was omitted from the original report. We have included the amended schedule K in this correction. In addition, Schedule F1 has been updated to correct an amount previously reported for an expenditure. 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: 15	
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 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 checked="" type="checkbox"/> September 5 <input type="checkbox"/> December 5				
11 PERIOD COVERED	Month Day Year THROUGH Month Day Year 07/26/2025 08/25/2025				

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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)	\$ 4,000.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 32,000.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,311,554.65
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 15

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	\$ 4,000.00
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	\$ 32,000.00
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 checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 335.42
15.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 7,604.90

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/3 Rpt: 5/15
2 FILER NAME Texas Society Of Certified Public Accountants PAC		3 Filer ID (Ethics Commission Filers) 00016041
4 Date 08/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Agulnek, Arthur <hr/> 6 Contributor address; City; State; Zip Code Plano, TX 75093-7228	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Professor/Teacher/Trainer		9 Employer (See Instructions) University of Texas at Dallas
Date 07/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Collins, Jared <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76109-4435	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Manager/Supervisor		Employer (See Instructions) JTaylor & Associates LLC
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donnelly, David <hr/> Contributor address; City; State; Zip Code Houston, TX 77056-1949	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Partner		Employer (See Instructions) Carr Riggs & Ingram LLC
Date 08/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eaton, Jeffery <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76111-2328	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Partner		Employer (See Instructions) Spillar Mitcham Eaton & Bicknell LLP
Date 08/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Green, Duncan <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79401-3598	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Shareholder		Employer (See Instructions) D Brad Green PC CPA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/3 Rpt: 6/15
2 FILER NAME Texas Society Of Certified Public Accountants PAC		3 Filer ID (Ethics Commission Filers) 00016041
4 Date 08/11/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lyons, Kimberly <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75244-6150	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Accountant		9 Employer (See Instructions) Huselton Morgan & Maulsby PC
Date 08/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melanie, Geist <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209-6807	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Managing Partner		Employer (See Instructions) Aprio
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ONeal, Thomas <hr/> Contributor address; City; State; Zip Code Houston, TX 77002-1639	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Shareholder		Employer (See Instructions) ONealCPA PLLC
Date 07/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ratliff, Kyle <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) Tenet Healthcare
Date 08/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Skrobarczyk, Jennifer <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78404-2306	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Chief Financial Officer		Employer (See Instructions) Fulton Construction Corp

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/3 Rpt: 7/15
2 FILER NAME Texas Society Of Certified Public Accountants PAC		3 Filer ID (Ethics Commission Filers) 00016041
4 Date 08/23/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephens, Larry <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78758-3101	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Professor/Teacher/Trainer		9 Employer (See Instructions) Austin Community College District
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strittmatter, Katelyn <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76102-4820	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) Whitley Penn LLP
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Svoboda, Frank <hr/> Contributor address; City; State; Zip Code Mckinney, TX 75070-5934	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Officer		Employer (See Instructions) Globe Life Inc.
Date 07/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woolley, Leslie Denise <hr/> Contributor address; City; State; Zip Code Cleburne, TX 76033-4126	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Manager/Supervisor		Employer (See Instructions) Gilliam Wharram & Co PC

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: 1/4 Rpt: 8/15	2 FILER NAME Texas Society Of Certified Public Accountants PAC	3 Filer ID (Ethics Commission Filers) 00016041
4 Date 08/07/2025	5 Payee name Alan Schoolcraft Campaign	
6 Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 8647 FM 725 McQueeney, TX 78123	
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 Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/21/2025	Payee name Angie Chen Button Campaign	
Amount (\$) \$2,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1201 International Parkway Suite 130 Richardson, TX 75081	
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 Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/07/2025	Payee name Ben Bumgarner Campaign - HD63	
Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2201 Spinks Rd, Suite 250 Flower Mound, TX 75022	
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 Contribution
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: 2/4 Rpt: 9/15	2 FILER NAME Texas Society Of Certified Public Accountants PAC	3 Filer ID (Ethics Commission Filers) 00016041
4 Date 08/07/2025	5 Payee name CHRISTINA MORALES CAMPAIGN	
6 Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 6815 Rustic Street Houston, TX 77087	
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 Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/07/2025	Payee name DUSTIN BURROWS CAMPAIGN, HD083	
Amount (\$) \$25,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 2569 Lubbock, TX 79408	
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 Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/07/2025	Payee name Ellen Troxclair Campaign	
Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 701 HWY 281 Suite H #196 Marble Falls, TX 78654	
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 Contribution
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: 3/4 Rpt: 10/15	2 FILER NAME Texas Society Of Certified Public Accountants PAC	3 Filer ID (Ethics Commission Filers) 00016041
4 Date 08/07/2025	5 Payee name Joe Moody Campaign	
6 Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P. O. Box 2910 Austin, TX 78768	
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 Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/07/2025	Payee name NICOLE COLLIER CAMPAIGN HD95	
Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 101 S. Jennings, Suite 103C Fort Worth, TX 76104	
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 Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/07/2025	Payee name PENNY MORALES SHAW CAMPAIGN	
Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 925991 Houston, TX 77292	
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 Contribution
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: 4/4 Rpt: 11/15	2 FILER NAME Texas Society Of Certified Public Accountants PAC	3 Filer ID (Ethics Commission Filers) 00016041
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4 Date 08/07/2025	5 Payee name Rhetta Bowers Campaign
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6 Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 3526 Lakeview Parkway Ste. B #211 Rowlett, TX 75088
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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 Contribution
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/07/2025	Payee name TOM CRADDICK CAMPAIGN HD82
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Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code Two Lakes Drive Midland, TX 78705
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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 Contributions.
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 1/1 Rpt:	2 FILER NAME Texas Society Of Certified Public Accountants PAC	3 Filer ID (Ethics Commission Filers) 00016041
4 Date 08/01/2025	5 Payee name Proviso Cache Holdings Corp (DBA Kerr Consulting)	
6 Amount (\$) 335.42 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 25510 McDonald Rd The Woodlands, TX 77380	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Check Stock

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: 1/3 Rpt: 13/15
2 FILER NAME Texas Society Of Certified Public Accountants PAC		3 Filer ID (Ethics Commission Filers) 00016041
4 Date 08/07/2025	5 Name of person from whom amount is received Alan Schoolcraft Campaign	8 Amount (\$) \$500.00
	6 Address of person from whom amount is received; City; State; Zip Code Austin, TX 78768	
	7 Purpose for which amount is received Check not cashed <input checked="" type="checkbox"/> Check if political contribution returned to filer	
Date 08/07/2025	Name of person from whom amount is received Ben Bumgarner	Amount (\$) \$500.00
	Address of person from whom amount is received; City; State; Zip Code Flower Mound, TX 75022	
	Purpose for which amount is received Check not cashed <input checked="" type="checkbox"/> Check if political contribution returned to filer	
Date 08/07/2025	Name of person from whom amount is received Christina Morales Campaign	Amount (\$) \$500.00
	Address of person from whom amount is received; City; State; Zip Code Austin, TX 78768	
	Purpose for which amount is received Check not cashed <input checked="" type="checkbox"/> Check if political contribution returned to filer	
Date 08/07/2025	Name of person from whom amount is received Dustin Burrows Campaign	Amount (\$) \$1,750.00
	Address of person from whom amount is received; City; State; Zip Code Lubbock, TX 79408	
	Purpose for which amount is received Check not cashed <input checked="" type="checkbox"/> Check if political contribution returned to filer	
Date 08/07/2025	Name of person from whom amount is received Nicole Collier Campaign	Amount (\$) \$500.00
	Address of person from whom amount is received; City; State; Zip Code Austin, TX 78768	
	Purpose for which amount is received Check not cashed. <input checked="" 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: 2/3 Rpt: 14/15
2 FILER NAME Texas Society Of Certified Public Accountants PAC		3 Filer ID (Ethics Commission Filers) 00016041
4 Date 08/07/2025	5 Name of person from whom amount is received Penny Morales Shaw Campaign	8 Amount (\$) \$500.00
	6 Address of person from whom amount is received; City; State; Zip Code Houston, TX 77292	
	7 Purpose for which amount is received Check not cashed. <input checked="" type="checkbox"/> Check if political contribution returned to filer	
Date 08/07/2025	Name of person from whom amount is received Rep. Ellen Troxclair	Amount (\$) \$500.00
	Address of person from whom amount is received; City; State; Zip Code Marble Falls, TX 78654	
	Purpose for which amount is received Check not cashed <input checked="" type="checkbox"/> Check if political contribution returned to filer	
Date 08/07/2025	Name of person from whom amount is received Rep. Joe Moody Campaign	Amount (\$) \$500.00
	Address of person from whom amount is received; City; State; Zip Code El Paso, TX 79912	
	Purpose for which amount is received Check not cashed <input checked="" type="checkbox"/> Check if political contribution returned to filer	
Date 08/07/2025	Name of person from whom amount is received Rep. Rhetta Bowers Campaign	Amount (\$) \$500.00
	Address of person from whom amount is received; City; State; Zip Code Rowlett, TX 75088	
	Purpose for which amount is received Check not cashed <input checked="" type="checkbox"/> Check if political contribution returned to filer	
Date 08/07/2025	Name of person from whom amount is received Rep. Tom Craddick	Amount (\$) \$1,000.00
	Address of person from whom amount is received; City; State; Zip Code Midland, TX 79701	
	Purpose for which amount is received Check not cashed <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: 3/3 Rpt: 15/15

2 FILER NAME

Texas Society Of Certified Public Accountants PAC

3 Filer ID (Ethics Commission Filers)
00016041

4 Date
08/25/2025

5 Name of person from whom amount is received

Vanguard

8 Amount (\$)

\$850.00

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

☐ Check if political contribution returned to filer

Date
08/25/2025

Name of person from whom amount is received

Vanguard

Amount (\$)

\$4.90

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

Monroe, WI 53566

Purpose for which amount is received

Interest Income

☐ Check if political contribution returned to filer