

# 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<br>(Ethics Commission Filers)<br>00017343 |  | 2 Total pages filed:<br>5                                                                                                                                             |  |
| 3 COMMITTEE NAME<br>Texas Physical Therapy Assn. Inc. PAC      |                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                      |  | OFFICE USE ONLY<br>Date Received<br>ELECTRONICALLY FILED<br>01/05/2026<br>Date Hand-delivered or Date Postmarked<br>Receipt # Amount<br>Date Processed<br>Date Imaged |  |
| 4 COMMITTEE ADDRESS                                            | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP<br>166 Hargraves Drive, Suite C-400-148<br><br>Austin, TX 78737                                                                                                                                                                                                                                                                                                                          |                                                      |  |                                                                                                                                                                       |  |
| 5 CAMPAIGN TREASURER NAME                                      | MS / MRS / MR FIRST MI<br>Ms. Keri<br><br>NICKNAME LAST SUFFIX<br>Jackson                                                                                                                                                                                                                                                                                                                                                                  |                                                      |  |                                                                                                                                                                       |  |
| 6 CAMPAIGN TREASURER STREET ADDRESS<br>(Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br>166 Hargraves Drive, Suite C-400-148<br><br>Austin, TX 78737                                                                                                                                                                                                                                                                                                    |                                                      |  |                                                                                                                                                                       |  |
| 7 CAMPAIGN TREASURER MAILING ADDRESS                           | STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>166 Hargraves Drive, Suite C-400-148<br><br>Austin, TX 78737                                                                                                                                                                                                                                                                                                             |                                                      |  |                                                                                                                                                                       |  |
| 8 CAMPAIGN TREASURER PHONE                                     | AREA CODE PHONE NUMBER EXTENSION<br>(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                              | <input checked="" type="checkbox"/> January 5 <input type="checkbox"/> April 5 <input type="checkbox"/> July 5 <input type="checkbox"/> October 5<br><input type="checkbox"/> February 5 <input type="checkbox"/> May 5 <input type="checkbox"/> August 5 <input type="checkbox"/> November 5<br><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<br>11/26/2025    12/25/2025                                                                                                                                                                                                                                                                                                                                                                    |                                                      |  |                                                                                                                                                                       |  |

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# MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

## FORM MPAC COVER SHEET PG 2

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                   |                                                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| <b>12 COMMITTEE NAME</b><br>Texas Physical Therapy Assn. Inc. PAC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                   | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00017343 |
| <b>14 COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)                                                                                                                                                                  | A. Supported                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                   | B. Opposed                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)                                                                                                                                                            | A. Supported                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                   | B. Opposed                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.)                                                                                                                                                      |                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                   |                                                           |
| <b>15 CONTRIBUTION TOTALS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b><br><input type="checkbox"/> check here if this report qualifies for the higher itemization threshold | \$ 0.00                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>2. TOTAL POLITICAL CONTRIBUTIONS</b><br>(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                                                                                                                                    | \$ 0.00                                                   |
| EXPENDITURE TOTALS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>                                                                                                                                                                                                 | \$ 0.00                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>4. TOTAL POLITICAL EXPENDITURES</b>                                                                                                                                                                                                            | \$ 178.12                                                 |
| CONTRIBUTION BALANCE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>                                                                                                                                                     | \$ 2,862.17                                               |
| OUTSTANDING LOAN TOTALS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>                                                                                                                                              | \$ 0.00                                                   |
| <b>16 AFFIDAVIT</b><br><br><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<br/>_____<br/>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; display: flex; justify-content: space-between;"><div>_____<br/>Signature of officer administering oath</div><div>_____<br/>Printed name of officer administering oath</div><div>_____<br/>Title of officer administering oath</div></div> |                                                                                                                                                                                                                                                   |                                                           |

**SUBTOTALS - MPAC****FORM MPAC**  
**COVER SHEET PG 3**  
3 of 5

|                                                                   |                                                                                                                   |                                                           |
|-------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| <b>17 COMMITTEE NAME</b><br>Texas Physical Therapy Assn. Inc. PAC |                                                                                                                   | <b>18 Filer ID</b> (Ethics Commission Filers)<br>00017343 |
| <b>19 SCHEDULE SUBTOTALS</b><br>NAME OF SCHEDULE                  |                                                                                                                   | SUBTOTAL AMOUNT                                           |
| 1.                                                                | <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                            | \$                                                        |
| 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              | \$ 178.12                                                 |
| 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       | \$                                                        |

# 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.

|                                                                                                    |                                                                                                                  |                                                                                                                                                                                                                     |
|----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> Total pages Schedule F1:<br>Sch: 1/2 Rpt: 4/5                                             | <b>2</b> FILER NAME<br>Texas Physical Therapy Assn. Inc. PAC                                                     | <b>3</b> Filer ID (Ethics Commission Filers)<br>00017343                                                                                                                                                            |
| <b>4</b> Date<br>12/03/2025                                                                        | <b>5</b> Payee name<br>CardPointe                                                                                |                                                                                                                                                                                                                     |
| <b>6</b> Amount (\$)<br>\$64.90<br><br><input type="checkbox"/> Expenditure from corporate funds   | <b>7</b> Payee address; City; State; Zip Code<br>1000 Continental Dr., Ste. 300<br><br>King of Prussia, PA 19406 |                                                                                                                                                                                                                     |
| <b>8</b> PURPOSE OF EXPENDITURE                                                                    | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Accounting/Banking                    | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Credit Card Merchant Fees |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                |                                                                                                                  |                                                                                                                                                                                                                     |
| Date<br>12/01/2025                                                                                 | Candidate/Officeholder name<br>Office sought<br>Office held                                                      |                                                                                                                                                                                                                     |
| Payee name<br>MemberClicks                                                                         |                                                                                                                  |                                                                                                                                                                                                                     |
| Amount (\$)<br>\$14.22<br><br><input type="checkbox"/> Expenditure from corporate funds            | Payee address; City; State; Zip Code<br>3495 Piedmont Rd NE Bldg. 11, Ste. 800<br><br>Atlanta, GA 30305          |                                                                                                                                                                                                                     |
| PURPOSE OF EXPENDITURE                                                                             | (a) Category (See Categories listed at the top of this schedule)<br>Accounting/Banking                           | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Credit Card Merchant Fees        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                         |                                                                                                                  |                                                                                                                                                                                                                     |
| Date<br>12/05/2025                                                                                 | Candidate/Officeholder name<br>Office sought<br>Office held                                                      |                                                                                                                                                                                                                     |
| Payee name<br>NR Bookkeeping LLC                                                                   |                                                                                                                  |                                                                                                                                                                                                                     |
| Amount (\$)<br>\$87.00<br><br><input checked="" type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>PO Box 91061<br><br>Austin, TX 78709-1061                                |                                                                                                                                                                                                                     |
| PURPOSE OF EXPENDITURE                                                                             | (a) Category (See Categories listed at the top of this schedule)<br>Consulting Expense                           | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Compliance Consulting            |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                         |                                                                                                                  |                                                                                                                                                                                                                     |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|                                                                                                     |                                                                                        |                                                                                                                                                                                              |
|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 Total pages Schedule F1:<br>Sch: 2/2 Rpt: 5/5                                                     | 2 FILER NAME<br>Texas Physical Therapy Assn. Inc. PAC                                  | 3 Filer ID (Ethics Commission Filers)<br>00017343                                                                                                                                            |
| 4 Date<br>12/02/2025                                                                                | 5 Payee name<br>Prosperity Bank                                                        |                                                                                                                                                                                              |
| 6 Amount (\$)<br>\$2.00<br><br><input checked="" type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code<br>900 Congress Ave.<br><br>Austin, TX 78701    |                                                                                                                                                                                              |
| 8 PURPOSE OF EXPENDITURE                                                                            | (a) Category (See Categories listed at the top of this schedule)<br>Accounting/Banking | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Bank Fees |
| 9 Complete ONLY if direct expenditure to benefit C/OH                                               |                                                                                        |                                                                                                                                                                                              |
| Date<br>11/30/2025                                                                                  | Candidate/Officeholder name<br>Office sought<br>Office held                            |                                                                                                                                                                                              |
| Payee name<br>Prosperity Bank                                                                       |                                                                                        |                                                                                                                                                                                              |
| Amount (\$)<br>\$10.00<br><br><input type="checkbox"/> Expenditure from corporate funds             | Payee address; City; State; Zip Code<br>900 Congress Ave.<br><br>Austin, TX 78701      |                                                                                                                                                                                              |
| PURPOSE OF EXPENDITURE                                                                              | (a) Category (See Categories listed at the top of this schedule)<br>Accounting/Banking | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Bank Fees |
| Complete ONLY if direct expenditure to benefit C/OH                                                 |                                                                                        |                                                                                                                                                                                              |
| Candidate/Officeholder name<br>Office sought<br>Office held                                         |                                                                                        |                                                                                                                                                                                              |