

**GENERAL-PURPOSE COMMITTEE  
CAMPAIGN FINANCE REPORT**

**FORM GPAC  
COVER SHEET PG 1**

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00015890	2 Total pages filed: 30			
3 COMMITTEE NAME Texas Veterinary Medical Assn. PAC		<b>OFFICE USE ONLY</b> Date Received <b>ELECTRONICALLY FILED</b> 01/13/2026  Date Hand-delivered or Date Postmarked  Receipt # <input type="text"/> Amount <input type="text"/>  Date Processed  Date Imaged				
4 COMMITTEE ADDRESS  <input type="checkbox"/> Change of Address 8104 Exchange Dr.  Austin, TX 78754						
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Dr.			FIRST Pamela	MI	
	NICKNAME	LAST Delahoussaye	SUFFIX DVM			
6 CAMPAIGN TREASURER STREET ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 2016 Creek Ledge Place  Round Rock, TX 78664		APT / SUITE #;	CITY;	STATE;	ZIP CODE
7 CAMPAIGN TREASURER MAILING ADDRESS  <input type="checkbox"/> Change of Address	STREET OR PO BOX; 8104 Exchange Drive  Austin, TX 78754					
8 CAMPAIGN TREASURER PHONE	AREA CODE      PHONE NUMBER      EXTENSION (979) 229-2351					
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff					
10 PERIOD COVERED	Month 07/01/2025	Day	Year	Month 12/31/2025	Day	Year
11 ELECTION	ELECTION DATE Month 03/03/2026	Day	Year	Primary <input checked="" type="checkbox"/>	Runoff <input type="checkbox"/>	Other <input type="checkbox"/>
				General <input type="checkbox"/>	Special <input type="checkbox"/>	

**GO TO PAGE 2**

**GENERAL-PURPOSE COMMITTEE REPORT:  
PURPOSE AND TOTALS**

**FORM GPAC  
COVER SHEET PG 2**

<b>12 COMMITTEE NAME</b> Texas Veterinary Medical Assn. PAC		<b>13 FILER ID</b> (Ethics Commission Filers) 00015890
<b>14 COMMITTEE ACTIVITY</b>  (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.)	
<b>15 CONTRIBUTION TOTALS</b>	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	\$ 44,635.03
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 94,458.13
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 991.03
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 38,676.87
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 677,047.20
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00
<b>16 AFFIDAVIT</b>		
<p>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.</p> <p style="text-align: right;">_____ Dr. Pamela Delahoussaye DVM _____ Signature of Campaign Treasurer</p>		
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 - GPAC****FORM GPAC**  
**COVER SHEET PG 3**  
3 of 30

<b>17</b> COMMITTEE NAME Texas Veterinary Medical Assn. PAC	<b>18</b> FILER ID (Ethics Commission Filers) 00015890
<b>19</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 74,958.13	
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 checked="" type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION \$ 19,500.00	
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 checked="" type="checkbox"/> SCHEDULE E: LOANS \$ 0.00	
10. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ 38,073.09	
11. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$	
12. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$	
13. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$ 603.78	
14. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$	
15. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER \$	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/9 Rpt: 4/30
<b>2</b> FILER NAME Texas Veterinary Medical Assn. PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015890
<b>4</b> Date 09/26/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barton DVM, Brittney (Dr.)	<b>7</b> Amount of Contribution (\$) \$1,000.00
	<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75248	
<b>8</b> Principal occupation / Job title (See Instructions) Veterinarian		<b>9</b> Employer (See Instructions) HEAL Veterinary Hospital
Date 10/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beall, Sara (Dr.)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code  Arlington, TX 76016	
Principal occupation / Job title (See Instructions) Veterinarian		Employer (See Instructions) Animal Holistic Health Center
Date 08/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Black DVM, David (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Sulphur Springs, TX 75482	
Principal occupation / Job title (See Instructions) Veterinarian		Employer (See Instructions) Broadway Veterinary Hospital
Date 08/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Black DVM, David (Dr.)	Amount of Contribution (\$) \$53.85
	Contributor address; City; State; Zip Code  Sulphur Springs, TX 75482	
Principal occupation / Job title (See Instructions) Veterinarian		Employer (See Instructions) Broadway Veterinary Hospital
Date 07/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bohanan, Ronald (Dr.)	Amount of Contribution (\$) \$400.00
	Contributor address; City; State; Zip Code  Lancaster, TX 75416	
Principal occupation / Job title (See Instructions) Veterinarian		Employer (See Instructions) Lancaster Veterinary Clinic

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/9 Rpt: 5/30
<b>2</b> FILER NAME Texas Veterinary Medical Assn. PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015890
<b>4</b> Date 07/21/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bohanan, Ronald (Dr.)	<b>7</b> Amount of Contribution (\$) \$53.85
	<b>6</b> Contributor address; City; State; Zip Code  Lancaster, TX 75416	
<b>8</b> Principal occupation / Job title (See Instructions) Veterinarian		<b>9</b> Employer (See Instructions) Lancaster Veterinary Clinic
Date 07/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bohanan, Shari (Dr.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code  Lancaster, TX 75416	
Principal occupation / Job title (See Instructions) Veterinarian		Employer (See Instructions) Lancaster Veterinary Clinic
Date 07/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bohanan, Shari (Dr.)	Amount of Contribution (\$) \$53.85
	Contributor address; City; State; Zip Code  Lancaster, TX 75416	
Principal occupation / Job title (See Instructions) Veterinarian		Employer (See Instructions) Lancaster Veterinary Clinic
Date 09/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carpenter DVM, Janie (Dr.)	Amount of Contribution (\$) \$1,500.00
	Contributor address; City; State; Zip Code  Garland, TX 75044	
Principal occupation / Job title (See Instructions) Veterinarian		Employer (See Instructions) Richardson Veterinary Clinic
Date 08/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Colborn, Jessica (Dr.)	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code  Magnolia, TX 77054	
Principal occupation / Job title (See Instructions) Veterinarian		Employer (See Instructions) Shady Brook Animal Hospital

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>			<b>1</b> Total pages Schedule A1: Sch: 3/9 Rpt: 6/30
<b>2</b> FILER NAME Texas Veterinary Medical Assn. PAC			<b>3</b> Filer ID (Ethics Commission Filers) 00015890
<b>4</b> Date 08/21/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Culbertson, Beth (Dr.)	<b>7</b> Amount of Contribution (\$) \$1,000.00	
	<b>6</b> Contributor address; City; State; Zip Code  Andrews, TX 79714		
<b>8</b> Principal occupation / Job title (See Instructions) Veterinarian		<b>9</b> Employer (See Instructions) Andrews Veterinary Clinic	
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Delahoussaye DVM, Pamela	Amount of Contribution (\$) \$300.00	
	Contributor address; City; State; Zip Code  Round Rock, TX 78664		
Principal occupation / Job title (See Instructions) veterinarian		Employer (See Instructions) Hometown Animal Clinic	
Date 08/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Faught DVM, John (Dr.)	Amount of Contribution (\$) \$1,000.00	
	Contributor address; City; State; Zip Code  Austin, TX 78746		
Principal occupation / Job title (See Instructions) veterinarian		Employer (See Instructions) Firehouse Animal Health Cente	
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gloriod DVM, Thad (Dr.)	Amount of Contribution (\$) \$100.00	
	Contributor address; City; State; Zip Code  Tomball, TX 77375		
Principal occupation / Job title (See Instructions) Veterinarian		Employer (See Instructions) South Creek Animal Clinic	
Date 11/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gloriod DVM, Thad (Dr.)	Amount of Contribution (\$) \$100.00	
	Contributor address; City; State; Zip Code  Tomball, TX 77375		
Principal occupation / Job title (See Instructions) Veterinarian		Employer (See Instructions) South Creek Animal Clinic	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/9 Rpt: 7/30
<b>2</b> FILER NAME Texas Veterinary Medical Assn. PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015890
<b>4</b> Date 10/14/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gloriod DVM, Thad (Dr.)	<b>7</b> Amount of Contribution (\$) \$100.00
	<b>6</b> Contributor address; City; State; Zip Code  Tomball, TX 77375	
<b>8</b> Principal occupation / Job title (See Instructions) Veterinarian		<b>9</b> Employer (See Instructions) South Creek Animal Clinic
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heilsberg DVM, Bridget	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code  Whitesboro, TX 76373	
Principal occupation / Job title (See Instructions) veterinarian		Employer (See Instructions) Crown 3 Equine
Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heilsberg DVM, Bridget	Amount of Contribution (\$) \$53.85
	Contributor address; City; State; Zip Code  Whitesboro, TX 76373	
Principal occupation / Job title (See Instructions) veterinarian		Employer (See Instructions) Crown 3 Equine
Date 09/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hites DVM, Suzanne (Dr.)	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code  Heath, TX 75032	
Principal occupation / Job title (See Instructions) Veterinarian		Employer (See Instructions) The Whole Pet
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jordan DVM, Billy (Dr.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  Vidor, TX 77662	
Principal occupation / Job title (See Instructions) veterinarian		Employer (See Instructions) Jordan Veterinary Clinic

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/9 Rpt: 8/30
<b>2</b> FILER NAME Texas Veterinary Medical Assn. PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015890
<b>4</b> Date 09/26/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joyner DVM, Michael (Dr.)	<b>7</b> Amount of Contribution (\$) \$1,000.00
	<b>6</b> Contributor address; City; State; Zip Code  Belton, TX 76513	
<b>8</b> Principal occupation / Job title (See Instructions) Veterinarian		<b>9</b> Employer (See Instructions) Joyner Veterinary Services
Date 09/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kraft, Wallace (Dr.)	Amount of Contribution (\$) \$300.00
	Contributor address; City; State; Zip Code  Paris, TX 75462	
Principal occupation / Job title (See Instructions) Veterinarian		Employer (See Instructions) Animal Health Center
Date 07/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kraft, Wallace (Dr.)	Amount of Contribution (\$) \$53.85
	Contributor address; City; State; Zip Code  Paris, TX 75462	
Principal occupation / Job title (See Instructions) Veterinarian		Employer (See Instructions) Animal Health Center
Date 09/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Long DVM, Jodi (Dr.)	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code  Angleton, TX 77515	
Principal occupation / Job title (See Instructions) Veterinarian		Employer (See Instructions) National Veterinary Associates
Date 09/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lonsford DVM, Dale	Amount of Contribution (\$) \$1,610.00
	Contributor address; City; State; Zip Code  La Porte, TX 77571	
Principal occupation / Job title (See Instructions) Veterinarian		Employer (See Instructions) Deer Park Animal Hospital

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>			<b>1</b> Total pages Schedule A1: Sch: 6/9 Rpt: 9/30
<b>2</b> FILER NAME Texas Veterinary Medical Assn. PAC			<b>3</b> Filer ID (Ethics Commission Filers) 00015890
<b>4</b> Date 10/01/2025	<b>5</b> Full name of contributor Lonsford DVM, Dale .....  <b>6</b> Contributor address; City; State; Zip Code  La Porte, TX 77571	<b>7</b> Amount of Contribution (\$)  \$30.00	
<b>8</b> Principal occupation / Job title (See Instructions) Veterinarian		<b>9</b> Employer (See Instructions) Deer Park Animal Hospital	
Date 11/01/2025	Full name of contributor Lonsford DVM, Dale .....  Contributor address; City; State; Zip Code  La Porte, TX 77571	Amount of Contribution (\$)  \$30.00	
Principal occupation / Job title (See Instructions) Veterinarian		Employer (See Instructions) Deer Park Animal Hospital	
Date 12/01/2025	Full name of contributor Lonsford DVM, Dale .....  Contributor address; City; State; Zip Code  La Porte, TX 77571	Amount of Contribution (\$)  \$30.00	
Principal occupation / Job title (See Instructions) Veterinarian		Employer (See Instructions) Deer Park Animal Hospital	
Date 10/01/2025	Full name of contributor McAdoo DVM, Tracy (Dr.) .....  Contributor address; City; State; Zip Code  Houston, TX 77005	Amount of Contribution (\$)  \$1,000.00	
Principal occupation / Job title (See Instructions) Veterinarian		Employer (See Instructions) Washington Heights Veterinary Clinic	
Date 08/17/2025	Full name of contributor McAdoo DVM, Tracy (Dr.) .....  Contributor address; City; State; Zip Code  Houston, TX 77005	Amount of Contribution (\$)  \$1,000.00	
Principal occupation / Job title (See Instructions) Veterinarian		Employer (See Instructions) Washington Heights Veterinary Clinic	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/9 Rpt: 10/30
<b>2</b> FILER NAME Texas Veterinary Medical Assn. PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015890
<b>4</b> Date 08/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCauley, Will (Dr.)	<b>7</b> Amount of Contribution (\$) \$1,000.00
	<b>6</b> Contributor address; City; State; Zip Code  College Station, TX 77840	
<b>8</b> Principal occupation / Job title (See Instructions) Veterinarian		<b>9</b> Employer (See Instructions) Medgene
<b>Date</b> 09/25/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller DVM, Sam (Dr.)	<b>Amount of Contribution (\$)</b> \$1,000.00
	<b>Contributor address; City; State; Zip Code</b>  Round Top, TX 78954	
<b>Principal occupation / Job title (See Instructions)</b> Veterinarian		<b>Employer (See Instructions)</b> Texas A&M University
<b>Date</b> 08/21/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore DVM, Hallie (Dr.)	<b>Amount of Contribution (\$)</b> \$1,000.00
	<b>Contributor address; City; State; Zip Code</b>  Houston, TX 77027	
<b>Principal occupation / Job title (See Instructions)</b> veterinarian		<b>Employer (See Instructions)</b> Oak Forest Veterinary Hospital
<b>Date</b> 10/03/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Pigott DVM, Roger	<b>Amount of Contribution (\$)</b> \$2,000.00
	<b>Contributor address; City; State; Zip Code</b>  Corpus Christi, TX 78411	
<b>Principal occupation / Job title (See Instructions)</b> Veterinarian		<b>Employer (See Instructions)</b> Windsor Park Animal Hospital
<b>Date</b> 08/29/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Pipes, Charles (Dr.)	<b>Amount of Contribution (\$)</b> \$1,000.00
	<b>Contributor address; City; State; Zip Code</b>  Garland, TX 75040-8777	
<b>Principal occupation / Job title (See Instructions)</b> Veterinarian		<b>Employer (See Instructions)</b> Countrybrook Animal Hospital

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/9 Rpt: 11/30
<b>2</b> FILER NAME Texas Veterinary Medical Assn. PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015890
<b>4</b> Date 10/03/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheppard DVM, Guy (Dr.)	<b>7</b> Amount of Contribution (\$) \$500.00
	<b>6</b> Contributor address; City; State; Zip Code  College Station, TX 77845	
<b>8</b> Principal occupation / Job title (See Instructions) Veterinarian		<b>9</b> Employer (See Instructions) Texas A&M Veterinary Medical Diagnostic Lab
Date 08/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Teller DVM, Lori (Dr.)	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code  Bellaire, TX 77401	
Principal occupation / Job title (See Instructions) Veterinarian		Employer (See Instructions) Texas A&M University
Date 09/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vandermeer, DVM DVM, John (Dr.)	Amount of Contribution (\$) \$2,000.00
	Contributor address; City; State; Zip Code  Dallas, TX 75205	
Principal occupation / Job title (See Instructions) Veterinarian		Employer (See Instructions) Highland Park Animal Hospital
Date 09/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vandermeer, DVM DVM, John (Dr.)	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code  Dallas, TX 75205	
Principal occupation / Job title (See Instructions) Veterinarian		Employer (See Instructions) Highland Park Animal Hospital
Date 09/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vandermeer DVM, Emily (Dr.)	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code  Dallas, TX 75225	
Principal occupation / Job title (See Instructions) Veterinarian		Employer (See Instructions) Swann Animal Clinic

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/9 Rpt: 12/30
<b>2</b> FILER NAME Texas Veterinary Medical Assn. PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015890
<b>4</b> Date 09/29/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vogt DVM, Amelia (Dr.)	<b>7</b> Amount of Contribution (\$) \$300.00
	<b>6</b> Contributor address; City; State; Zip Code  Sugar Land, TX 77479	
<b>8</b> Principal occupation / Job title (See Instructions) Veterinarian		<b>9</b> Employer (See Instructions) Friendship Animal Hospital
Date 09/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wall, Richard (Dr.)	Amount of Contribution (\$) \$1,500.00
	Contributor address; City; State; Zip Code  The Woodlands, TX 77382	
Principal occupation / Job title (See Instructions) VETERINARIAN		Employer (See Instructions) Animal Clinic of The Woodlands
Date 07/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wall, Richard (Dr.)	Amount of Contribution (\$) \$53.85
	Contributor address; City; State; Zip Code  The Woodlands, TX 77382	
Principal occupation / Job title (See Instructions) VETERINARIAN		Employer (See Instructions) Animal Clinic of The Woodlands
Date 09/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright DVM, Michele (Dr.)	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code  San Antonio, TX 78251	
Principal occupation / Job title (See Instructions) veterinarian		Employer (See Instructions) Great Northwest Animal Hospital
Date 09/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) York, Cheryl (Dr.)	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code  Austin, TX 78704	
Principal occupation / Job title (See Instructions) veterinarian		Employer (See Instructions) Bluebonnet Veterinary Hospital

**MONETARY SUPPORT FROM CORPORATION OR  
LABOR ORGANIZATION****SCHEDULE C3**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule C3: Sch: 1/1 Rpt: 13/30
<b>2</b> FILER NAME	Texas Veterinary Medical Assn. PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00015890
<b>4</b> Date 09/10/2025	<b>5</b> Corporation / Labor Organization name American Veterinary Medical Association PAC	<b>6</b> Amount (\$) 2,500.00
Date 09/10/2025	Corporation / Labor Organization name National Veterinary Associates	Amount (\$) 2,000.00
Date 07/31/2025	Corporation / Labor Organization name Texas Veterinary Medical Association	Amount (\$) 2,000.00
Date 08/31/2025	Corporation / Labor Organization name Texas Veterinary Medical Association	Amount (\$) 3,000.00
Date 09/30/2025	Corporation / Labor Organization name Texas Veterinary Medical Association	Amount (\$) 5,000.00
Date 10/31/2025	Corporation / Labor Organization name Texas Veterinary Medical Association	Amount (\$) 2,000.00
Date 11/30/2025	Corporation / Labor Organization name Texas Veterinary Medical Association	Amount (\$) 2,000.00
Date 12/31/2025	Corporation / Labor Organization name Texas Veterinary Medical Association	Amount (\$) 1,000.00

**LOANS****SCHEDULE E**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E: Sch: 1/1 Rpt: 14/30
<b>2</b> FILER NAME Texas Veterinary Medical Assn. PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015890
<b>4</b> TOTAL OF UNITEMIZED LOANS		\$ 0.00
<b>5</b> Date of loan	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	<b>9</b> Loan Amount (\$)
<b>6</b> Is lender a financial institution?	<b>8</b> Lender address; City; State; Zip Code	<b>10</b> Interest Rate
		<b>11</b> Maturity Date
<b>12</b> Principal occupation / Job title (See Instructions)		<b>13</b> Employer (See Instructions)
<b>14</b> Description of Collateral <input type="checkbox"/> None		<b>15</b> Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
<b>16</b> GUARANTOR INFORMATION <input type="checkbox"/> not applicable	<b>17</b> Name of guarantor ..... <b>18</b> Guarantor address; City; State; Zip Code	<b>19</b> Amount Guaranteed (\$)
<b>20</b> Principal occupation		<b>21</b> Employer (See Instructions)

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/13 Rpt: 15/30	2 FILER NAME Texas Veterinary Medical Assn. PAC	3 Filer ID (Ethics Commission Filers) 00015890
4 Date 09/10/2025	5 Payee name AVSD Productions	
6 Amount (\$) \$785.00	7 Payee address; City; State; Zip Code 2511 Delmac Drive  Dallas, TX 75233	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense AV for PAC event.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/29/2025	Payee name Ashby, Trent (Rep.)	
Amount (\$) \$500.00	Payee address; City; State; Zip Code PO Box 412  Lufkin, TX 75902	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/17/2025	Payee name Buckley DVM, Brad (Rep.)	
Amount (\$) \$5,000.00	Payee address; City; State; Zip Code 1321 Pershing Drive  Killeen, TX 76549	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
Complete ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/13 Rpt: 16/30	2 FILER NAME Texas Veterinary Medical Assn. PAC	3 Filer ID (Ethics Commission Filers) 00015890
4 Date 07/01/2025	5 Payee name Chase	
6 Amount (\$) \$25.00	7 Payee address; City; State; Zip Code PO BOX 100  AUSTIN, TX 78767	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/01/2025	Payee name Chase	
Amount (\$) \$244.07	Payee address; City; State; Zip Code PO BOX 100  AUSTIN, TX 78767	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/04/2025	Payee name Chase	
Amount (\$) \$213.47	Payee address; City; State; Zip Code PO BOX 100  AUSTIN, TX 78767	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fees
Complete ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/13 Rpt: 17/30	2 FILER NAME Texas Veterinary Medical Assn. PAC	3 Filer ID (Ethics Commission Filers) 00015890
4 Date 10/01/2025	5 Payee name Chase	
6 Amount (\$) \$502.31	7 Payee address; City; State; Zip Code PO BOX 100  AUSTIN, TX 78767	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/01/2025	Payee name Chase	
Amount (\$) \$181.11	Payee address; City; State; Zip Code PO BOX 100  AUSTIN, TX 78767	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/01/2025	Payee name Chase	
Amount (\$) \$27.03	Payee address; City; State; Zip Code PO BOX 100  AUSTIN, TX 78767	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fees
Complete ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/13 Rpt: 18/30	2 FILER NAME Texas Veterinary Medical Assn. PAC	3 Filer ID (Ethics Commission Filers) 00015890
4 Date 08/31/2025	5 Payee name Etchashoft	
6 Amount (\$) \$942.50	7 Payee address; City; State; Zip Code 12724 Gran Bay Parkway West Suite 320  Jacksonville, FL 32258	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Development costs to upgrade donor contribution website.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/28/2025	Payee name Etchashoft	
Amount (\$) \$2,921.25	Payee address; City; State; Zip Code 12724 Gran Bay Parkway West Suite 320  Jacksonville, FL 32258	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Development costs to upgrade donor contribution website.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/23/2025	Payee name Fairly, Caroline	
Amount (\$) \$2,000.00	Payee address; City; State; Zip Code PO Box 20445  Amarillo, TX 79114	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
Complete ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/13 Rpt: 19/30	2 FILER NAME Texas Veterinary Medical Assn. PAC	3 Filer ID (Ethics Commission Filers) 00015890
4 Date 12/17/2025	5 Payee name Guillen, Ryan (Rep.)	
6 Amount (\$) \$2,500.00	7 Payee address; City; State; Zip Code 5346 E. U.S. Hwy 83, Building A, Suite 5-A  <input type="checkbox"/> Expenditure from corporate funds Rio Grande City, TX 78582	
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 Campaign Contribution
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/30/2025	Payee name Harris, Cody (Rep.)	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 1007 N Mallard St  <input type="checkbox"/> Expenditure from corporate funds Palestine, TX 75801	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/22/2025	Payee name Hunter, Todd (Rep.)	
Amount (\$) \$2,500.00	Payee address; City; State; Zip Code 445 Cape Henry  <input type="checkbox"/> Expenditure from corporate funds Corpus Christi, TX 78412	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
Complete ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/13 Rpt: 20/30	2 FILER NAME Texas Veterinary Medical Assn. PAC	3 Filer ID (Ethics Commission Filers) 00015890
4 Date 12/15/2025	5 Payee name Kitzman, Stan (Rep.)	
6 Amount (\$) \$1,000.00	7 Payee address; City; P.O. Box 553  Pattison, TX 77466	State; Zip Code
<input type="checkbox"/> Expenditure from corporate funds	<p><b>(a) Category</b> (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee</p> <p><b>(b) Description</b></p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p> <p><input type="checkbox"/> Check if Austin, TX, officeholder living expense</p> <p>Campaign Contribution</p>	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Leach, Jeff (Rep.)	Office sought Office held
Date 12/30/2025	Payee name Leach, Jeff (Rep.)	
Amount (\$) \$1,000.00	Payee address; City; P.O. Box 866186  Plano, TX 75086	State; Zip Code
<input type="checkbox"/> Expenditure from corporate funds	<p><b>(a) Category</b> (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee</p> <p><b>(b) Description</b></p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p> <p><input type="checkbox"/> Check if Austin, TX, officeholder living expense</p> <p>Campaign Contribution</p>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Metcalfe, Will (Rep.)	Office sought Office held
Date 12/30/2025	Payee name Metcalfe, Will (Rep.)	
Amount (\$) \$500.00	Payee address; City; P.O. BOX 454  Conroe, TX 77305	State; Zip Code
<input type="checkbox"/> Expenditure from corporate funds	<p><b>(a) Category</b> (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee</p> <p><b>(b) Description</b></p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p> <p><input type="checkbox"/> Check if Austin, TX, officeholder living expense</p> <p>Campaign Contribution</p>	
Complete ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/13 Rpt: 21/30	2 FILER NAME Texas Veterinary Medical Assn. PAC	3 Filer ID (Ethics Commission Filers) 00015890
4 Date 09/30/2025	5 Payee name Omni Fort Worth	
6 Amount (\$) \$914.86	7 Payee address; City; State; Zip Code 1300 Houston St  Fort Worth , TX 76102	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Hotel room for Rep. Buckley speaking at BOD/conference meetings.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/30/2025	Payee name Omni Fort Worth	
Amount (\$) \$8,947.59	Payee address; City; State; Zip Code 1300 Houston St  Fort Worth , TX 76102	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Catering and venue for PAC event
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/30/2025	Payee name Orr, Angelia	
Amount (\$) \$500.00	Payee address; City; State; Zip Code PO Box 113  Itasca, TX 76055	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
Complete ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/13 Rpt: 22/30	2 FILER NAME Texas Veterinary Medical Assn. PAC	3 Filer ID (Ethics Commission Filers) 00015890
4 Date 12/30/2025	5 Payee name Patterson, Jared (Rep.)	
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code P.O. Box 5419  Frisco, TX 75035	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/01/2025	Payee name Perry, Charles (Sen.)	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code P.O. Box 94806  Lubbock, TX 79493	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/31/2025	Payee name Poinsett PLLC	
Amount (\$) \$100.00	Payee address; City; State; Zip Code 1122 Colorado Street, Suite 1001  Austin, TX 78701	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lobbyist expense
Complete ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/13 Rpt: 23/30	2 FILER NAME Texas Veterinary Medical Assn. PAC	3 Filer ID (Ethics Commission Filers) 00015890
4 Date 08/31/2025	5 Payee name Poinsett PLLC	
6 Amount (\$) \$40.40	7 Payee address; City; State; Zip Code 1122 Colorado Street, Suite 1001  Austin, TX 78701	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lobbyist expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/30/2025	Payee name Poinsett PLLC	
Amount (\$) \$146.92	Payee address; City; State; Zip Code 1122 Colorado Street, Suite 1001  Austin, TX 78701	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lobbyist expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/30/2025	Payee name Poinsett PLLC	
Amount (\$) \$29.02	Payee address; City; State; Zip Code 1122 Colorado Street, Suite 1001  Austin, TX 78701	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lobbyist expense
Complete ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 10/13 Rpt: 24/30	2 FILER NAME Texas Veterinary Medical Assn. PAC	3 Filer ID (Ethics Commission Filers) 00015890
4 Date 11/30/2025	5 Payee name Poinsett PLLC	
6 Amount (\$) \$78.03	7 Payee address; City; State; Zip Code 1122 Colorado Street, Suite 1001  Austin, TX 78701	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lobbyist expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/31/2025	Payee name Poinsett PLLC	
Amount (\$) \$37.77	Payee address; City; State; Zip Code 1122 Colorado Street, Suite 1001  Austin, TX 78701	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lobbyist expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/30/2025	Payee name Revindex	
Amount (\$) \$549.99	Payee address; City; State; Zip Code 7315 Rue De Liege  Brossard Quebec J4Y0P6 Canada	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Purchase of website commerce software for PAC donation page.
Complete ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 11/13 Rpt: 25/30	2 FILER NAME Texas Veterinary Medical Assn. PAC	3 Filer ID (Ethics Commission Filers) 00015890
4 Date 12/10/2025	5 Payee name Sparks, Kevin (Sen.)	
6 Amount (\$) \$750.00	7 Payee address; City; 2600 Mockingbird Ln.  Midland, TX 79705	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/07/2025	Payee name TEXAS LEGISLATIVE SERVICE	
Amount (\$) \$237.70	Payee address; City; PO BOX 100  AUSTIN, TX 78767	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Software	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly bill tracking subscription
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/04/2025	Payee name TEXAS LEGISLATIVE SERVICE	
Amount (\$) \$237.70	Payee address; City; PO BOX 100  AUSTIN, TX 78767	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Software	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly bill tracking subscription
Complete ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 12/13 Rpt: 26/30	2 FILER NAME Texas Veterinary Medical Assn. PAC	3 Filer ID (Ethics Commission Filers) 00015890
4 Date 11/30/2025	5 Payee name TEXAS LEGISLATIVE SERVICE	
6 Amount (\$) \$237.70	7 Payee address; City; State; Zip Code PO BOX 100  AUSTIN, TX 78767	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) software	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly bill tracking subscription
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/29/2025	Payee name Texans for Lawsuit Reform	
Amount (\$) \$240.00	Payee address; City; State; Zip Code 919 Congress Suite 455 Austin, TX 78701	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Share of sponsorship for House Holiday Luncheon
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/31/2025	Payee name Texas Capitol Gift Shop	
Amount (\$) \$885.49	Payee address; City; State; Zip Code 1400 Congress Ave. Suite E1.006  Austin, TX 78701	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donor appreciation gifts.
Complete ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 13/13 Rpt: 27/30	2 FILER NAME Texas Veterinary Medical Assn. PAC	3 Filer ID (Ethics Commission Filers) 00015890	
4 Date 11/30/2025	5 Payee name United States Postal Service		
6 Amount (\$) \$307.15	7 Payee address; City; State; Zip Code 8225 Cross Park Dr #142002  Austin, TX 78754		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Shipping fees for donor appreciation gifts.	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 1/3 Rpt: 28/30	2 FILER NAME Texas Veterinary Medical Assn. PAC		3 Filer ID (Ethics Commission Filers) 00015890
4 CREDIT CARD ISSUER	Name of financial institution Chase Bank		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$28.85	(b) Date of Charge 11/18/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Cantina Laredo		(b) Payee address; City, State, Zip Code 8008 Herb Kelleher Way  Dallas, TX 75235
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Travel to fundraising event.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$153.63	(b) Date of Charge 12/31/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Texas Ethics Commission		(b) Payee address; City, State, Zip Code 201 E 14th St #10  Austin , TX 78701
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Lobby Registration fee for in-house lobbyist.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$17.94	(b) Date of Charge 11/21/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Chick Fila		(b) Payee address; City, State, Zip Code 8008 Herb Kelleher Way  Dallas, TX 75235
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Travel to fundraising event.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
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 F4: Sch: 2/3 Rpt: 29/30	2 FILER NAME Texas Veterinary Medical Assn. PAC		3 Filer ID (Ethics Commission Filers) 00015890
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$46.00	(b) Date of Charge 11/19/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Austin-Bergstrom International		(b) Payee address; City, State, Zip Code 3600 Presidential Blvd  Austin, TX 78719
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description Travel to fundraising event.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$131.44	(b) Date of Charge 11/30/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Dominos Pizza		(b) Payee address; City, State, Zip Code 2407 Congress Ave  Austin, TX 78704
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Lunch sponsorship of student advocacy day event.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$151.80	(b) Date of Charge 11/18/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Four Points by Sheraton		(b) Payee address; City, State, Zip Code 1911 IH 40 East  Amarillo, TX 79102
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description Travel to fundraising event.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
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 F4: Sch: 3/3 Rpt: 30/30	2 FILER NAME Texas Veterinary Medical Assn. PAC		3 Filer ID (Ethics Commission Filers) 00015890
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$74.12	(b) Date of Charge 11/18/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Enterprise		(b) Payee address; 10801 Airport Blvd  Amarillo, TX 79111
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description Travel to fundraising event.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate/Officeholder name		Office sought
			Office held