

# 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 ELECTRONICALLY FILED 01/13/2026 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
4 COMMITTEE ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 8104 Exchange Dr.  Austin, TX 78754			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Dr. Pamela NICKNAME LAST SUFFIX Delahoussaye DVM			
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2016 Creek Ledge Place  Round Rock, TX 78664			
7 CAMPAIGN TREASURER MAILING ADDRESS  <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 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 Day Year Month Day Year 07/01/2025 THROUGH 12/31/2025			
11 ELECTION	ELECTION DATE Month Day Year 03/03/2026		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	

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
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<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (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> <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
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 991.03
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 38,676.87
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 677,047.20
OUTSTANDING LOAN TOTALS	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 0.00

## 16 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Dr. Pamela Delahoussaye DVM

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

**SUBTOTALS - GPAC****FORM GPAC**  
**COVER SHEET PG 3**  
3 of 30

<b>17 COMMITTEE NAME</b> Texas Veterinary Medical Assn. PAC		<b>18 Filer ID</b> (Ethics Commission Filers) 00015890
<b>19 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
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.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75248	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<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.) <hr/> Contributor address; City; State; Zip Code  Arlington, TX 76016	Amount of Contribution (\$)  \$500.00
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.) <hr/> Contributor address; City; State; Zip Code  Sulphur Springs, TX 75482	Amount of Contribution (\$)  \$100.00
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.) <hr/> Contributor address; City; State; Zip Code  Sulphur Springs, TX 75482	Amount of Contribution (\$)  \$53.85
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.) <hr/> Contributor address; City; State; Zip Code  Lancaster, TX 75416	Amount of Contribution (\$)  \$400.00
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.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Lancaster, TX 75416	<b>7</b> Amount of Contribution (\$)  \$53.85
<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.) <hr/> Contributor address; City; State; Zip Code  Lancaster, TX 75416	Amount of Contribution (\$)  \$200.00
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.) <hr/> Contributor address; City; State; Zip Code  Lancaster, TX 75416	Amount of Contribution (\$)  \$53.85
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.) <hr/> Contributor address; City; State; Zip Code  Garland, TX 75044	Amount of Contribution (\$)  \$1,500.00
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.) <hr/> Contributor address; City; State; Zip Code  Magnolia, TX 77054	Amount of Contribution (\$)  \$1,000.00
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.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Andrews, TX 79714	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<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 <hr/> Contributor address; City; State; Zip Code  Round Rock, TX 78664	Amount of Contribution (\$)  \$300.00
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.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78746	Amount of Contribution (\$)  \$1,000.00
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.) <hr/> Contributor address; City; State; Zip Code  Tomball, TX 77375	Amount of Contribution (\$)  \$100.00
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.) <hr/> Contributor address; City; State; Zip Code  Tomball, TX 77375	Amount of Contribution (\$)  \$100.00
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.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Tomball, TX 77375	<b>7</b> Amount of Contribution (\$)  \$100.00
<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 <hr/> Contributor address; City; State; Zip Code  Whitesboro, TX 76373	Amount of Contribution (\$)  \$150.00
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 <hr/> Contributor address; City; State; Zip Code  Whitesboro, TX 76373	Amount of Contribution (\$)  \$53.85
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.) <hr/> Contributor address; City; State; Zip Code  Heath, TX 75032	Amount of Contribution (\$)  \$1,000.00
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.) <hr/> Contributor address; City; State; Zip Code  Vidor, TX 77662	Amount of Contribution (\$)  \$250.00
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.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Belton, TX 76513	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<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.) <hr/> Contributor address; City; State; Zip Code  Paris, TX 75462	Amount of Contribution (\$)  \$300.00
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.) <hr/> Contributor address; City; State; Zip Code  Paris, TX 75462	Amount of Contribution (\$)  \$53.85
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.) <hr/> Contributor address; City; State; Zip Code  Angleton, TX 77515	Amount of Contribution (\$)  \$1,000.00
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 <hr/> Contributor address; City; State; Zip Code  La Porte, TX 77571	Amount of Contribution (\$)  \$1,610.00
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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Lonsford DVM, Dale <hr/> <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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Lonsford DVM, Dale <hr/> 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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Lonsford DVM, Dale <hr/> 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 <input type="checkbox"/> out-of-state PAC (ID#: _____) McAdoo DVM, Tracy (Dr.) <hr/> 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 <input type="checkbox"/> out-of-state PAC (ID#: _____) McAdoo DVM, Tracy (Dr.) <hr/> 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.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  College Station, TX 77840	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions) Veterinarian		<b>9</b> Employer (See Instructions) Medgene
Date 09/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller DVM, Sam (Dr.) <hr/> Contributor address; City; State; Zip Code  Round Top, TX 78954	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Veterinarian		Employer (See Instructions) Texas A&M University
Date 08/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore DVM, Hallie (Dr.) <hr/> Contributor address; City; State; Zip Code  Houston, TX 77027	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) veterinarian		Employer (See Instructions) Oak Forest Veterinary Hospital
Date 10/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pigott DVM, Roger <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78411	Amount of Contribution (\$)  \$2,000.00
Principal occupation / Job title (See Instructions) Veterinarian		Employer (See Instructions) Windsor Park Animal Hospital
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pipes, Charles (Dr.) <hr/> Contributor address; City; State; Zip Code  Garland, TX 75040-8777	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Veterinarian		Employer (See Instructions) 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.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  College Station, TX 77845	<b>7</b> Amount of Contribution (\$)  \$500.00
<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.) <hr/> Contributor address; City; State; Zip Code  Bellaire, TX 77401	Amount of Contribution (\$)  \$1,000.00
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.) <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75205	Amount of Contribution (\$)  \$2,000.00
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.) <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75205	Amount of Contribution (\$)  \$1,000.00
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.) <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75225	Amount of Contribution (\$)  \$1,000.00
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.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Sugar Land, TX 77479	<b>7</b> Amount of Contribution (\$)  \$300.00
<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.) <hr/> Contributor address; City; State; Zip Code  The Woodlands, TX 77382	Amount of Contribution (\$)  \$1,500.00
Principal occupation / Job title (See Instructions) VETERNARIAN		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.) <hr/> Contributor address; City; State; Zip Code  The Woodlands, TX 77382	Amount of Contribution (\$)  \$53.85
Principal occupation / Job title (See Instructions) VETERNARIAN		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.) <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78251	Amount of Contribution (\$)  \$1,000.00
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.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78704	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) veterinarian		Employer (See Instructions) Bluebonnet Veterinary Hospital

# MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C3: Sch: 1/1 Rpt: 13/30
2 FILER NAME Texas Veterinary Medical Assn. PAC		3 Filer ID (Ethics Commission Filers) 00015890
4 Date 09/10/2025	5 Corporation / Labor Organization name American Veterinary Medical Association PAC	6 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		<b>\$</b> 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>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address; City; State; Zip Code	
<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  
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: Sch: 1/13 Rpt: 15/30	<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> Payee name AVSD Productions	
<b>6</b> Amount (\$) \$785.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 2511 Delmac Drive  Dallas, TX 75233	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</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.
<b>9</b> Complete <u>ONLY</u> 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  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 412  Lufkin, TX 75902	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/17/2025	Payee name Buckley DVM, Brad (Rep.)	
Amount (\$) \$5,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1321 Pershing Drive  Killeen, TX 76549	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# 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: Sch: 2/13 Rpt: 16/30	<b>2</b> FILER NAME Texas Veterinary Medical Assn. PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00015890
<b>4</b> Date 07/01/2025	<b>5</b> Payee name Chase	
<b>6</b> Amount (\$) \$25.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code PO BOX 100  AUSTIN, TX 78767	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</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
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/01/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$244.07  <input type="checkbox"/> Expenditure from corporate funds	Payee name Chase  Payee address; City; State; Zip Code PO BOX 100  AUSTIN, TX 78767	
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 Processing fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/04/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$213.47  <input type="checkbox"/> Expenditure from corporate funds	Payee name Chase  Payee address; City; State; Zip Code PO BOX 100  AUSTIN, TX 78767	
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 Processing fees
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.

<b>1</b> Total pages Schedule F1: Sch: 3/13 Rpt: 17/30	<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> Payee name Chase	
<b>6</b> Amount (\$) \$502.31  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code PO BOX 100  AUSTIN, TX 78767	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</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
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/01/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$181.11  <input type="checkbox"/> Expenditure from corporate funds	Payee name Chase  Payee address; City; State; Zip Code PO BOX 100  AUSTIN, TX 78767	
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 Processing fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/01/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$27.03  <input type="checkbox"/> Expenditure from corporate funds	Payee name Chase  Payee address; City; State; Zip Code PO BOX 100  AUSTIN, TX 78767	
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 Processing fees
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.

<b>1</b> Total pages Schedule F1: Sch: 4/13 Rpt: 18/30	<b>2</b> FILER NAME Texas Veterinary Medical Assn. PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00015890
<b>4</b> Date 08/31/2025	<b>5</b> Payee name Etchasoft	
<b>6</b> Amount (\$) \$942.50  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 12724 Gran Bay Parkway West Suite 320  Jacksonville, FL 32258	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</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.
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/28/2025	Payee name Etchasoft	
Amount (\$) \$2,921.25  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 12724 Gran Bay Parkway West Suite 320  Jacksonville, FL 32258	
PURPOSE OF EXPENDITURE	(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 <u>ONLY</u> 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  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 20445  Amarillo, TX 79114	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# 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: Sch: 5/13 Rpt: 19/30	<b>2</b> FILER NAME Texas Veterinary Medical Assn. PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00015890
<b>4</b> Date 12/17/2025	<b>5</b> Payee name Guillen, Ryan (Rep.)	
<b>6</b> Amount (\$) \$2,500.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 5346 E. U.S. Hwy 83, Building A, Suite 5-A  Rio Grande City, TX 78582	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</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
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/30/2025	Candidate/Officeholder name Harris, Cody (Rep.)	
Amount (\$) \$500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1007 N Mallard St  Palestine, TX 75801	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/22/2025	Candidate/Officeholder name Hunter, Todd (Rep.)	
Amount (\$) \$2,500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 445 Cape Henry  Corpus Christi, TX 78412	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# 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: Sch: 6/13 Rpt: 20/30	<b>2</b> FILER NAME Texas Veterinary Medical Assn. PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00015890
<b>4</b> Date 12/15/2025	<b>5</b> Payee name Kitzman, Stan (Rep.)	
<b>6</b> Amount (\$) \$1,000.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code P.O. Box 553  Pattison, TX 77466	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</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
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/30/2025	Payee name Leach, Jeff (Rep.)	
Amount (\$) \$1,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 866186  Plano, TX 75086	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/30/2025	Payee name Metcalf, Will (Rep.)	
Amount (\$) \$500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. BOX 454  Conroe, TX 77305	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# 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: Sch: 7/13 Rpt: 21/30	<b>2</b> FILER NAME Texas Veterinary Medical Assn. PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00015890
<b>4</b> Date 09/30/2025	<b>5</b> Payee name Omni Fort Worth	
<b>6</b> Amount (\$) \$914.86  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 1300 Houston St  Fort Worth , TX 76102	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</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.
<b>9</b> Complete <u>ONLY</u> 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  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1300 Houston St  Fort Worth , TX 76102	
PURPOSE OF EXPENDITURE	(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 <u>ONLY</u> 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  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 113  Itasca, TX 76055	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# 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: Sch: 8/13 Rpt: 22/30	<b>2</b> FILER NAME Texas Veterinary Medical Assn. PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00015890
<b>4</b> Date 12/30/2025	<b>5</b> Payee name Patterson, Jared (Rep.)	
<b>6</b> Amount (\$) \$500.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code P.O. Box 5419  Frisco, TX 75035	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</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
<b>9</b> Complete <u>ONLY</u> 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  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 94806  Lubbock, TX 79493	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/31/2025	Payee name Poinsett PLLC	
Amount (\$) \$100.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1122 Colorado Street, Suite 1001  Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lobbyist expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 9/13 Rpt: 23/30	<b>2</b> FILER NAME Texas Veterinary Medical Assn. PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00015890
<b>4</b> Date 08/31/2025	<b>5</b> Payee name Poinsett PLLC	
<b>6</b> Amount (\$) \$40.40  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 1122 Colorado Street, Suite 1001  Austin, TX 78701	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</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
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/30/2025	Candidate/Officeholder name Office sought Office held	
Payee name Poinsett PLLC		
Amount (\$) \$146.92  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1122 Colorado Street, Suite 1001  Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lobbyist expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/30/2025	Candidate/Officeholder name Office sought Office held	
Payee name Poinsett PLLC		
Amount (\$) \$29.02  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1122 Colorado Street, Suite 1001  Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lobbyist expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/30/2025	Candidate/Officeholder name Office sought Office held	
Payee name Poinsett PLLC		
Amount (\$) \$29.02  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1122 Colorado Street, Suite 1001  Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lobbyist expense
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.

<b>1</b> Total pages Schedule F1: Sch: 10/13 Rpt: 24/30	<b>2</b> FILER NAME Texas Veterinary Medical Assn. PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00015890
<b>4</b> Date 11/30/2025	<b>5</b> Payee name Poinsett PLLC	
<b>6</b> Amount (\$) \$78.03  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 1122 Colorado Street, Suite 1001  Austin, TX 78701	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</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
<b>9</b> Complete <u>ONLY</u> 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  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1122 Colorado Street, Suite 1001  Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lobbyist expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/30/2025	Payee name Revindex	
Amount (\$) \$549.99  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 7315 Rue De Liege  Brossard Quebec J4Y0P6 Canada	
PURPOSE OF EXPENDITURE	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 11/13 Rpt: 25/30	<b>2</b> FILER NAME Texas Veterinary Medical Assn. PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00015890
<b>4</b> Date 12/10/2025	<b>5</b> Payee name Sparks, Kevin (Sen.)	
<b>6</b> Amount (\$) \$750.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 2600 Mockingbird Ln.  Midland, TX 79705	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</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
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/07/2025	Candidate/Officeholder name TEXAS LEGISLATIVE SERVICE	
Amount (\$) \$237.70  <input type="checkbox"/> Expenditure from corporate funds	Office sought City; State; Zip Code PO BOX 100  AUSTIN, TX 78767	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Software	<b>(b)</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 <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/04/2025	Candidate/Officeholder name TEXAS LEGISLATIVE SERVICE	
Amount (\$) \$237.70  <input type="checkbox"/> Expenditure from corporate funds	Office sought City; State; Zip Code PO BOX 100  AUSTIN, TX 78767	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) software	<b>(b)</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 <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.

<b>1</b> Total pages Schedule F1: Sch: 12/13 Rpt: 26/30	<b>2</b> FILER NAME Texas Veterinary Medical Assn. PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00015890
<b>4</b> Date 11/30/2025	<b>5</b> Payee name TEXAS LEGISLATIVE SERVICE	
<b>6</b> Amount (\$) \$237.70  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code PO BOX 100  AUSTIN, TX 78767	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) software	<b>(b)</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
<b>9</b> Complete <u>ONLY</u> 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  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 919 Congress Suite 455 Austin, TX 78701	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</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 <u>ONLY</u> 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  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1400 Congress Ave. Suite E1.006  Austin, TX 78701	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	<b>(b)</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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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  <input type="checkbox"/> Expenditure from corporate funds	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 <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.

<b>1</b> Total pages Schedule F4: Sch: 1/3 Rpt: 28/30	<b>2</b> FILER NAME Texas Veterinary Medical Assn. PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015890
<b>4</b> CREDIT CARD ISSUER	Name of financial institution Chase Bank		<b>5</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
<b>6</b> 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
<b>7</b> PAYEE	(a) Payee name Cantina Laredo		(b) Payee address; City, State, Zip Code 8008 Herb Kelleher Way Dallas, TX 75235
<b>8</b> 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.
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
<b>PAYMENT</b> <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
<b>PAYEE</b>	(a) Payee name Texas Ethics Commission		(b) Payee address; City, State, Zip Code 201 E 14th St #10 Austin, TX 78701
<b>PURPOSE OF EXPENDITURE</b> <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.
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
<b>PAYMENT</b> <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
<b>PAYEE</b>	(a) Payee name Chick Fila		(b) Payee address; City, State, Zip Code 8008 Herb Kelleher Way Dallas, TX 75235
<b>PURPOSE OF EXPENDITURE</b> <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.
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
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-Bergstron 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.	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY 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.	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY 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.	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
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  
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.

<b>1</b> Total pages Schedule F4: Sch: 3/3 Rpt: 30/30	<b>2</b> FILER NAME Texas Veterinary Medical Assn. PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015890
<b>4</b> CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
<b>6</b> 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
<b>7</b> PAYEE	(a) Payee name Enterprise		(b) Payee address; City, State, Zip Code 10801 Airport Blvd Amarillo, TX 79111
<b>8</b> 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.
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		