

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) 00017033	2 Total pages filed: 11	
3 COMMITTEE NAME Texas Occupational Therapy Association Political Action Committee			OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/14/2026 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 2323 Clear Lake City Blvd Suite 180-197 Houston, TX 77062			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Ms. Eva-Maria NICKNAME LAST SUFFIX Anger			
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2506 Lazy Lake Drive Harlingen, TX 78550			
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2506 Lazy Lake Drive Harlingen, TX 78550			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (832) 687-1687			
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> July 15		<input type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> 10th day after campaign treasurer termination	
10 PERIOD COVERED	Month Day Year 07/01/2025		Month Day Year THROUGH 12/31/2025	
11 ELECTION	ELECTION DATE Month Day Year	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special		

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GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME Texas Occupational Therapy Association Political Action Committee	13 Filer ID (Ethics Commission Filers) 00017033
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	Rep. Armando Walle State Representative

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,038.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 500.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 7,163.35
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

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

Ms. Eva-Maria Anger

 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
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17 COMMITTEE NAME Texas Occupational Therapy Association Political Action Committee		18 Filer ID (Ethics Commission Filers) 00017033
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,038.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 500.00
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 183.83
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/5 Rpt: 4/11
2 FILER NAME Texas Occupational Therapy Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00017033
4 Date 11/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Belz, Stephanie <hr/> 6 Contributor address; City; State; Zip Code Spring, TX 77389	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Occupational Therapist		9 Employer (See Instructions)
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bhakta, Poonamben <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78681	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Pelvic Health Occupational Therapist		Employer (See Instructions)
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Biggs, Jennifer <hr/> Contributor address; City; State; Zip Code Austin, TX 78723	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Occupational Therapy Assistant Student		Employer (See Instructions)
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clearman, Anna <hr/> Contributor address; City; State; Zip Code Houston , TX 77021	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Occupational Therapist		Employer (See Instructions)
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, Paula <hr/> Contributor address; City; State; Zip Code Southlake, TX 76092	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Occupational Therapist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/5 Rpt: 5/11
2 FILER NAME Texas Occupational Therapy Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00017033
4 Date 11/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Covarrubias, Isabella 6 Contributor address; City; State; Zip Code Helotes, TX 78023	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Occupational Therapy Student		9 Employer (See Instructions)
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Espinosa, Erika Contributor address; City; State; Zip Code Palacios, TX 77465	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Occupational Therapy Assistant		Employer (See Instructions)
Date 07/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fette, Claudette Contributor address; City; State; Zip Code Rosston, TX 76263	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Occupational Therapist		Employer (See Instructions)
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Forrest, Cali Contributor address; City; State; Zip Code Abilene, TX 79603	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Occupational Therapy Student		Employer (See Instructions)
Date 07/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gardner, Karen Contributor address; City; State; Zip Code BRENHAM, TX 77833	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Occupational Therapist		Employer (See Instructions) Silver Lining Therapy

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/5 Rpt: 6/11
2 FILER NAME Texas Occupational Therapy Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00017033
4 Date 11/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Jennifer <hr/> 6 Contributor address; City; State; Zip Code Waco, TX 76708	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Occupational Therapist		9 Employer (See Instructions)
Date 07/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joseph, Judith <hr/> Contributor address; City; State; Zip Code Houston, TX 77075	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Occupational Therapist		Employer (See Instructions) TOTA
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luna, John <hr/> Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Occupational Therapist		Employer (See Instructions)
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Palos, Genesis <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78257	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Occupational Therapy Student		Employer (See Instructions)
Date 08/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Regli, Carol <hr/> Contributor address; City; State; Zip Code ROUND ROCK, TX 78681	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) occupational therapist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/5 Rpt: 7/11
2 FILER NAME Texas Occupational Therapy Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00017033
4 Date 09/11/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schepis, Karen (Ms.) <hr/> 6 Contributor address; City; State; Zip Code San Marcos, TX 78666	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Occupational Therapist		9 Employer (See Instructions)
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Crystal <hr/> Contributor address; City; State; Zip Code Crowley , TX 76036	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Occupational Therapist		Employer (See Instructions)
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stark, Jason (Mr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77009	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Occupational Therapist		Employer (See Instructions)
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stevenson, Keyona <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78240	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Occupational Therapy Student		Employer (See Instructions)
Date 08/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stricklin, Katherine <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78750	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) occupational therapy assistant		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/5 Rpt: 8/11
2 FILER NAME Texas Occupational Therapy Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00017033
4 Date 11/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vrana, Melody 6 Contributor address; City; State; Zip Code Temple, TX 78501	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Occupational Therapist		9 Employer (See Instructions)
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warner, Emma Contributor address; City; State; Zip Code Abilene, TX 79602	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Occupational Therapy Student		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.

1 Total pages Schedule F1: Sch: 1/1 Rpt: 9/11	2 FILER NAME Texas Occupational Therapy Association Political Action	3 Filer ID (Ethics Commission Filers) 00017033
4 Date 11/12/2025	5 Payee name Representative Armando Walle Campaign	
6 Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2909 East Aldine Amphitheatre Drive Suite 307 Houston, TX 77039	
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 donation.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 1/2 Rpt:	2 FILER NAME Texas Occupational Therapy Association Political Action	3 Filer ID (Ethics Commission Filers) 00017033
4 Date 07/23/2025	5 Payee name Brown, F. Kay	
6 Amount (\$) 50.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 13314 King Circle Cypress, TX 77429	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Refund of donation mistake	(b) Description (See instructions regarding type of information required.) Refunded \$50 to member for duplicate donation.
Date 07/01/2025	Payee name NMI Headquarters -PayScape	
Amount (\$) 17.08 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1450 American Lane, Suite 1200 Schaumburg, IL 60173	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Bank Fees
Date 08/01/2025	Payee name NMI Headquarters -PayScape	
Amount (\$) 23.78 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1450 American Lane, Suite 1200 Schaumburg, IL 60173	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Bank fees.
Date 09/02/2025	Payee name NMI Headquarters -PayScape	
Amount (\$) 16.86 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1450 American Lane, Suite 1200 Schaumburg, IL 60173	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Bank fees.

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 2/2 Rpt:	2 FILER NAME Texas Occupational Therapy Association Political Action	3 Filer ID (Ethics Commission Filers) 00017033
4 Date 10/01/2025	5 Payee name NMI Headquarters -PayScape	
6 Amount (\$) 16.18 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 1450 American Lane, Suite 1200 Schaumburg, IL 60173	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Bank fees.
Date 11/03/2025	Payee name NMI Headquarters -PayScape	
Amount (\$) 13.62 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1450 American Lane, Suite 1200 Schaumburg, IL 60173	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Bank fees.
Date 12/01/2025	Payee name NMI Headquarters -PayScape	
Amount (\$) 46.31 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1450 American Lane, Suite 1200 Schaumburg, IL 60173	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Bank fees.