

CORRECTION/AMENDMENT AFFIDAVIT FOR POLITICAL COMMITTEE

FORM COR-PAC

1 Filer ID (Ethics Commission Filers) 00016388		2 Total pages filed: 22		OFFICE USE ONLY	
3 COMMITTEE NAME Texas Psychological Association PAC				Date Received ELECTRONICALLY FILED 01/20/2026	
4 TREASURER NAME Kiser, Mary Beth				Date Hand-delivered or Date Postmarked	
5 ORIGINAL 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"/> 10th day after campaign treasurer resignation <input type="checkbox"/> Dissolution report <input type="checkbox"/> Other (specify) _____	
6 ORIGINAL PERIOD COVERED		Month Day Year 07/01/2025		Month Day Year THROUGH 12/31/2025	
				Receipt # Amount	
				Date Processed	
				Date Imaged	

7 EXPLANATION OF CORRECTION

The entries listed below were inadvertently left off of original report. We would like to request a waiver of fees in this regard. These entries were reported to preparer after the original report was filed. Thank you for your consideration in this matter.

8 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check the box next to any and all applicable statements:

☒ **Semiannual reports:** I swear or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

☐ **Other reports:** I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Mary Beth Kiser

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

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) 00016388	2 Total pages filed: 22
3 COMMITTEE NAME Texas Psychological Association PAC			OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/20/2026 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 3305 Steck Avenue #200 Austin, TX 78757		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mary Beth NICKNAME LAST SUFFIX Kiser		
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3305 Steck Avenue #200 Austin, TX 78757		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3305 Steck Avenue #200 Austin, TX 78757		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 528-8400		
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 07/01/2025 THROUGH Month Day Year 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	

GO TO PAGE 2

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME Texas Psychological Association PAC	13 Filer ID (Ethics Commission Filers) 00016388
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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.)	

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	\$ 4,132.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 10,833.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 34.07
	4. TOTAL POLITICAL EXPENDITURES	\$ 884.56
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 15,338.65
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

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

Mary Beth Kiser

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
4 of 22

17 COMMITTEE NAME Texas Psychological Association PAC		18 Filer ID (Ethics Commission Filers) 00016388
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 10,833.00
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	\$ 884.56
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/17 Rpt: 5/22
2 FILER NAME Texas Psychological Association PAC		3 Filer ID (Ethics Commission Filers) 00016388
4 Date 08/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ainslie, Daphny (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78731	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Psychologist		9 Employer (See Instructions)
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arnemann, Kelly (Dr.) <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78247	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Licensed Psychologist		Employer (See Instructions)
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arnemann, Kelly (Dr.) <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78247	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Licensed Psychologist		Employer (See Instructions)
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ashtari, Elaheh <hr/> Contributor address; City; State; Zip Code Houston, TX 77073	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Licensed Psychologist		Employer (See Instructions)
Date 08/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bagwell, Paul (Dr.) <hr/> Contributor address; City; State; Zip Code Las Vegas, NM 87701	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/17 Rpt: 6/22
2 FILER NAME Texas Psychological Association PAC		3 Filer ID (Ethics Commission Filers) 00016388
4 Date 10/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baldwin, Laurie (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Bellaire, TX 77401	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Licensed Psychologist		9 Employer (See Instructions)
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bannister, Marie (Dr.) <hr/> Contributor address; City; State; Zip Code Dallas, TX 75229	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Licensed Psychologist		Employer (See Instructions)
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Batra, Shalini (Dr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78759	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions)
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Branaman, Tim (Dr.) <hr/> Contributor address; City; State; Zip Code Richardson, TX 75080	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Licensed Psychologist		Employer (See Instructions)
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Branaman, Tim (Dr.) <hr/> Contributor address; City; State; Zip Code Richardson, TX 75080	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Licensed Psychologist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/17 Rpt: 7/22
2 FILER NAME Texas Psychological Association PAC		3 Filer ID (Ethics Commission Filers) 00016388
4 Date 11/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bray, James 6 Contributor address; City; State; Zip Code Austin, TX 78712	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Licensed Psychologist		9 Employer (See Instructions)
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brothers, Gail C (Dr.) Contributor address; City; State; Zip Code Fort Worth, TX 76109-3920	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Licensed Psychologist		Employer (See Instructions)
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryan, Tamara (Dr.) Contributor address; City; State; Zip Code Austin, TX 78731	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Licensed Psychologist		Employer (See Instructions)
Date 08/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burks, Robin (Dr.) Contributor address; City; State; Zip Code Houston, TX 77005	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions)
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burks, Robin (Dr.) Contributor address; City; State; Zip Code Houston, TX 77005	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/17 Rpt: 8/22
2 FILER NAME Texas Psychological Association PAC		3 Filer ID (Ethics Commission Filers) 00016388
4 Date 09/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buser, Sam (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77083	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Psychologist		9 Employer (See Instructions)
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chanderbhan-Forde, Susan (Dr.) <hr/> Contributor address; City; State; Zip Code Laredo, TX 78041	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Licensed Psychologist		Employer (See Instructions)
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chanderbhan-Forde, Susan (Dr.) <hr/> Contributor address; City; State; Zip Code Laredo, TX 78041	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Licensed Psychologist		Employer (See Instructions)
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chanderbhan-Forde, Susan (Dr.) <hr/> Contributor address; City; State; Zip Code Laredo, TX 78041	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Licensed Psychologist		Employer (See Instructions)
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chanderbhan-Forde, Susan (Dr.) <hr/> Contributor address; City; State; Zip Code Laredo, TX 78041	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Licensed Psychologist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/17 Rpt: 9/22
2 FILER NAME Texas Psychological Association PAC		3 Filer ID (Ethics Commission Filers) 00016388
4 Date 09/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chapa, Beatrice (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Garden Ridge, TX 78266	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Psychologist		9 Employer (See Instructions)
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chapa, Beatrice (Dr.) <hr/> Contributor address; City; State; Zip Code Garden Ridge, TX 78266	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions)
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Collins-Jones, Teresa (Dr.) <hr/> Contributor address; City; State; Zip Code Dallas, TX 75287	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Licensed Psychologist		Employer (See Instructions)
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Collins-Jones, Teresa (Dr.) <hr/> Contributor address; City; State; Zip Code Dallas, TX 75287	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Licensed Psychologist		Employer (See Instructions)
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cramer , Robert (Dr.) <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78413	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Licensed Psychologist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/17 Rpt: 10/22
2 FILER NAME Texas Psychological Association PAC		3 Filer ID (Ethics Commission Filers) 00016388
4 Date 11/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Delatorre, John (Dr.) 6 Contributor address; City; State; Zip Code San Antonio, TX 78253	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Licensed Psychologist		9 Employer (See Instructions)
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deschner, Martin (Dr.) Contributor address; City; State; Zip Code Dallas, TX 75390	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Licensed Psychologist		Employer (See Instructions)
Date 08/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dodrill, Carrie (Dr.) Contributor address; City; State; Zip Code San Antonio, TX 78209	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions)
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dorsey, Nicole (Dr.) Contributor address; City; State; Zip Code Houston, TX 77024	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions)
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fallis, Emily (Dr.) Contributor address; City; State; Zip Code Dallas, TX 75208	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Phychologist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/17 Rpt: 11/22
2 FILER NAME Texas Psychological Association PAC		3 Filer ID (Ethics Commission Filers) 00016388
4 Date 09/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flynn, Michael (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76102	7 Amount of Contribution (\$) <div style="text-align: right;">\$50.00</div>
8 Principal occupation / Job title (See Instructions) Psychologist		9 Employer (See Instructions)
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garrison, Lance (Dr.) <hr/> Contributor address; City; State; Zip Code McKinney, TX 75071	Amount of Contribution (\$) <div style="text-align: right;">\$50.00</div>
Principal occupation / Job title (See Instructions) Licensed Psychologist		Employer (See Instructions)
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Godfrey Ph.D, John (Dr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78731	Amount of Contribution (\$) <div style="text-align: right;">\$50.00</div>
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions)
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Godfrey Ph.D, John (Dr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78731	Amount of Contribution (\$) <div style="text-align: right;">\$50.00</div>
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions)
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Green, Heyward (Dr.) <hr/> Contributor address; City; State; Zip Code Waco, TX 76712	Amount of Contribution (\$) <div style="text-align: right;">\$50.00</div>
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/17 Rpt: 12/22
2 FILER NAME Texas Psychological Association PAC		3 Filer ID (Ethics Commission Filers) 00016388
4 Date 11/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Green, Heyward (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Waco, TX 76712	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Psychologist		9 Employer (See Instructions)
Date 07/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grothues, Carol (Dr.) <hr/> Contributor address; City; State; Zip Code Dripping Springs, TX 78620	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions)
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grothues, Carol (Dr.) <hr/> Contributor address; City; State; Zip Code Dripping Springs, TX 78620	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions)
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guzman, Samantha (Dr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77021	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions)
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hall, Cheryl (Dr.) <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79424	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions) self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/17 Rpt: 13/22
2 FILER NAME Texas Psychological Association PAC		3 Filer ID (Ethics Commission Filers) 00016388
4 Date 11/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hand, Michael (Dr.) <hr/> 6 Contributor address; City; State; Zip Code El Paso, TX 79912	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Psychologist		9 Employer (See Instructions) Self
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hart, Suzanne (Dr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78751	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Licensed Psychologist		Employer (See Instructions)
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haskovec, Charles (Dr.) <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76126	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Licensed Psychologist		Employer (See Instructions)
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hill, David <hr/> Contributor address; City; State; Zip Code Austin, TX 78752	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Licensed Psychologist		Employer (See Instructions)
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) July, William (Dr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77092	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Licensed Psychologist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/17 Rpt: 14/22
2 FILER NAME Texas Psychological Association PAC		3 Filer ID (Ethics Commission Filers) 00016388
4 Date 11/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kranz, Sarah (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Longview, TX 75605	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Licensed Psychologist		9 Employer (See Instructions)
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kurus, Samantha (Dr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77057	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions)
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laviage, Marcia <hr/> Contributor address; City; State; Zip Code Houston, TX 77005	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Licensed Psychologist		Employer (See Instructions)
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leavell, Kari (Dr.) <hr/> Contributor address; City; State; Zip Code Grapevine, TX 76051	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Licensed Psychologist		Employer (See Instructions)
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leavell, Kari (Dr.) <hr/> Contributor address; City; State; Zip Code Grapevine, TX 76051	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Licensed Psychologist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/17 Rpt: 15/22
2 FILER NAME Texas Psychological Association PAC		3 Filer ID (Ethics Commission Filers) 00016388
4 Date 10/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leavell, Kari (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Grapevine, TX 76051	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Licensed Psychologist		9 Employer (See Instructions)
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leavell, Kari (Dr.) <hr/> Contributor address; City; State; Zip Code Grapevine, TX 76051	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Licensed Psychologist		Employer (See Instructions)
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leavell, Kari (Dr.) <hr/> Contributor address; City; State; Zip Code Grapevine, TX 76051	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Licensed Psychologist		Employer (See Instructions)
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lockart, Elle (Dr.) <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76132	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions)
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Longtain, Melinda (Ms.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78731	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/17 Rpt: 16/22
2 FILER NAME Texas Psychological Association PAC		3 Filer ID (Ethics Commission Filers) 00016388
4 Date 11/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Medina, Maria (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78741	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Psychologist		9 Employer (See Instructions)
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mouton-Odum, Suzanne (Dr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77063	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions)
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Niemela-Waller, Kirsi (Dr.) <hr/> Contributor address; City; State; Zip Code Arlington, TX 76001	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions)
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Orellana, Tessa (Dr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77021	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions)
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parrott, Charlotte (Dr.) <hr/> Contributor address; City; State; Zip Code Bellaire, TX 77401	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Licensed Psychologist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/17 Rpt: 17/22
2 FILER NAME Texas Psychological Association PAC		3 Filer ID (Ethics Commission Filers) 00016388
4 Date 11/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perez, Erica (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Edinburg, TX 78541	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Psychologist		9 Employer (See Instructions)
Date 08/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pujol, Lynette (Dr.) <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78255	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions) self
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richeson, Elizabeth (Dr.) <hr/> Contributor address; City; State; Zip Code El Paso, TX 79912	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions)
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robertson, Stephanie (Dr.) <hr/> Contributor address; City; State; Zip Code Stephenville, TX 76402	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Licensed Psychologist		Employer (See Instructions)
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sallee, Allison (Dr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78746	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/17 Rpt: 18/22
2 FILER NAME Texas Psychological Association PAC		3 Filer ID (Ethics Commission Filers) 00016388
4 Date 10/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scholl, Dennis (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Somerset, TX 78069	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Psychologist		9 Employer (See Instructions)
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scholl, Dennis (Dr.) <hr/> Contributor address; City; State; Zip Code Somerset, TX 78069	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions)
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Siciliano Avila, Connie (Dr.) <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions)
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sprinkle, Brenda (Ms.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77024	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions)
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Larry (Dr.) <hr/> Contributor address; City; State; Zip Code Brenham, TX 77833	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/17 Rpt: 19/22
2 FILER NAME Texas Psychological Association PAC		3 Filer ID (Ethics Commission Filers) 00016388
4 Date 11/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Varela-Rios, Martha (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Alton, TX 78573	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Psychologist		9 Employer (See Instructions)
Date 08/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vasquez, Melba (Dr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78746	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions)
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Westhoven, Venette (Dr.) <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Licensed Psychologist		Employer (See Instructions)
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Westhoven, Venette (Dr.) <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Licensed Psychologist		Employer (See Instructions)
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams Thomas, Joycelyn (Dr.) <hr/> Contributor address; City; State; Zip Code Fort Worth , TX 76116	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Licensed Psychologist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/17 Rpt: 20/22
2 FILER NAME Texas Psychological Association PAC		3 Filer ID (Ethics Commission Filers) 00016388
4 Date 11/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wooten, H. Denise (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Flower Mound, TX 75028	7 Amount of Contribution (\$) \$101.00
8 Principal occupation / Job title (See Instructions) Licensed Psychologist		9 Employer (See Instructions)
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wooten, H. Denise (Dr.) <hr/> Contributor address; City; State; Zip Code Flower Mound, TX 75028	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Licensed Psychologist		Employer (See Instructions)
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Worsham Jr., John (Dr.) <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78212	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Licensed Psychologist		Employer (See Instructions)
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Worsham Jr., John (Dr.) <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78212	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Licensed Psychologist		Employer (See Instructions)
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Sharon (Dr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77006	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 17/17 Rpt: 21/22

2 FILER NAME

Texas Psychological Association PAC

3 Filer ID (Ethics Commission Filers)
00016388

4 Date

12/31/2025

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

de las Fuentes, Cynthia (Dr.)

7 Amount of Contribution (\$)

\$100.00

6 Contributor address; City; State; Zip Code

Austin, TX 78746

8 Principal occupation / Job title (See Instructions)

Licensed Psychologist

9 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: 22/22	2 FILER NAME Texas Psychological Association PAC	3 Filer ID (Ethics Commission Filers) 00016388
4 Date 12/16/2025	5 Payee name Deluxe Business Systems	
6 Amount (\$) \$150.49 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 5625 W Spring Creek Pkwy Deluxe, MN 55402	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(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 check reorder
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/15/2025	Payee name VAN BIBBER, DEBBIE (Ms.)	
Amount (\$) \$700.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 12609 Dessau Rd., Lot 519 Austin, TX 78754	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contract labor
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held