MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC
COVER SHEET PG 1

The MPAC Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers): 00011832

2 Total pages filed: 9

3 COMMITTEE NAME
Texas Chiropractic Assn. PAC

OFFICE USE ONLY

Date Received
ELECTRONICALLY FILED
03/05/2026

Date Hand-delivered or Date Postmarked

Receipt # Amount

Date Processed

Date Imaged

4 COMMITTEE ADDRESS
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP
1122 Colorado St., Suite 307

Austin, TX 78701-2132

5 CAMPAIGN TREASURER NAME
MS / MRS / MR: Dr.
FIRST: Korey
MI:
NICKNAME:
LAST: Rose
SUFFIX:

6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)
STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
368 N. Union Ave.

New Braunfels, TX 78130

7 CAMPAIGN TREASURER MAILING ADDRESS
STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
368 N. Union Ave.

New Braunfels, TX 78130

8 CAMPAIGN TREASURER PHONE
AREA CODE PHONE NUMBER EXTENSION
(830) 629-3101

9 REPORT TYPE

- [X] Monthly
- [ ] 10th day after campaign treasurer termination
- [ ] Dissolution (Attach PAC-DR)

10 MONTHLY REPORT FILING DEADLINE

- [ ] January 5
- [ ] February 5
- [X] March 5
- [ ] April 5
- [ ] May 5
- [ ] June 5
- [ ] July 5
- [ ] August 5
- [ ] September 5
- [ ] October 5
- [ ] November 5
- [ ] December 5

11 PERIOD COVERED
Month Day Year: 01/26/2026
THROUGH
Month Day Year: 02/25/2026

GO TO PAGE 2

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC
COVER SHEET PG 2

12 COMMITTEE NAME	**13** Filer ID (Ethics Commission Filers)
Texas Chiropractic Assn. PAC	00011832

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) [X] check here if this report qualifies for the higher itemization threshold	$ 394.09
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 1,549.08
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	$ 2,579.95
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 22,396.74
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.

Dr. Korey Rose

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 - MPAC

FORM MPAC
COVER SHEET PG 3

17 COMMITTEE NAME	**18** Filer ID (Ethics Commission Filers)
Texas Chiropractic Assn. PAC	00011832

19 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	[X]	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	**$** 1,549.08
2.	[X]	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	**$** 0.00
3.	[X]	SCHEDULE B: PLEDGED CONTRIBUTIONS	**$** 0.00
4.	[ ]	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	**$**
5.	[ ]	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	**$**
6.	[ ]	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	**$**
7.	[ ]	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	**$**
8.	[ ]	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	**$**
9.	[X]	SCHEDULE E: LOANS	**$** 0.00
10.	[X]	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	**$** 2,579.95
11.	[X]	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	**$** 0.00
12.	[X]	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	**$** 0.00
13.	[X]	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	**$** 0.00
14.	[ ]	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	**$**
15.	[ ]	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: 1/3 Rpt: 4/9

2 FILER NAME: Texas Chiropractic Assn. PAC

3 Filer ID (Ethics Commission Filers): 00011832

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
02/21/2026	Ashby D.C., Michael (Dr.)	$50.00
	6 Contributor address; City; State; Zip Code: Garland, TX 75044	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Chiropractor	Self

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/12/2026	Bailey D.C., Ryan (Mr.)	$100.00
	Contributor address; City; State; Zip Code: Abilene, TX 79605	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Doctor of Chiropractic	Self

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/05/2026	Blackwell D.C., Jon	$50.00
	Contributor address; City; State; Zip Code: Amarillo, TX 79109	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Doctor of Chiropractic	Self

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/02/2026	Glover, Anne	$85.49
	Contributor address; City; State; Zip Code: Houston, TX 77079	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Regional Developer	The Joint

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/27/2026	Montgomery, Micah	$100.00
	Contributor address; City; State; Zip Code: Belton, TX 76513	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Chiropractor	Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 2/3 Rpt: 5/9

2 FILER NAME: Texas Chiropractic Assn. PAC

3 Filer ID (Ethics Commission Filers): 00011832

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
02/02/2026	Oteo D.C., Andrew (Mr.)	$257.50
	6 Contributor address; City; State; Zip Code: Frisco, TX 75035	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Chiropractor	Self

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/29/2026	Pettiet D.C., Devin	$50.00
	Contributor address; City; State; Zip Code: Tomball, TX 77375	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Chiropractor	Self

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/10/2026	Sanders D.C., Stephen (Mr.)	$257.50
	Contributor address; City; State; Zip Code: Fort Worth, TX 76108	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Chiropractor	Self

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/30/2026	Stamps, John	$51.50
	Contributor address; City; State; Zip Code: New Braunfels, TX 78132	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Chiropractor	Self

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/29/2026	White, Don	$103.00
	Contributor address; City; State; Zip Code: Benbrook, TX 76126	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Chiropractor	Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 3/3 Rpt: 6/9

2 FILER NAME
Texas Chiropractic Assn. PAC

3 Filer ID (Ethics Commission Filers)
00011832

4 Date
02/21/2026

5 Full name of contributor ☐ out-of-state PAC (ID#:_____)
Whitehead D.C., J. Todd (Dr.)

6 Contributor address; City; State; Zip Code
Amarillo, TX 79106

7 Amount of Contribution ($)
$50.00

8 Principal occupation / Job title (See Instructions)
Doctor of Chiropractic

9 Employer (See Instructions)
self

PLEDGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.	**1** Total pages Schedule B: Sch: 1/1 Rpt: 7/9
2 FILER NAME Texas Chiropractic Assn. PAC	**3** Filer ID (Ethics Commission Filers) 00011832
4 TOTAL OF UNITEMIZED PLEDGES	**$** 0.00

5 Date	**6** Full name of pledgor ☐ out-of-state PAC (ID#:_____)	**8** Amount of pledge ($)	**9** In-kind description (If applicable)
	7 Pledgor Address; City; State; Zip Code		

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)	**11** Employer (See Instructions)

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:
Sch: 1/1 Rpt: 8/9

2 FILER NAME
Texas Chiropractic Assn. PAC

3 Filer ID (Ethics Commission Filers)
00011832

4 TOTAL OF UNITEMIZED LOANS — **$** 0.00

5 Date of loan

7 Name of lender ☐ out-of-state PAC (ID#:_____)

9 Loan Amount ($)

6 Is lender a financial institution?

8 Lender address; City; State; Zip Code

10 Interest Rate

11 Maturity Date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral
☐ None

15 Check if personal funds were deposited into political account (See Instructions) ☐

16 GUARANTOR INFORMATION
☐ not applicable

17 Name of guarantor

18 Guarantor address; City; State; Zip Code

19 Amount Guaranteed ($)

20 Principal occupation

21 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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 1/1 Rpt: 9/9	Texas Chiropractic Assn. PAC	00011832

4 Date	5 Payee name
01/26/2026	David Cook Campaign

6 Amount ($)	7 Payee address; City; State; Zip Code
$2,500.00 ☐ Expenditure from corporate funds	504 Austin Avenue Waco, TX 76701

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Contributions/Donations Made By Candidate/Officeholder/Political Committee	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense campaign contribution

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
02/02/2026	Intuit

Amount ($)	Payee address; City; State; Zip Code
$79.95 ☐ Expenditure from corporate funds	2800 E. Commerce Center Place Tuscon, AZ 85706

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Accounting/Banking	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense accounting software

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held