

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) 00086025	2 Total pages filed: 15
3 COMMITTEE NAME Texas Physicians For Patients PAC		OFFICE USE ONLY	
		Date Received ELECTRONICALLY FILED 07/14/2023	
		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 204 Gateway N Ste A Marble Falls, TX 78654		
	5 CAMPAIGN TREASURER NAME MS / MRS / MR FIRST Patricia MI <hr/> NICKNAME LAST SUFFIX Aronin M.D.		
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1201 Havre Lafitte Dr Austin, TX 78746		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 204 Gateway North Ste. A Marble Falls, TX 78654		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 203-0950		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input checked="" 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 01/01/2023 THROUGH 06/30/2023		
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 Physicians For Patients PAC	13 Filer ID (Ethics Commission Filers) 00086025
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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)	\$ 0.00
	<input checked="" type="checkbox"/> check here if this report qualifies for the higher itemization threshold	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,286.67
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 26,744.83
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.

Patricia Aronin M.D.

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

17 COMMITTEE NAME Texas Physicians For Patients PAC		18 Filer ID 00086025	(Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	5,286.67
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 type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
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: 1/11 Rpt: 4/15
2 FILER NAME Texas Physicians For Patients PAC		3 Filer ID (Ethics Commission Filers) 00086025
4 Date 06/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adkins M.D., Alyssa (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Andrews, TX 79714	
8 Principal occupation / Job title (See Instructions) physician		9 Employer (See Instructions)
Date 03/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bowden-McCay M.D., Crystal (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Georgetown, TX 78633	
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions)
Date 01/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Delgado M.D., Fabrizio (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code EL PASO, TX 79912-2478	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 01/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Delgado M.D., Fabrizio (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code EL PASO, TX 79912-2478	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 02/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Delgado M.D., Fabrizio (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code EL PASO, TX 79912-2478	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/11 Rpt: 5/15
2 FILER NAME Texas Physicians For Patients PAC		3 Filer ID (Ethics Commission Filers) 00086025
4 Date 02/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Delgado M.D., Fabrizzio (Dr.) 6 Contributor address; City; State; Zip Code EL PASO, TX 79912-2478	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 03/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Delgado M.D., Fabrizzio (Dr.) Contributor address; City; State; Zip Code EL PASO, TX 79912-2478	Amount of Contribution (\$) \$48.06
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Delgado M.D., Fabrizzio (Dr.) Contributor address; City; State; Zip Code EL PASO, TX 79912-2478	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 04/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Delgado M.D., Fabrizzio (Dr.) Contributor address; City; State; Zip Code EL PASO, TX 79912-2478	Amount of Contribution (\$) \$48.06
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 04/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Delgado M.D., Fabrizzio (Dr.) Contributor address; City; State; Zip Code EL PASO, TX 79912-2478	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/11 Rpt: 6/15
2 FILER NAME Texas Physicians For Patients PAC		3 Filer ID (Ethics Commission Filers) 00086025
4 Date 05/12/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Delgado M.D., Fabrizzio (Dr.) <hr/> 6 Contributor address; City; State; Zip Code EL PASO, TX 79912-2478	7 Amount of Contribution (\$) \$48.06
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 05/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Delgado M.D., Fabrizzio (Dr.) <hr/> Contributor address; City; State; Zip Code EL PASO, TX 79912-2478	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 06/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Delgado M.D., Fabrizzio (Dr.) <hr/> Contributor address; City; State; Zip Code EL PASO, TX 79912-2478	Amount of Contribution (\$) \$48.06
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 06/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Delgado M.D., Fabrizzio (Dr.) <hr/> Contributor address; City; State; Zip Code EL PASO, TX 79912-2478	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 03/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gill M.D., Shazia (Dr.) <hr/> Contributor address; City; State; Zip Code Woodlands, TX 77385	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Infectious disease physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/11 Rpt: 7/15
2 FILER NAME Texas Physicians For Patients PAC		3 Filer ID (Ethics Commission Filers) 00086025
4 Date 01/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hall M.D., Brian (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Ft. Hood, TX 76544	
8 Principal occupation / Job title (See Instructions) ER physician		9 Employer (See Instructions)
Date 01/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hampton M.D., Brenda (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Garland, TX 75042	
Principal occupation / Job title (See Instructions) family member physician		Employer (See Instructions)
Date 01/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hines M.D., Lorissa (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78732	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 01/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hines M.D., Lorissa (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78732	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 02/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hines M.D., Lorissa (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78705	
Principal occupation / Job title (See Instructions) ER physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/11 Rpt: 8/15
2 FILER NAME Texas Physicians For Patients PAC		3 Filer ID (Ethics Commission Filers) 00086025
4 Date 02/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hines M.D., Lorissa (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Austin, TX 78705	
8 Principal occupation / Job title (See Instructions) ER physician		9 Employer (See Instructions)
Date 03/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hines M.D., Lorissa (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78705	
Principal occupation / Job title (See Instructions) ER physician		Employer (See Instructions)
Date 03/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hines M.D., Lorissa (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78705	
Principal occupation / Job title (See Instructions) ER physician		Employer (See Instructions)
Date 04/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hines M.D., Lorissa (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78705	
Principal occupation / Job title (See Instructions) ER physician		Employer (See Instructions)
Date 04/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hines M.D., Lorissa (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78705	
Principal occupation / Job title (See Instructions) ER physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/11 Rpt: 9/15
2 FILER NAME Texas Physicians For Patients PAC		3 Filer ID (Ethics Commission Filers) 00086025
4 Date 05/01/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hines M.D., Lorissa (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Austin, TX 78705	
8 Principal occupation / Job title (See Instructions) ER physician		9 Employer (See Instructions)
Date 05/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hines M.D., Lorissa (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78705	
Principal occupation / Job title (See Instructions) ER physician		Employer (See Instructions)
Date 06/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hines M.D., Lorissa (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78705	
Principal occupation / Job title (See Instructions) ER physician		Employer (See Instructions)
Date 06/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hines M.D., Lorissa (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78705	
Principal occupation / Job title (See Instructions) ER physician		Employer (See Instructions)
Date 01/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones M.D., Zach (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Frisco, TX 75034	
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/11 Rpt: 10/15
2 FILER NAME Texas Physicians For Patients PAC		3 Filer ID (Ethics Commission Filers) 00086025
4 Date 02/15/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones M.D., Zach (Dr.)	7 Amount of Contribution (\$) \$81.08
	6 Contributor address; City; State; Zip Code Frisco, TX 75034	
8 Principal occupation / Job title (See Instructions) physician		9 Employer (See Instructions)
Date 03/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones M.D., Zach (Dr.)	Amount of Contribution (\$) \$81.08
	Contributor address; City; State; Zip Code Frisco, TX 75034	
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions)
Date 01/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Khalaf M.D., Taleen (Dr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Tomball, TX 77377	
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions)
Date 02/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Khalaf M.D., Taleen (Dr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Tomball, TX 77377	
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions)
Date 05/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Khalaf M.D., Taleen (Dr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Tomball, TX 77377	
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/11 Rpt: 11/15
2 FILER NAME Texas Physicians For Patients PAC		3 Filer ID (Ethics Commission Filers) 00086025
4 Date 06/01/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Khalaf M.D., Taleen (Dr.)	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Tomball, TX 77377	
8 Principal occupation / Job title (See Instructions) physician		9 Employer (See Instructions)
Date 01/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Madhavapeddi M.D., Naga (Dr.)	Amount of Contribution (\$) \$120.00
	Contributor address; City; State; Zip Code Richardson, TX 75080	
Principal occupation / Job title (See Instructions) family medicine physician		Employer (See Instructions)
Date 01/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez M.D., Dora (Dr.)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Harlingen, TX 78550	
Principal occupation / Job title (See Instructions) Familiy Medicine Physician		Employer (See Instructions)
Date 05/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen M.D., Alexis (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Ft. Worth, TX 76109	
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions)
Date 05/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sholar Chen Serenity Med	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Austin, TX 78734	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/11 Rpt: 12/15
2 FILER NAME Texas Physicians For Patients PAC		3 Filer ID (Ethics Commission Filers) 00086025
4 Date 01/01/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tharp M.D., Katherine (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Waco, TX 76708	
8 Principal occupation / Job title (See Instructions) Psychiatrist		9 Employer (See Instructions)
Date 02/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tharp M.D., Katherine (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Waco, TX 76708	
Principal occupation / Job title (See Instructions) Psychiatrist		Employer (See Instructions)
Date 03/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tharp M.D., Katherine (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Waco, TX 76708	
Principal occupation / Job title (See Instructions) Psychiatrist		Employer (See Instructions)
Date 04/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tharp M.D., Katherine (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Waco, TX 76708	
Principal occupation / Job title (See Instructions) Psychiatrist		Employer (See Instructions)
Date 05/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tharp M.D., Katherine (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Waco, TX 76708	
Principal occupation / Job title (See Instructions) Psychiatrist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/11 Rpt: 13/15
2 FILER NAME Texas Physicians For Patients PAC		3 Filer ID (Ethics Commission Filers) 00086025
4 Date 06/01/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tharp M.D., Katherine (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Waco, TX 76708	7 Amount of Contribution (\$) \$96.62
8 Principal occupation / Job title (See Instructions) Psychiatrist		9 Employer (See Instructions)
Date 01/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tollemache M.D., Julie (Dr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78751	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Psychiatrist		Employer (See Instructions)
Date 02/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tollemache M.D., Julie (Dr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78751	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Psychiatrist		Employer (See Instructions)
Date 03/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tollemache M.D., Julie (Dr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78751	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Psychiatrist		Employer (See Instructions)
Date 04/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tollemache M.D., Julie (Dr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78751	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Psychiatrist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/11 Rpt: 14/15
2 FILER NAME Texas Physicians For Patients PAC		3 Filer ID (Ethics Commission Filers) 00086025
4 Date 05/19/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tollemache M.D., Julie (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78751	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Psychiatrist		9 Employer (See Instructions)
Date 06/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tollemache M.D., Julie (Dr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78751	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Psychiatrist		Employer (See Instructions)

TEXT ANNOTATION

Sch: 1/1 Rpt: 15/15

FILER NAME

Texas Physicians For Patients PAC

Filer ID (Ethics Commission Filers)

00086025

Schedule

Cover Sheet

Information entered by filer as a memo:

The prior semiannual report only covered the period 10/30/22 thru 12/31/22