FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00016860 3 COMMITTEE NAME **OFFICE USE ONLY** Texas Academy of Family Physicians PAC Date Received **ELECTRONICALLY FILED** 07/05/2023 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY: STATE: ZIP CODE **ADDRESS** 12012 Technology Blvd., Ste. 200 Date Hand-delivered or Date Postmarked Change of Address Austin, TX 78727-6207 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Tom NAME NICKNAME LAST **SUFFIX** Banning STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 12012 Technology Blvd., Ste. 200 STREET **ADDRESS** (Residence or Business) Austin, TX 78727-6207 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 12012 Technology Blvd., Ste. 200 MAILING **ADDRESS** Austin, TX 78727-6207 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 329-8666 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Х Runoff 10 PERIOD Year Day Month Year Day Month **COVERED THROUGH** 01/01/2023 06/30/2023 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Other Runoff General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Texas Academy of Far	mily Physicians PAC		00016860	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M check here if this report	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	8,920.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	66,303.26
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	HE \$	0.00
16 AFFIDAVIT				
		I swear, or affirm, under penalty of pe true and correct and includes all informunder Title 15, Election Code.		
		Mr. Tom	Banning	
		Signature of Cal	npaign Treasur	er
AFFIX NOTAR	Y STAMP / SEAL ABOVE			
Sworn to and subscribe	d before me, by the said	, tł	nis the	day
		which, witness my hand and seal of office.		
Signature of officer a	dministering oath	Printed name of officer administering oath	Title of office	er administering oath

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3

				3 of 42
17 COMMIT	TEE NAME	18 Filer ID	(Ethics Commission	Filers)
Texas A	cademy of Family Physicians PAC	00016860		
	ILE SUBTOTALS F SCHEDULE	1	SUBTOTAL AN	MOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	8,920.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION	DR	\$	
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$	
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	SANIZATION	\$	
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	2	\$	
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR	ORGANIZATION	\$	
9.	SCHEDULE E: LOANS		\$	
10.	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTI	ONS	\$	
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 1/39 Rpt: 4/42	
2	FILER NAME Texas Acade	emy of Family Physicians PAC		3	Filer ID (Ethics Commission 00016860	Filers)
4	Date 01/13/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$30.00
_		Huntsville, TX 77320-1951				
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions	i)		
	Date 02/13/2023	Full name of contributor out-of-state PAC (ID#: Aiena M.D., Lane (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$30.00
	Principal occu	Huntsville, TX 77320-1951 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Physician					
	Date 03/13/2023	Full name of contributor out-of-state PAC (ID#: Aiena M.D., Lane (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$30.00
		Huntsville, TX 77320-1951				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 04/13/2023	Full name of contributor out-of-state PAC (ID#:Aiena M.D., Lane (Dr.) Contributor address; City; State; Zip Code Huntsville, TX 77320-1951			Amount of Contribution (\$)	\$30.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 05/13/2023	Full name of contributor out-of-state PAC (ID#: Aiena M.D., Lane (Dr.) Contributor address; City; State; Zip Code Huntsville, TX 77320-1951)		Amount of Contribution (\$)	\$30.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	()		
		1				

	MONET	ARY POLITICAL CONTRIBUTIONS		SCHEDULE A1
	The Instru	ction Guide explains how to complete this form.		l pages Schedule A1: : 2/39 Rpt: 5/42
2	FILER NAME Texas Acade	emy of Family Physicians PAC		ID (Ethics Commission Filers) 16860
4	Date 06/13/2023	5 Full name of contributor out-of-state PAC (ID#: Aiena M.D., Lane (Dr.) 6 Contributor address; City; State; Zip Code		unt of Contribution (\$) \$30.00
_		Huntsville, TX 77320-1951		
8	Principal occu Physician	pation / Job title (See Instructions) 9 Empl	oyer (See Instructions)	
	Date 02/02/2023	Full name of contributor out-of-state PAC (ID#: Alberda M.D., Kelly (Dr.) Contributor address; City; State; Zip Code) Amo	unt of Contribution (\$) \$30.00
	Principal occu	Austin, TX 78756-2433 pation / Job title (See Instructions) Empl	oyer (See Instructions)	
	Physician			
	Date 05/02/2023	Full name of contributor out-of-state PAC (ID#: Alberda M.D., Kelly (Dr.) Contributor address; City; State; Zip Code) Amc	unt of Contribution (\$) \$30.00
		Austin, TX 78756-2433		
	Principal occu Physician	pation / Job title (See Instructions) Empl	oyer (See Instructions)	
	Date 01/24/2023	Full name of contributor out-of-state PAC (ID#:		unt of Contribution (\$) \$100.00
	Principal occu	<u> </u>	oyer (See Instructions)	
	Date	Full name of contributor) Amo	unt of Contribution (\$)
	02/24/2023	Bartos M.D., Justin (Dr.) Contributor address; City; State; Zip Code		\$100.00
	Principal occu Physician	North Richland Hills, TX 76180-8338 pation / Job title (See Instructions) Empl	oyer (See Instructions)	
		•		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 3/39 Rpt: 6/42	
2	FILER NAME Texas Acade	emy of Family Physicians PAC		3	Filer ID (Ethics Commission 00016860	n Filers)
4	Date 03/24/2023	5 Full name of contributor out-of-state PAC (ID#:_ Bartos M.D., Justin (Dr.) 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$100.00
_	Deignainal agai	North Richland Hills, TX 76180-8338	O Familia var (Coo la atrustia an			
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date 04/24/2023	Full name of contributor out-of-state PAC (ID#:_Bartos M.D., Justin (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
		North Richland Hills, TX 76180-8338				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 05/24/2023	Full name of contributor out-of-state PAC (ID#:_ Bartos M.D., Justin (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
		North Richland Hills, TX 76180-8338				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 06/24/2023	Full name of contributor out-of-state PAC (ID#: Bartos M.D., Justin (Dr.) Contributor address; City; State; Zip Code North Richland Hills, TX 76180-8338)		Amount of Contribution (\$)	\$100.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 01/11/2023	Full name of contributor out-of-state PAC (ID#:_ Benold M.D., Stephen (Dr.) Contributor address; City; State; Zip Code Georgetown, TX 78628-5320			Amount of Contribution (\$)	\$25.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONEI	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 4/39 Rpt: 7/42	
2	FILER NAME	amy of Family Physicians DAC		3	Filer ID (Ethics Commission 00016860	Filers)
_		emy of Family Physicians PAC		_		
4	Date 02/11/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$25.00
_	Drivering	Georgetown, TX 78628-5320	2 Employ (Contraction)			
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	03/11/2023	Benold M.D., Stephen (Dr.)				\$25.00
		Contributor address; City; State; Zip Code				
		Georgetown, TX 78628-5320				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions))		
	Date	Full name of contributor ut-of-state PAC (ID#:_			Amount of Contribution (\$)	
	04/11/2023	Benold M.D., Stephen (Dr.)				\$25.00
		Contributor address; City; State; Zip Code Georgetown, TX 78628-5320				
	Dringing con		Employer (Coa Instructions)			
	Physician Physician	pation / Job title (See Instructions)	Employer (See Instructions))		
	Date	Full name of contributor ut-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	05/11/2023	Benold M.D., Stephen (Dr.) Contributor address; City; State; Zip Code				\$25.00
		Georgetown, TX 78628-5320				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions))		
	Date	Full name of contributor uut-of-state PAC (ID#:			Amount of Contribution (\$)	
	06/11/2023	Benold M.D., Stephen (Dr.)				\$25.00
		Contributor address; City; State; Zip Code Georgetown, TX 78628-5320				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Physician	,,				

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 5/39 Rpt: 8/42	
2	FILER NAME Texas Acade	emy of Family Physicians PAC		3	Filer ID (Ethics Commission 00016860	Filers)
4	Date 01/30/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$15.00
		Houston, TX 77019-6720				
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 02/28/2023	Full name of contributor out-of-state PAC (ID#: Botsford M.D., Lindsay (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$15.00
	Principal occu	Houston, TX 77019-6720 pation / Job title (See Instructions)	Employer (See Instructions)		
	Physician	(======================================		,		
	Date 03/30/2023	Full name of contributor out-of-state PAC (ID#: Botsford M.D., Lindsay (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$15.00
		Houston, TX 77019-6720				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 04/30/2023	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$15.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 05/30/2023	Full name of contributor out-of-state PAC (ID#: Botsford M.D., Lindsay (Dr.) Contributor address; City; State; Zip Code Houston, TX 77019-6720)		Amount of Contribution (\$)	\$15.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
		1				

	MONEI	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 6/39 Rpt: 9/42	
2	FILER NAME Texas Acade	emy of Family Physicians PAC		3	Filer ID (Ethics Commission 00016860	Filers)
4	Date 06/30/2023	 Full name of contributor out-of-state PAC (ID#:_Botsford M.D., Lindsay (Dr.) Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$15.00
8	Principal occu	Houston, TX 77019-6720 pation / Job title (See Instructions)	Employer (See Instructions)))		
_	Physician Date		Limpleyer (See instructions)	, 	Amount of Contribution (\$)	
	01/17/2023	Full name of contributor out-of-state PAC (ID#: Briggs M.D., Emily (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
	Deinsinal assu	New Braunfels, TX 78130	Franks var (Caa kaatu atisaa			
	Physician	pation / Job title (See Instructions)	Employer (See Instructions))		
	Date 02/17/2023	Full name of contributor out-of-state PAC (ID#:_ Briggs M.D., Emily (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
		New Braunfels, TX 78130				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions))		
	Date 03/17/2023	Full name of contributor out-of-state PAC (ID#:_ Briggs M.D., Emily (Dr.) Contributor address; City; State; Zip Code New Braunfels, TX 78130			Amount of Contribution (\$)	\$10.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Date 04/17/2023	Full name of contributor out-of-state PAC (ID#:_ Briggs M.D., Emily (Dr.) Contributor address; City; State; Zip Code New Braunfels, TX 78130			Amount of Contribution (\$)	\$10.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)	()		

	MONEI	ARY POLITICAL CONTRIBUTIO	NS	SCHEDULE A1
	The Instruc	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 7/39 Rpt: 10/42
2	FILER NAME	emy of Family Physicians PAC		3 Filer ID (Ethics Commission Filers) 00016860
4	Date 05/17/2023	 Full name of contributor uut-of-state PAC (ID#:		7 Amount of Contribution (\$) \$10.00
		New Braunfels, TX 78130		
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions)	s)
	Date 06/17/2023	Full name of contributor out-of-state PAC (ID#: Briggs M.D., Emily (Dr.) Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$10.00
	Principal occu	New Braunfels, TX 78130 pation / Job title (See Instructions)	Employer (See Instructions)	<u> </u>
	Physician	paner, cos uno (coo meneralis)		-,
	Date 01/24/2023	Full name of contributor out-of-state PAC (ID#: Caffrey M.D., Timothy (Dr.) Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$50.00
		San Antonio, TX 78209-6221		
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)	s)
	Date 02/24/2023	Full name of contributor out-of-state PAC (ID#: Caffrey M.D., Timothy (Dr.) Contributor address; City; State; Zip Code San Antonio, TX 78209-6221		Amount of Contribution (\$) \$50.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)	s)
	Date 03/24/2023	Full name of contributor out-of-state PAC (ID#:Caffrey M.D., Timothy (Dr.) Contributor address; City; State; Zip Code San Antonio, TX 78209-6221		Amount of Contribution (\$) \$50.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)	; s)
		<u>'</u>		

	MONEI	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 8/39 Rpt: 11/42	
2	FILER NAME Texas Acade	emy of Family Physicians PAC		3	Filer ID (Ethics Commission 00016860	Filers)
4	Date 04/24/2023	 Full name of contributor		7	Amount of Contribution (\$)	\$50.00
8	Principal occu Physician	San Antonio, TX 78209-6221 pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date 05/24/2023	Full name of contributor out-of-state PAC (ID#:_Caffrey M.D., Timothy (Dr.) Contributor address; City; State; Zip Code San Antonio, TX 78209-6221)		Amount of Contribution (\$)	\$50.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions))		
	Date 06/24/2023	Full name of contributor out-of-state PAC (ID#:_Caffrey M.D., Timothy (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
		San Antonio, TX 78209-6221 pation / Job title (See Instructions)	Employer (See Instructions))		
	Physician Date 01/10/2023	Full name of contributor out-of-state PAC (ID#:_Chan M.D., Chinglin (Dr.) Contributor address; City; State; Zip Code Sugar Land, TX 77478-3924)		Amount of Contribution (\$)	\$25.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions))		
	Date 02/10/2023	Full name of contributor out-of-state PAC (ID#:_Chan M.D., Chinglin (Dr.) Contributor address; City; State; Zip Code Sugar Land, TX 77478-3924			Amount of Contribution (\$)	\$25.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions))		

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 9/39 Rpt: 12/42	
2	FILER NAME Texas Acade	my of Family Physicians PAC		3	Filer ID (Ethics Commission 00016860	Filers)
4	Date 03/10/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$25.00
_		Sugar Land, TX 77478-3924				
8	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 04/10/2023	Full name of contributor out-of-state PAC (ID#: Chan M.D., Chinglin (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
	Principal occur	Sugar Land, TX 77478-3924 pation / Job title (See Instructions)	Employer (See Instructions)		
	Physician	salion, oss also (coo included)	pie) or (eee meadeans	,		
	Date 05/10/2023	Full name of contributor out-of-state PAC (ID#: Chan M.D., Chinglin (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
		Sugar Land, TX 77478-3924				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 06/10/2023	Full name of contributor out-of-state PAC (ID#: Chan M.D., Chinglin (Dr.) Contributor address; City; State; Zip Code Sugar Land, TX 77478-3924)		Amount of Contribution (\$)	\$25.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 01/27/2023	Full name of contributor out-of-state PAC (ID#: Chassay M.D., C (Dr.) Contributor address; City; State; Zip Code Fort Worth, TX 76107-2644			Amount of Contribution (\$)	\$15.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTIONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this form.	1	Total pages Schedule A1: Sch: 10/39 Rpt: 13/42	
2	FILER NAME Texas Acade	emy of Family Physicians PAC	3	Filer ID (Ethics Commission 00016860	n Filers)
4	Date 02/27/2023	5 Full name of contributor	7	Amount of Contribution (\$)	\$15.00
		Fort Worth, TX 76107-2644			
8	Principal occu Physician	pation / Job title (See Instructions) 9 Employer (See In	structions)		
	Date 03/27/2023	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	\$15.00
		Fort Worth, TX 76107-2644			
	Principal occu Physician	pation / Job title (See Instructions) Employer (See In	structions)		
	Date 04/27/2023	Full name of contributor out-of-state PAC (ID#: Chassay M.D., C (Dr.) Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$15.00
		Fort Worth, TX 76107-2644			
	Principal occu Physician	pation / Job title (See Instructions) Employer (See In	structions)		
	Date 05/27/2023	Full name of contributor out-of-state PAC (ID#: Chassay M.D., C (Dr.) Contributor address; City; State; Zip Code)	Amount of Contribution (\$)	\$15.00
	Principal occu	Fort Worth, TX 76107-2644 pation / Job title (See Instructions) Employer (See In	structions)		
	Physician		ou douono,		
	Date 06/27/2023	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	\$15.00
	Principal occu Physician	pation / Job title (See Instructions) Employer (See In	structions)		
		•			

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1			
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 11/39 Rpt: 14/42			
2	FILER NAME Texas Acade	FILER NAME Texas Academy of Family Physicians PAC		3	Filer ID (Ethics Commission 00016860	n Filers)		
4	Date 01/25/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$100.00		
_	<u> </u>	Weimar, TX 78962-3680						
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions)				
	Date 02/25/2023	Full name of contributor out-of-state PAC (ID#: Duchicela M.D., Jorge (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00		
	Principal occu	Weimar, TX 78962-3680 pation / Job title (See Instructions)	Employer (See Instructions)				
	Physician							
	Date 03/25/2023	Full name of contributor out-of-state PAC (ID#: Duchicela M.D., Jorge (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00		
		Weimar, TX 78962-3680						
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)				
	Date 04/25/2023	Full name of contributor out-of-state PAC (ID#: Duchicela M.D., Jorge (Dr.) Contributor address; City; State; Zip Code Weimar, TX 78962-3680			Amount of Contribution (\$)	\$100.00		
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)				
	Date 05/25/2023	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00		
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)				

	MONEI	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 12/39 Rpt: 15/42	
2	FILER NAME	amy of Family Physicians DAC		3	Filer ID (Ethics Commission	n Filers)
_		emy of Family Physicians PAC			00016860	
4	Date 06/25/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$100.00
		Weimar, TX 78962-3680				
8	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions))		
	Date 01/13/2023	Full name of contributor out-of-state PAC (ID#: Falcon M.D., Antonio (Dr.) Contributor address; City; State; Zip Code Rio Grande City, TX 78582-6201			Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))		
	Physician					
	Date 02/13/2023	Full name of contributor out-of-state PAC (ID#: Falcon M.D., Antonio (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
		Rio Grande City, TX 78582-6201				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions))		
	Date 03/13/2023	Full name of contributor out-of-state PAC (ID#: Falcon M.D., Antonio (Dr.) Contributor address; City; State; Zip Code Rio Grande City, TX 78582-6201			Amount of Contribution (\$)	\$100.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions))		
	Date 04/13/2023	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions))		

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1	
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 13/39 Rpt: 16/42	
2	FILER NAME Texas Acade	emy of Family Physicians PAC		3	Filer ID (Ethics Commission 00016860	n Filers)
4	Date 05/13/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$100.00
_	Deignainal agai	Rio Grande City, TX 78582-6201	O Familia var (Coo la atrustia an			
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 06/13/2023	Full name of contributor out-of-state PAC (ID#:_ Falcon M.D., Antonio (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
		Rio Grande City, TX 78582-6201				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 01/21/2023	Full name of contributor out-of-state PAC (ID#:_Fiesinger M.D., Troy (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
		Houston, TX 77096-3910				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/21/2023	Full name of contributor out-of-state PAC (ID#:_Fiesinger M.D., Troy (Dr.) Contributor address; City; State; Zip Code Houston, TX 77096-3910			Amount of Contribution (\$)	\$25.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/21/2023	Full name of contributor out-of-state PAC (ID#:_ Fiesinger M.D., Troy (Dr.) Contributor address; City; State; Zip Code Houston, TX 77096-3910			Amount of Contribution (\$)	\$25.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONEI	ARY POLITICAL CONTRIB	BUTIONS	SCHEDULE A1	-
	The Instruc	ction Guide explains how to complet	te this form.	1 Total pages Schedule A1: Sch: 14/39 Rpt: 17/42	
2	FILER NAME			3 Filer ID (Ethics Commission Filers)	
		my of Family Physicians PAC		00016860	
4	Date 04/21/2023	 Full name of contributor out-of-state Fiesinger M.D., Troy (Dr.) Contributor address; City; State; Zip Code 	PAC (ID#:)	7 Amount of Contribution (\$) \$25	.00
		Houston, TX 77096-3910			
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructio	tions)	
	Date 05/21/2023	Full name of contributor out-of-state Fiesinger M.D., Troy (Dr.) Contributor address; City; State; Zip Code Houston, TX 77096-3910	PAC (ID#:)	Amount of Contribution (\$) \$25	.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructio	tions)	
	Date 06/21/2023	Full name of contributor out-of-state Fiesinger M.D., Troy (Dr.) Contributor address; City; State; Zip Code	PAC (ID#:)) Amount of Contribution (\$) \$25	.00
		Houston, TX 77096-3910			
	Principal occu Physician	oation / Job title (See Instructions)	Employer (See Instructio	ctions)	
	Date 01/22/2023	Full name of contributor out-of-state Glenn M.D., Lisa (Dr.) Contributor address; City; State; Zip Code Austin, TX 78748-2608	PAC (ID#:)) Amount of Contribution (\$) \$50	.00
	Principal occu Physician	oation / Job title (See Instructions)	Employer (See Instructio	ctions)	
	Date 02/22/2023	Full name of contributor out-of-state Glenn M.D., Lisa (Dr.) Contributor address; City; State; Zip Code Austin, TX 78748-2608	PAC (ID#:)	, , , , , , , , , , , , , , , , , , , ,	0.00
	Principal occu Physician	oation / Job title (See Instructions)	Employer (See Instructio	ctions)	

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 15/39 Rpt: 18/42	
2	FILER NAME Texas Acade	ME cademy of Family Physicians PAC		3	Filer ID (Ethics Commission 00016860	n Filers)
4	Date 03/22/2023	5 Full name of contributor out-of-state PAC (ID#:_ Glenn M.D., Lisa (Dr.) 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$50.00
_	<u></u>	Austin, TX 78748-2608				
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 04/25/2023	Full name of contributor out-of-state PAC (ID#:_ Glenn M.D., Lisa (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
	Driveries	Austin, TX 78748-2608	Faralassa (Caralassa trastica)			
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 05/25/2023	Full name of contributor out-of-state PAC (ID#:_ Glenn M.D., Lisa (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
		Austin, TX 78748-2608				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 06/25/2023	Full name of contributor out-of-state PAC (ID#:_Glenn M.D., Lisa (Dr.) Contributor address; City; State; Zip Code Austin, TX 78748-2608			Amount of Contribution (\$)	\$50.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 01/11/2023	Full name of contributor out-of-state PAC (ID#:_ Goertz M.D., Roland (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 16/39 Rpt: 19/42	
2	FILER NAME Texas Acade	FILER NAME Texas Academy of Family Physicians PAC		3	Filer ID (Ethics Commission 00016860	Filers)
4	Date 02/11/2023	 Full name of contributor		7	Amount of Contribution (\$)	\$50.00
		Waco, TX 76712-3407				
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 03/11/2023	Full name of contributor out-of-state PAC (ID#: Goertz M.D., Roland (Dr.) Contributor address; City; State; Zip Code Waco, TX 76712-3407)		Amount of Contribution (\$)	\$50.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 04/11/2023	Full name of contributor out-of-state PAC (ID#: Goertz M.D., Roland (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
		Waco, TX 76712-3407				
	Principal occui Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 05/11/2023	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
	Principal occu	Waco, TX 76712-3407 Dation / Job title (See Instructions)	Employer (See Instructions)		
	Date 06/11/2023	Full name of contributor out-of-state PAC (ID#: Goertz M.D., Roland (Dr.) Contributor address; City; State; Zip Code Waco, TX 76712-3407			Amount of Contribution (\$)	\$50.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
		<u>'</u>				

	MONEI	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 17/39 Rpt: 20/42	
2	FILER NAME	amy of Family Physicians DAC		3	Filer ID (Ethics Commission	n Filers)
_		emy of Family Physicians PAC			00016860	
4	Date 01/10/2023	 Full name of contributor out-of-state PAC (ID#:_ Greer M.D., Thomas (Dr.) Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$100.00
		Henrietta, TX 76365-0360				
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/10/2023	Greer M.D., Thomas (Dr.) Contributor address; City; State; Zip Code			(*)	\$100.00
		Henrietta, TX 76365-0360				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions))		
	Date 03/10/2023	Full name of contributor out-of-state PAC (ID#:_ Greer M.D., Thomas (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
		Henrietta, TX 76365-0360				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions))		
	Date 04/10/2023	Full name of contributor out-of-state PAC (ID#:_ Greer M.D., Thomas (Dr.) Contributor address; City; State; Zip Code Henrietta, TX 76365-0360)		Amount of Contribution (\$)	\$100.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions))		
	Date 05/10/2023	Full name of contributor out-of-state PAC (ID#:_ Greer M.D., Thomas (Dr.) Contributor address; City; State; Zip Code Henrietta, TX 76365-0360			Amount of Contribution (\$)	\$100.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULI	E A1
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 18/39 Rpt: 21/42	
2	FILER NAME Texas Acade	ILER NAME exas Academy of Family Physicians PAC		3	Filer ID (Ethics Commission 00016860	n Filers)
4	Date 06/10/2023	 Full name of contributor out-of-state PAC (ID#:_Greer M.D., Thomas (Dr.) Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$100.00
		Henrietta, TX 76365-0360				
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 03/07/2023	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
	Principal occu Physician	Lampasas, TX 76550-4071 pation / Job title (See Instructions)	Employer (See Instructions	j)		
	Date 01/02/2023	Full name of contributor out-of-state PAC (ID#:_ Gupta M.D., Ajay (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
		Austin, TX 78730-3465				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 02/02/2023	Full name of contributor out-of-state PAC (ID#:_ Gupta M.D., Ajay (Dr.) Contributor address; City; State; Zip Code Austin, TX 78730-3465			Amount of Contribution (\$)	\$25.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 03/02/2023	Full name of contributor out-of-state PAC (ID#:_ Gupta M.D., Ajay (Dr.) Contributor address; City; State; Zip Code Austin, TX 78730-3465)		Amount of Contribution (\$)	\$25.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	·)		
		·				

	MONET	ARY POLITICAL CONTRIBUTIONS	S	SCHEDULE	A1
	The Instru	ction Guide explains how to complete this form	n. 1	Total pages Schedule A1: Sch: 19/39 Rpt: 22/42	
2	FILER NAME Texas Acade	NAME s Academy of Family Physicians PAC		Filer ID (Ethics Commission 00016860	Filers)
4	Date 04/02/2023	 Full name of contributor out-of-state PAC (ID#: Gupta M.D., Ajay (Dr.) Contributor address; City; State; Zip Code 		Amount of Contribution (\$)	\$25.00
_	<u> </u>	Austin, TX 78730-3465	5 1 (0 1 1 1 1 1		
8	Principal occu Physician	pation / Job title (See Instructions) 9	Employer (See Instructions)		
	Date 05/02/2023	Full name of contributor out-of-state PAC (ID#: Gupta M.D., Ajay (Dr.) Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$25.00
	Principal occu	Austin, TX 78730-3465 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 06/02/2023	Full name of contributor out-of-state PAC (ID#: Gupta M.D., Ajay (Dr.) Contributor address; City; State; Zip Code Austin, TX 78730-3465		Amount of Contribution (\$)	\$25.00
	Principal occu Physician	<u> </u>	Employer (See Instructions)		
	Date 03/03/2023	Full name of contributor out-of-state PAC (ID#: Gutierrez M.D., Natalia (Dr.) Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$15.00
	Principal occu	Plano, TX 75093-6173 pation / Job title (See Instructions)	Employer (See Instructions)		
	Physician				
	Date 04/03/2023	Full name of contributor out-of-state PAC (ID#: Gutierrez M.D., Natalia (Dr.) Contributor address; City; State; Zip Code Plano, TX 75093-6173		Amount of Contribution (\$)	\$15.00
	Principal occu Physician	<u> </u>	Employer (See Instructions)		
		1			

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE	E A1	
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 20/39 Rpt: 23/42		
2	FILER NAME Texas Acade	emy of Family Physicians PAC		3	Filer ID (Ethics Commission 00016860	Filers)	
4	Date 05/03/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$15.00	
		Plano, TX 75093-6173					
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions)			
	Date 06/03/2023	Full name of contributor out-of-state PAC (ID#: Gutierrez M.D., Natalia (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$15.00	
	Principal occu	Plano, TX 75093-6173 pation / Job title (See Instructions)	Employer (See Instructions)			
	Physician						
	Date 01/01/2023	Full name of contributor out-of-state PAC (ID#: Hadley M.D., Lesca (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00	
		Cleburne, TX 76033-8318					
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 02/01/2023	Full name of contributor out-of-state PAC (ID#: Hadley M.D., Lesca (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00	
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 03/01/2023	Full name of contributor out-of-state PAC (ID#: Hadley M.D., Lesca (Dr.) Contributor address; City; State; Zip Code Cleburne, TX 76033-8318			Amount of Contribution (\$)	\$10.00	
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)			
		1					

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 21/39 Rpt: 24/42	
2	FILER NAME Texas Acade	emy of Family Physicians PAC		3	Filer ID (Ethics Commission 00016860	Filers)
4	Date 04/01/2023	 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$10.00
		Cleburne, TX 76033-8318				
8	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 05/01/2023	Full name of contributor out-of-state PAC (ID#: Hadley M.D., Lesca (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
	Principal occu	Cleburne, TX 76033-8318 pation / Job title (See Instructions)	Employer (See Instructions			
	Physician Physician	oalion / Job title (See instructions)	Employer (See instructions	,		
	Date 06/01/2023	Full name of contributor out-of-state PAC (ID#: Hadley M.D., Lesca (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
		Cleburne, TX 76033-8318				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 01/09/2023	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$30.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/09/2023	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$30.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 22/39 Rpt: 25/42	
2	FILER NAME Texas Acade	my of Family Physicians PAC		3	Filer ID (Ethics Commission 00016860	n Filers)
4	Date 02/08/2023	 Full name of contributor out-of-state PAC (ID# Hawkins M.D., Clare (Dr.) Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$100.00
		Houston, TX 77005-3113				
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date 01/16/2023	Full name of contributor out-of-state PAC (ID# Hunt M.D., Farron (Dr.) Contributor address; City; State; Zip Code Manor, TX 78653	:)		Amount of Contribution (\$)	\$40.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Date 02/16/2023	Full name of contributor out-of-state PAC (ID# Hunt M.D., Farron (Dr.) Contributor address; City; State; Zip Code	:)	•	Amount of Contribution (\$)	\$40.00
	Deinsinal assu	Manor, TX 78653	Frankrija (Caa kastuustiana	<u></u>		
	Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 03/16/2023	Full name of contributor out-of-state PAC (ID# Hunt M.D., Farron (Dr.) Contributor address; City; State; Zip Code Manor, TX 78653	:)		Amount of Contribution (\$)	\$40.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	<u>l</u> s)		
	Date 04/16/2023	Full name of contributor out-of-state PAC (ID# Hunt M.D., Farron (Dr.) Contributor address; City; State; Zip Code Manor, TX 78653	:)		Amount of Contribution (\$)	\$40.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	s)		
			•			

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 23/39 Rpt: 26/42	
2	FILER NAME Texas Acade	emy of Family Physicians PAC		3	Filer ID (Ethics Commission 00016860	Filers)
4	Date 05/16/2023	 Full name of contributor out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$40.00
_		Manor, TX 78653				
8	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 06/16/2023	Full name of contributor out-of-state PAC (ID#: Hunt M.D., Farron (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$40.00
	Principal occu	Manor, TX 78653 pation / Job title (See Instructions)	Employer (See Instructions	<u>.</u>		
	Physician	salion, out the (coo mended only)	pieye. (eeeeacasiee	,		
	Date 01/05/2023	Full name of contributor out-of-state PAC (ID#: Hurley M.D., Janet (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
		Whitehouse, TX 75791-5934				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 02/05/2023	Full name of contributor out-of-state PAC (ID#: Hurley M.D., Janet (Dr.) Contributor address; City; State; Zip Code Whitehouse, TX 75791-5934			Amount of Contribution (\$)	\$50.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/05/2023	Full name of contributor out-of-state PAC (ID#: Hurley M.D., Janet (Dr.) Contributor address; City; State; Zip Code Whitehouse, TX 75791-5934			Amount of Contribution (\$)	\$50.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	·)		

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 24/39 Rpt: 27/42	
2	FILER NAME Texas Acade	my of Family Physicians PAC		3	Filer ID (Ethics Commission 00016860	Filers)
4	Date 04/05/2023	 Full name of contributor		7	Amount of Contribution (\$)	\$50.00
_		Whitehouse, TX 75791-5934				
8	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 05/05/2023	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
	Principal occu	Whitehouse, TX 75791-5934 pation / Job title (See Instructions)	Employer (See Instructions)		
	Physician	,		,		
	Date 06/05/2023	Full name of contributor out-of-state PAC (ID#: Hurley M.D., Janet (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
		Whitehouse, TX 75791-5934				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 01/23/2023	Full name of contributor out-of-state PAC (ID#: Jones M.D., Brian (Dr.) Contributor address; City; State; Zip Code Cedar Hill, TX 75104-2423			Amount of Contribution (\$)	\$50.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/23/2023	Full name of contributor out-of-state PAC (ID#: Jones M.D., Brian (Dr.) Contributor address; City; State; Zip Code Cedar Hill, TX 75104-2423			Amount of Contribution (\$)	\$50.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 25/39 Rpt: 28/42	
2	FILER NAME Texas Acade	emy of Family Physicians PAC		3	Filer ID (Ethics Commission 00016860	Filers)
4	Date 03/23/2023	 Full name of contributor		7	Amount of Contribution (\$)	\$50.00
_	5	Cedar Hill, TX 75104-2423				
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 04/23/2023	Full name of contributor out-of-state PAC (ID#: Jones M.D., Brian (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
	Dringinal accu	Cedar Hill, TX 75104-2423 pation / Job title (See Instructions)	Employer (See Instructions			
	Physician Physician	Jalion / Job title (See instructions)	Employer (See instructions	')		
	Date 05/23/2023	Full name of contributor out-of-state PAC (ID#: Jones M.D., Brian (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
		Cedar Hill, TX 75104-2423				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 06/23/2023	Full name of contributor out-of-state PAC (ID#: Jones M.D., Brian (Dr.) Contributor address; City; State; Zip Code Cedar Hill, TX 75104-2423			Amount of Contribution (\$)	\$50.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Date 01/14/2023	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		

	MONEI	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 26/39 Rpt: 29/42	
2	FILER NAME	amu of Femily Dhysisians DAC		3	Filer ID (Ethics Commission	Filers)
		emy of Family Physicians PAC			00016860	
4	Date 02/14/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$25.00
_	Delicalization Language	Rio Grande City, TX 75852	2 Familian (One la destruction)			
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions)	5)		
	Date 03/14/2023	Full name of contributor out-of-state PAC (ID#: Margo M.D., Javier (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
		Rio Grande City, TX 75852				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)	5)		
	Date 04/14/2023	Full name of contributor out-of-state PAC (ID#: Margo M.D., Javier (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
		Rio Grande City, TX 75852				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)	5)		
	Date 05/14/2023	Full name of contributor out-of-state PAC (ID#:_ Margo M.D., Javier (Dr.) Contributor address; City; State; Zip Code Rio Grande City, TX 75852			Amount of Contribution (\$)	\$25.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)	5)		
	Date 06/14/2023	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)	5)		

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDULI	E A1
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 27/39 Rpt: 30/42	
2	FILER NAME Texas Acade	emy of Family Physicians PAC		3	Filer ID (Ethics Commission 00016860	ı Filers)
4	Date 04/21/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$100.00
		Galveston, TX 77555-1123				
8	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 01/03/2023	Full name of contributor out-of-state PAC (ID#: McIntire M.D., Louis (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$75.00
	Principal occu Physician	Pecos, TX 79772-7338 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/03/2023	Full name of contributor out-of-state PAC (ID#: McIntire M.D., Louis (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$75.00
	Principal occu	Pecos, TX 79772-7338 pation / Job title (See Instructions)	Employer (See Instructions)		
	Physician					
	Date 03/03/2023	Full name of contributor out-of-state PAC (ID#: McIntire M.D., Louis (Dr.) Contributor address; City; State; Zip Code Pecos, TX 79772-7338			Amount of Contribution (\$)	\$75.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 04/03/2023	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$75.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
		·				

	MONEI	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 28/39 Rpt: 31/42	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Acade	my of Family Physicians PAC			00016860	
4	Date 05/03/2023	 Full name of contributor out-of-state PAC (ID#: McIntire M.D., Louis (Dr.) Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$75.00
8	Principal occu	Pecos, TX 79772-7338 pation / Job title (See Instructions)	9 Employer (See Instructions	(3		
Ü	Physician	sation 7 000 title (Gee manuchons)	2 Employer (See mondenons	')		
	Date 06/03/2023	Full name of contributor out-of-state PAC (ID#: McIntire M.D., Louis (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$75.00
		Pecos, TX 79772-7338		L		
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 01/24/2023	Full name of contributor out-of-state PAC (ID#: Mitchell M.D., Li-Yu (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00
		Tyler, TX 75703-5516				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Date 04/24/2023	Full name of contributor out-of-state PAC (ID#: Mitchell M.D., Li-Yu (Dr.) Contributor address; City; State; Zip Code Tyler, TX 75703-5516			Amount of Contribution (\$)	\$250.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 01/21/2023	Full name of contributor out-of-state PAC (ID#: Molina M.D., Alyssa (Dr.) Contributor address; City; State; Zip Code Eagle Lake, TX 77434-3202			Amount of Contribution (\$)	\$25.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 29/39 Rpt: 32/42	
2	FILER NAME Texas Acade	emy of Family Physicians PAC		3	Filer ID (Ethics Commission 00016860	n Filers)
4	Date 02/21/2023	5 Full name of contributor out-of-state PAC (ID#:_ Molina M.D., Alyssa (Dr.) 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$25.00
		Eagle Lake, TX 77434-3202				
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 03/21/2023	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu	Eagle Lake, TX 77434-3202 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 04/21/2023	Full name of contributor out-of-state PAC (ID#:_ Molina M.D., Alyssa (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 05/04/2023	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$200.00
	Principal occu	Horseshoe Bay, TX 78657 pation / Job title (See Instructions)	Employer (See Instructions)		
	Physician					
	Date 01/18/2023	Full name of contributor)		Amount of Contribution (\$)	\$100.00
	Principal occu	Castroville, TX 78009-4527 pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 30/39 Rpt: 33/42	
2	FILER NAME Texas Acade	my of Family Physicians PAC		3	Filer ID (Ethics Commission 00016860	n Filers)
4	Date 02/18/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$100.00
_		Castroville, TX 78009-4527				
8	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/18/2023	Full name of contributor out-of-state PAC (ID#: Nguyen M.D., Mary (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
	Principal occu	Castroville, TX 78009-4527 pation / Job title (See Instructions)	Employer (See Instructions			
	Physician	Salion 7 665 title (See instituctions)	Employer (See manachoris	,		
	Date 04/18/2023	Full name of contributor out-of-state PAC (ID#: Nguyen M.D., Mary (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
		Castroville, TX 78009-4527				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 05/18/2023	Full name of contributor out-of-state PAC (ID#: Nguyen M.D., Mary (Dr.) Contributor address; City; State; Zip Code Castroville, TX 78009-4527			Amount of Contribution (\$)	\$100.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 06/18/2023	Full name of contributor out-of-state PAC (ID#: Nguyen M.D., Mary (Dr.) Contributor address; City; State; Zip Code Castroville, TX 78009-4527			Amount of Contribution (\$)	\$100.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONEI	ARY POLITICAL CONTRIBUTI	ONS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 31/39 Rpt: 34/42	
2	FILER NAME Texas Acade	emy of Family Physicians PAC		3	Filer ID (Ethics Commission 00016860	n Filers)
4	Date	5 Full name of contributor Out-of-state PAC (ID#	#:)	7	Amount of Contribution (\$)	
	01/09/2023	Okwuwa M.D., Ikemefuna (Dr.)				\$10.00
		6 Contributor address; City; State; Zip Code				
		Odessa, TX 79763-4206	_ _			
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date	Full name of contributor ut-of-state PAC (ID#	#:)		Amount of Contribution (\$)	
	02/09/2023	Okwuwa M.D., Ikemefuna (Dr.)				\$10.00
		Contributor address; City; State; Zip Code				
		Odessa, TX 79763-4206				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor ut-of-state PAC (ID#	#:)		Amount of Contribution (\$)	
	03/09/2023	Okwuwa M.D., Ikemefuna (Dr.)				\$10.00
		Contributor address; City; State; Zip Code Odessa, TX 79763-4206				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Physician					
	Date	Full name of contributor ut-of-state PAC (ID#	#:)		Amount of Contribution (\$)	
	04/09/2023	Okwuwa M.D., Ikemefuna (Dr.) Contributor address; City; State; Zip Code				\$10.00
		Odessa, TX 79763-4206				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor ut-of-state PAC (ID#	#:)		Amount of Contribution (\$)	
	01/28/2023	Oliver M.D., Paul (Dr.)				\$25.00
		Contributor address; City; State; Zip Code				
	Dringing asset	Georgetown, TX 78626-4536	Employer (Cas Instruction	" 		
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	·)		

	MONEI	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 32/39 Rpt: 35/42	
2	FILER NAME	any of Family Physicians DAC		3	Filer ID (Ethics Commission	Filers)
_		my of Family Physicians PAC		L	00016860	
4	Date 02/28/2023	 Full name of contributor uut-of-state PAC (ID#: Oliver M.D., Paul (Dr.) Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$25.00
8	Principal occu	Georgetown, TX 78626-4536 pation / Job title (See Instructions)	Employer (See Instructions)	s)		
Ü	Physician	sation, sob title (See Institutions)	2 Employer (acc mandenons)	')		
	Date 03/28/2023	Full name of contributor out-of-state PAC (ID#: Oliver M.D., Paul (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
		Georgetown, TX 78626-4536				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)	5)		
	Date 04/28/2023	Full name of contributor uut-of-state PAC (ID#:_Oliver M.D., Paul (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
		Georgetown, TX 78626-4536				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)	<u>(</u>		
	Date 05/28/2023	Full name of contributor out-of-state PAC (ID#:_Oliver M.D., Paul (Dr.) Contributor address; City; State; Zip Code Georgetown, TX 78626-4536)		Amount of Contribution (\$)	\$25.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)	5)		
	Date 06/28/2023	Full name of contributor out-of-state PAC (ID#:_Oliver M.D., Paul (Dr.) Contributor address; City; State; Zip Code Georgetown, TX 78626-4536)		Amount of Contribution (\$)	\$25.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)	5)		

	MONEI	ARY POLITICAL CONTRI	BUTIONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to comple	ete this form.	1	Total pages Schedule A1: Sch: 33/39 Rpt: 36/42	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Acade	my of Family Physicians PAC			00016860	
4	Date 04/21/2023	 Full name of contributor out-of-state out-of-state	PAC (ID#:	7	Amount of Contribution (\$)	\$20.00
		Houston, TX 77025-1304				
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (Se	e Instructions)		
	Date 05/21/2023	Full name of contributor out-of-stat Rode M.D., Rashmi (Dr.) Contributor address; City; State; Zip Code Houston, TX 77025-1304	PAC (ID#:		Amount of Contribution (\$)	\$20.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (Se	e Instructions)		
	Date 06/21/2023	Full name of contributor out-of-state Rode M.D., Rashmi (Dr.) Contributor address; City; State; Zip Code	PAC (ID#:		Amount of Contribution (\$)	\$20.00
		Houston, TX 77025-1304				
	Principal occu Physician	oation / Job title (See Instructions)	Employer (Se	e Instructions)		
	Date 01/11/2023	Full name of contributor out-of-state Siy M.D., Linda (Dr.) Contributor address; City; State; Zip Code Fort Worth, TX 76109-5436	PAC (ID#:		Amount of Contribution (\$)	\$50.00
	Principal occu Physician	oation / Job title (See Instructions)	Employer (Se	e Instructions)		
	Date 02/11/2023	Full name of contributor out-of-state Siy M.D., Linda (Dr.) Contributor address; City; State; Zip Code	PAC (ID#:		Amount of Contribution (\$)	\$50.00
	Principal occu Physician	oation / Job title (See Instructions)	Employer (Se	e Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 34/39 Rpt: 37/42	
2	FILER NAME Texas Acade	emy of Family Physicians PAC		3	Filer ID (Ethics Commission 00016860	Filers)
4	Date 03/11/2023	 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$50.00
0	Dringing oggu	Fort Worth, TX 76109-5436	Employer (See Instructions			
8	Physician Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 04/11/2023	Full name of contributor out-of-state PAC (ID#: Siy M.D., Linda (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
	Principal occu	Fort Worth, TX 76109-5436 pation / Job title (See Instructions)	Employer (See Instructions			
	Physician	oation / Job title (See instructions)	Employer (See instructions	,		
	Date 05/11/2023	Full name of contributor out-of-state PAC (ID#: Siy M.D., Linda (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
		Fort Worth, TX 76109-5436				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 06/11/2023	Full name of contributor out-of-state PAC (ID#: Siy M.D., Linda (Dr.) Contributor address; City; State; Zip Code Fort Worth, TX 76109-5436			Amount of Contribution (\$)	\$50.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 01/28/2023	Full name of contributor out-of-state PAC (ID#: Spalding M.D., Mary (Dr.) Contributor address; City; State; Zip Code El Paso, TX 79902-3234			Amount of Contribution (\$)	\$10.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 35/39 Rpt: 38/42	
2	FILER NAME Texas Acade	my of Family Physicians PAC		3	Filer ID (Ethics Commission 00016860	Filers)
4	Date 02/28/2023	 Full name of contributor		7	Amount of Contribution (\$)	\$10.00
		El Paso, TX 79902-3234				
8	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/28/2023	Full name of contributor out-of-state PAC (ID#: Spalding M.D., Mary (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
	Principal occur	El Paso, TX 79902-3234 pation / Job title (See Instructions)	Employer (See Instructions			
	Physician	Jalion / Job title (See instructions)	Employer (See instructions	,		
	Date 04/28/2023	Full name of contributor out-of-state PAC (ID#: Spalding M.D., Mary (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
		El Paso, TX 79902-3234				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 05/28/2023	Full name of contributor out-of-state PAC (ID#:Spalding M.D., Mary (Dr.) Contributor address; City; State; Zip Code El Paso, TX 79902-3234			Amount of Contribution (\$)	\$10.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 06/28/2023	Full name of contributor out-of-state PAC (ID#: Spalding M.D., Mary (Dr.) Contributor address; City; State; Zip Code El Paso, TX 79902-3234)		Amount of Contribution (\$)	\$10.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 36/39 Rpt: 39/42	
2	FILER NAME Texas Acade	my of Family Physicians PAC		3	Filer ID (Ethics Commission 00016860	Filers)
4	Date 01/14/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$20.00
		Athens, TX 75751-9003				
8	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/14/2023	Full name of contributor out-of-state PAC (ID#: Splinter M.D., Joshua (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$20.00
	Principal occur	Athens, TX 75751-9003	Employer (See Instructions			
	Physician Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/14/2023	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$20.00
		Athens, TX 75751-9003				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 04/14/2023	Full name of contributor out-of-state PAC (ID#:Splinter M.D., Joshua (Dr.) Contributor address; City; State; Zip Code Athens, TX 75751-9003)		Amount of Contribution (\$)	\$20.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 05/14/2023	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$20.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 37/39 Rpt: 40/42	
2	FILER NAME Texas Acade	emy of Family Physicians PAC		3	Filer ID (Ethics Commission 00016860	Filers)
4	Date 06/14/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$20.00
		Athens, TX 75751-9003				
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 01/28/2023	Full name of contributor out-of-state PAC (ID#: Youens M.D., Robert (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
	Principal occur	Carmine, TX 78932-5245 pation / Job title (See Instructions)	Employer (See Instructions	<u>)</u>		
	Physician	salion, our time (coo managastis)	p.eye. (eeeeaceae.e	,		
	Date 02/28/2023	Full name of contributor out-of-state PAC (ID#: Youens M.D., Robert (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
		Carmine, TX 78932-5245				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 03/28/2023	Full name of contributor out-of-state PAC (ID#:Youens M.D., Robert (Dr.) Contributor address; City; State; Zip Code Carmine, TX 78932-5245)		Amount of Contribution (\$)	\$50.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 04/28/2023	Full name of contributor out-of-state PAC (ID#:_Youens M.D., Robert (Dr.) Contributor address; City; State; Zip Code Carmine, TX 78932-5245)		Amount of Contribution (\$)	\$50.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
		1				

	MONEI	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 38/39 Rpt: 41/42	
2	FILER NAME	one of Family Physicians BAC		3	Filer ID (Ethics Commission	Filers)
		emy of Family Physicians PAC			00016860	
4	Date 05/28/2023	 Full name of contributor out-of-state PAC (ID#:_Youens M.D., Robert (Dr.) Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$50.00
		Carmine, TX 78932-5245				
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date 06/28/2023	Full name of contributor out-of-state PAC (ID#:_ Youens M.D., Robert (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
	Principal occu	Carmine, TX 78932-5245 pation / Job title (See Instructions)	Employer (See Instructions)	<u> </u>		
	Physician		Employer (See mardenons,	,		
	Date 01/14/2023	Full name of contributor out-of-state PAC (ID#: Young M.D., Richard (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$40.00
		Fort Worth, TX 76109-4707				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions))		
	Date 02/14/2023	Full name of contributor out-of-state PAC (ID#:_Young M.D., Richard (Dr.) Contributor address; City; State; Zip Code Fort Worth, TX 76109-4707			Amount of Contribution (\$)	\$40.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions))		
	Date 03/14/2023	Full name of contributor out-of-state PAC (ID#:_Young M.D., Richard (Dr.) Contributor address; City; State; Zip Code Fort Worth, TX 76109-4707			Amount of Contribution (\$)	\$40.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions))		

MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
The Instru	ction Guide explains how to complete this f	orm.			
FILER NAME			3 Fil	er ID (Ethics Commissio	n Filers)
Texas Acade	emy of Family Physicians PAC		00	016860	
Date 04/14/2023	 Full name of contributor out-of-state PAC (ID#:_Young M.D., Richard (Dr.) Contributor address; City; State; Zip Code 		7 An	nount of Contribution (\$)	\$40.00
Principal occu	Fort Worth, TX 76109-4707	9 Employer (See Instruction	s)		
Physician	pation 7 oob title (occ mondottors)	2 Employer (See mandenon	3)		
Date 05/14/2023	Full name of contributor out-of-state PAC (ID#:_ Young M.D., Richard (Dr.) Contributor address; City; State; Zip Code)	An	nount of Contribution (\$)	\$40.00
	Fort Worth, TX 76109-4707				
Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	s)		
Date 06/14/2023	Young M.D., Richard (Dr.) Contributor address; City; State; Zip Code Fort Worth, TX 76109-4707)		nount of Contribution (\$)	\$40.00
	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Principal occuphysician Principal occuphysician Date 05/14/2023	The Instruction Guide explains how to complete this formula for the state of the st	Texas Academy of Family Physicians PAC Date O4/14/2023 5 Full name of contributor out-of-state PAC (ID#:	The Instruction Guide explains how to complete this form. 1 To Sc FILER NAME Texas Academy of Family Physicians PAC Date 04/14/2023 A Fill name of contributor out-of-state PAC (ID#:	The Instruction Guide explains how to complete this form. Total pages Schedule A1: Sch: 39/39 Rpt: 42/42