

# GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC  
COVER SHEET PG 1

|   |   |   |  |
|---|---|---|--|
| <b>The GPAC Instruction Guide explains how to complete this form.</b>                         |   | <b>1</b> Filer ID<br>(Ethics Commission Filers)<br>00016860 | <b>2</b> Total pages filed:<br>42  |
| <b>3</b> COMMITTEE NAME<br>Texas Academy of Family Physicians PAC                             |   | <b>OFFICE USE ONLY</b>                                      |  |
|   |   | Date Received<br>ELECTRONICALLY FILED<br>07/05/2023         |  |
| <b>4</b> COMMITTEE ADDRESS<br><br><input type="checkbox"/> Change of Address                  | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>12012 Technology Blvd., Ste. 200<br><br>Austin, TX 78727-6207   |   |  |
|   | Date Hand-delivered or Date Postmarked  |   |  |
|   | Receipt #   | Amount  |  |
|   | Date Processed  |   |  |
| Date Imaged   |   |   |  |
| <b>5</b> CAMPAIGN TREASURER NAME  | MS / MRS / MR   | FIRST   | MI   |
|   | Mr.   | Tom   |  |
| NICKNAME  |   | LAST  | SUFFIX   |
|   |   | Banning   |  |
| <b>6</b> CAMPAIGN TREASURER STREET ADDRESS<br><br>(Residence or Business)                     | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br>12012 Technology Blvd., Ste. 200<br><br>Austin, TX 78727-6207                            |   |  |
|   | STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>12012 Technology Blvd., Ste. 200<br><br>Austin, TX 78727-6207   |   |  |
| <b>7</b> CAMPAIGN TREASURER MAILING ADDRESS<br><br><input type="checkbox"/> Change of Address | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br>12012 Technology Blvd., Ste. 200<br><br>Austin, TX 78727-6207                            |   |  |
|   | AREA CODE PHONE NUMBER EXTENSION<br>(512) 329-8666  |   |  |
| <b>9</b> 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 |   |  |
| <b>10</b> PERIOD COVERED  | <input type="checkbox"/> Runoff   |   |  |
|   | Month    Day    Year<br>01/01/2023  | THROUGH   | Month    Day    Year<br>06/30/2023   |
| <b>11</b> ELECTION  | ELECTION DATE<br>Month    Day    Year   |   | ELECTION TYPE  |
|   |   |   | <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other<br><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

|  |   |
|--|---|
| <b>12 COMMITTEE NAME</b><br>Texas Academy of Family Physicians PAC | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00016860 |
|--|---|

|   |  |              |
|---|--|--------------|
| <b>14 COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)             | A. Supported |
|   |  | B. Opposed   |
|   | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)       | A. Supported |
|   |  | B. Opposed   |
|   | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.) |              |

|                               |   |              |
|-------------------------------|---|--------------|
| <b>15 CONTRIBUTION TOTALS</b> | <b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b><br><input type="checkbox"/> check here if this report qualifies for the higher itemization threshold | \$ 0.00      |
|                               | <b>2. TOTAL POLITICAL CONTRIBUTIONS</b><br>(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ 8,920.00  |
| EXPENDITURE TOTALS            | <b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>   | \$ 0.00      |
|                               | <b>4. TOTAL POLITICAL EXPENDITURES</b>  | \$ 0.00      |
| CONTRIBUTION BALANCE          | <b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>   | \$ 66,303.26 |
| OUTSTANDING LOAN TOTALS       | <b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>  | \$ 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.

Mr. Tom Banning  
\_\_\_\_\_  
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

**SUBTOTALS - GPAC****FORM GPAC**  
**COVER SHEET PG 3**  
3 of 42

|  |   |   |
|--|---|---|
| <b>17 COMMITTEE NAME</b><br>Texas Academy of Family Physicians PAC |   | <b>18 Filer ID</b> (Ethics Commission Filers)<br>00016860 |
| <b>19 SCHEDULE SUBTOTALS</b><br>NAME OF SCHEDULE                   |   | SUBTOTAL AMOUNT   |
| 1.   | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                 | \$ 8,920.00   |
| 2.   | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                              | \$  |
| 3.   | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$  |
| 4.   | <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION               | \$  |
| 5.   | <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$  |
| 6.   | <input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION                     | \$  |
| 7.   | <input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION                 | \$  |
| 8.   | <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION                 | \$  |
| 9.   | <input type="checkbox"/> SCHEDULE E: LOANS  | \$  |
| 10.  | <input 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**

|   |   |  |
|---|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>          |   | <b>1</b> Total pages Schedule A1:<br>Sch: 1/39 Rpt: 4/42 |
| <b>2</b> FILER NAME<br>Texas Academy of Family Physicians PAC             |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00016860 |
| <b>4</b> Date<br>01/13/2023   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Aiena M.D., Lane (Dr.) | <b>7</b> Amount of Contribution (\$)                     |
|   | <b>6</b> Contributor address; City; State; Zip Code<br><br>Huntsville, TX 77320-1951                                |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Physician |   | <b>9</b> Employer (See Instructions)                     |
| Date<br>02/13/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Aiena M.D., Lane (Dr.)          | Amount of Contribution (\$)                              |
|   | Contributor address; City; State; Zip Code<br><br>Huntsville, TX 77320-1951   |  |
| Principal occupation / Job title (See Instructions)<br>Physician          |   | Employer (See Instructions)                              |
| Date<br>03/13/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Aiena M.D., Lane (Dr.)          | Amount of Contribution (\$)                              |
|   | Contributor address; City; State; Zip Code<br><br>Huntsville, TX 77320-1951   |  |
| Principal occupation / Job title (See Instructions)<br>Physician          |   | Employer (See Instructions)                              |
| Date<br>04/13/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Aiena M.D., Lane (Dr.)          | Amount of Contribution (\$)                              |
|   | Contributor address; City; State; Zip Code<br><br>Huntsville, TX 77320-1951   |  |
| Principal occupation / Job title (See Instructions)<br>Physician          |   | Employer (See Instructions)                              |
| Date<br>05/13/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Aiena M.D., Lane (Dr.)          | Amount of Contribution (\$)                              |
|   | Contributor address; City; State; Zip Code<br><br>Huntsville, TX 77320-1951   |  |
| Principal occupation / Job title (See Instructions)<br>Physician          |   | Employer (See Instructions)                              |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |  |  |
|---|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>          |  | <b>1</b> Total pages Schedule A1:<br>Sch: 2/39 Rpt: 5/42 |
| <b>2</b> FILER NAME<br>Texas Academy of Family Physicians PAC             |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00016860 |
| <b>4</b> Date<br>06/13/2023   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Aiena M.D., Lane (Dr.)<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Huntsville, TX 77320-1951 | <b>7</b> Amount of Contribution (\$)<br><br>\$30.00      |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Physician |  | <b>9</b> Employer (See Instructions)                     |
| Date<br>02/02/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Alberda M.D., Kelly (Dr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Austin, TX 78756-2433                    | Amount of Contribution (\$)<br><br>\$30.00               |
| Principal occupation / Job title (See Instructions)<br>Physician          |  | Employer (See Instructions)                              |
| Date<br>05/02/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Alberda M.D., Kelly (Dr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Austin, TX 78756-2433                    | Amount of Contribution (\$)<br><br>\$30.00               |
| Principal occupation / Job title (See Instructions)<br>Physician          |  | Employer (See Instructions)                              |
| Date<br>01/24/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Bartos M.D., Justin (Dr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>North Richland Hills, TX 76180-8338      | Amount of Contribution (\$)<br><br>\$100.00              |
| Principal occupation / Job title (See Instructions)<br>Physician          |  | Employer (See Instructions)                              |
| Date<br>02/24/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Bartos M.D., Justin (Dr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>North Richland Hills, TX 76180-8338      | Amount of Contribution (\$)<br><br>\$100.00              |
| Principal occupation / Job title (See Instructions)<br>Physician          |  | Employer (See Instructions)                              |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |  |  |
|--|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>                               |  | <b>1</b> Total pages Schedule A1:<br>Sch: 3/39 Rpt: 6/42                       |
| <b>2</b> FILER NAME<br>Texas Academy of Family Physicians PAC                                  |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00016860                       |
| <b>4</b> Date<br>03/24/2023  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Bartos M.D., Justin (Dr.) | <b>7</b> Amount of Contribution (\$) <span style="float:right">\$100.00</span> |
| <b>6</b> Contributor address; City; State; Zip Code<br><br>North Richland Hills, TX 76180-8338 |  |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Physician                      |  | <b>9</b> Employer (See Instructions)   |
| Date<br>04/24/2023   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Bartos M.D., Justin (Dr.)          | Amount of Contribution (\$) <span style="float:right">\$100.00</span>          |
| Contributor address; City; State; Zip Code<br><br>North Richland Hills, TX 76180-8338          |  |  |
| Principal occupation / Job title (See Instructions)<br>Physician                               |  | Employer (See Instructions)  |
| Date<br>05/24/2023   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Bartos M.D., Justin (Dr.)          | Amount of Contribution (\$) <span style="float:right">\$100.00</span>          |
| Contributor address; City; State; Zip Code<br><br>North Richland Hills, TX 76180-8338          |  |  |
| Principal occupation / Job title (See Instructions)<br>Physician                               |  | Employer (See Instructions)  |
| Date<br>06/24/2023   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Bartos M.D., Justin (Dr.)          | Amount of Contribution (\$) <span style="float:right">\$100.00</span>          |
| Contributor address; City; State; Zip Code<br><br>North Richland Hills, TX 76180-8338          |  |  |
| Principal occupation / Job title (See Instructions)<br>Physician                               |  | Employer (See Instructions)  |
| Date<br>01/11/2023   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Benold M.D., Stephen (Dr.)         | Amount of Contribution (\$) <span style="float:right">\$25.00</span>           |
| Contributor address; City; State; Zip Code<br><br>Georgetown, TX 78628-5320                    |  |  |
| Principal occupation / Job title (See Instructions)<br>Physician                               |  | Employer (See Instructions)  |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |  |  |
|---|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>          |  | <b>1</b> Total pages Schedule A1:<br>Sch: 4/39 Rpt: 7/42 |
| <b>2</b> FILER NAME<br>Texas Academy of Family Physicians PAC             |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00016860 |
| <b>4</b> Date<br>02/11/2023   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Benold M.D., Stephen (Dr.)<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Georgetown, TX 78628-5320 | <b>7</b> Amount of Contribution (\$)<br><br>\$25.00      |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Physician |  | <b>9</b> Employer (See Instructions)                     |
| Date<br>03/11/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Benold M.D., Stephen (Dr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Georgetown, TX 78628-5320                   | Amount of Contribution (\$)<br><br>\$25.00               |
| Principal occupation / Job title (See Instructions)<br>Physician          |  | Employer (See Instructions)                              |
| Date<br>04/11/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Benold M.D., Stephen (Dr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Georgetown, TX 78628-5320                   | Amount of Contribution (\$)<br><br>\$25.00               |
| Principal occupation / Job title (See Instructions)<br>Physician          |  | Employer (See Instructions)                              |
| Date<br>05/11/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Benold M.D., Stephen (Dr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Georgetown, TX 78628-5320                   | Amount of Contribution (\$)<br><br>\$25.00               |
| Principal occupation / Job title (See Instructions)<br>Physician          |  | Employer (See Instructions)                              |
| Date<br>06/11/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Benold M.D., Stephen (Dr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Georgetown, TX 78628-5320                   | Amount of Contribution (\$)<br><br>\$25.00               |
| Principal occupation / Job title (See Instructions)<br>Physician          |  | Employer (See Instructions)                              |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |   |  |
|---|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>          |   | <b>1</b> Total pages Schedule A1:<br>Sch: 5/39 Rpt: 8/42 |
| <b>2</b> FILER NAME<br>Texas Academy of Family Physicians PAC             |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00016860 |
| <b>4</b> Date<br>01/30/2023   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Botsford M.D., Lindsay (Dr.) | <b>7</b> Amount of Contribution (\$)                     |
|   | <b>6</b> Contributor address; City; State; Zip Code<br><br>Houston, TX 77019-6720   |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Physician |   | <b>9</b> Employer (See Instructions)                     |
| Date<br>02/28/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Botsford M.D., Lindsay (Dr.)          | Amount of Contribution (\$)                              |
|   | Contributor address; City; State; Zip Code<br><br>Houston, TX 77019-6720  |  |
| Principal occupation / Job title (See Instructions)<br>Physician          |   | Employer (See Instructions)                              |
| Date<br>03/30/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Botsford M.D., Lindsay (Dr.)          | Amount of Contribution (\$)                              |
|   | Contributor address; City; State; Zip Code<br><br>Houston, TX 77019-6720  |  |
| Principal occupation / Job title (See Instructions)<br>Physician          |   | Employer (See Instructions)                              |
| Date<br>04/30/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Botsford M.D., Lindsay (Dr.)          | Amount of Contribution (\$)                              |
|   | Contributor address; City; State; Zip Code<br><br>Houston, TX 77019-6720  |  |
| Principal occupation / Job title (See Instructions)<br>Physician          |   | Employer (See Instructions)                              |
| Date<br>05/30/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Botsford M.D., Lindsay (Dr.)          | Amount of Contribution (\$)                              |
|   | Contributor address; City; State; Zip Code<br><br>Houston, TX 77019-6720  |  |
| Principal occupation / Job title (See Instructions)<br>Physician          |   | Employer (See Instructions)                              |



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |   |  |
|---|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>          |   | <b>1</b> Total pages Schedule A1:<br>Sch: 6/39 Rpt: 9/42 |
| <b>2</b> FILER NAME<br>Texas Academy of Family Physicians PAC             |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00016860 |
| <b>4</b> Date<br>06/30/2023   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Botsford M.D., Lindsay (Dr.) | <b>7</b> Amount of Contribution (\$)<br><br>\$15.00      |
|   | <b>6</b> Contributor address; City; State; Zip Code<br><br>Houston, TX 77019-6720   |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Physician |   | <b>9</b> Employer (See Instructions)                     |
| Date<br>01/17/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Briggs M.D., Emily (Dr.)              | Amount of Contribution (\$)<br><br>\$10.00               |
|   | Contributor address; City; State; Zip Code<br><br>New Braunfels, TX 78130   |  |
| Principal occupation / Job title (See Instructions)<br>Physician          |   | Employer (See Instructions)                              |
| Date<br>02/17/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Briggs M.D., Emily (Dr.)              | Amount of Contribution (\$)<br><br>\$10.00               |
|   | Contributor address; City; State; Zip Code<br><br>New Braunfels, TX 78130   |  |
| Principal occupation / Job title (See Instructions)<br>Physician          |   | Employer (See Instructions)                              |
| Date<br>03/17/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Briggs M.D., Emily (Dr.)              | Amount of Contribution (\$)<br><br>\$10.00               |
|   | Contributor address; City; State; Zip Code<br><br>New Braunfels, TX 78130   |  |
| Principal occupation / Job title (See Instructions)<br>Physician          |   | Employer (See Instructions)                              |
| Date<br>04/17/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Briggs M.D., Emily (Dr.)              | Amount of Contribution (\$)<br><br>\$10.00               |
|   | Contributor address; City; State; Zip Code<br><br>New Braunfels, TX 78130   |  |
| Principal occupation / Job title (See Instructions)<br>Physician          |   | Employer (See Instructions)                              |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |   |   |
|---|---|---|
| <b>The Instruction Guide explains how to complete this form.</b>          |   | <b>1</b> Total pages Schedule A1:<br>Sch: 7/39 Rpt: 10/42                     |
| <b>2</b> FILER NAME<br>Texas Academy of Family Physicians PAC             |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00016860                      |
| <b>4</b> Date<br>05/17/2023   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Briggs M.D., Emily (Dr.) | <b>7</b> Amount of Contribution (\$) <span style="float:right">\$10.00</span> |
|   | <b>6</b> Contributor address; City; State; Zip Code<br><br>New Braunfels, TX 78130                                    |   |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Physician |   | <b>9</b> Employer (See Instructions)  |
| Date<br>06/17/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Briggs M.D., Emily (Dr.)          | Amount of Contribution (\$) <span style="float:right">\$10.00</span>          |
|   | Contributor address; City; State; Zip Code<br><br>New Braunfels, TX 78130   |   |
| Principal occupation / Job title (See Instructions)<br>Physician          |   | Employer (See Instructions)   |
| Date<br>01/24/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Caffrey M.D., Timothy (Dr.)       | Amount of Contribution (\$) <span style="float:right">\$50.00</span>          |
|   | Contributor address; City; State; Zip Code<br><br>San Antonio, TX 78209-6221  |   |
| Principal occupation / Job title (See Instructions)<br>Physician          |   | Employer (See Instructions)   |
| Date<br>02/24/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Caffrey M.D., Timothy (Dr.)       | Amount of Contribution (\$) <span style="float:right">\$50.00</span>          |
|   | Contributor address; City; State; Zip Code<br><br>San Antonio, TX 78209-6221  |   |
| Principal occupation / Job title (See Instructions)<br>Physician          |   | Employer (See Instructions)   |
| Date<br>03/24/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Caffrey M.D., Timothy (Dr.)       | Amount of Contribution (\$) <span style="float:right">\$50.00</span>          |
|   | Contributor address; City; State; Zip Code<br><br>San Antonio, TX 78209-6221  |   |
| Principal occupation / Job title (See Instructions)<br>Physician          |   | Employer (See Instructions)   |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |  |   |
|---|--|---|
| <b>The Instruction Guide explains how to complete this form.</b>          |  | <b>1</b> Total pages Schedule A1:<br>Sch: 8/39 Rpt: 11/42 |
| <b>2</b> FILER NAME<br>Texas Academy of Family Physicians PAC             |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00016860  |
| <b>4</b> Date<br>04/24/2023   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Caffrey M.D., Timothy (Dr.) | <b>7</b> Amount of Contribution (\$)                      |
|   | <b>6</b> Contributor address; City; State; Zip Code<br><br>San Antonio, TX 78209-6221                                    |   |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Physician |  | <b>9</b> Employer (See Instructions)                      |
| Date<br>05/24/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Caffrey M.D., Timothy (Dr.)          | Amount of Contribution (\$)                               |
|   | Contributor address; City; State; Zip Code<br><br>San Antonio, TX 78209-6221   |   |
| Principal occupation / Job title (See Instructions)<br>Physician          |  | Employer (See Instructions)                               |
| Date<br>06/24/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Caffrey M.D., Timothy (Dr.)          | Amount of Contribution (\$)                               |
|   | Contributor address; City; State; Zip Code<br><br>San Antonio, TX 78209-6221   |   |
| Principal occupation / Job title (See Instructions)<br>Physician          |  | Employer (See Instructions)                               |
| Date<br>01/10/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Chan M.D., Chinglin (Dr.)            | Amount of Contribution (\$)                               |
|   | Contributor address; City; State; Zip Code<br><br>Sugar Land, TX 77478-3924  |   |
| Principal occupation / Job title (See Instructions)<br>Physician          |  | Employer (See Instructions)                               |
| Date<br>02/10/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Chan M.D., Chinglin (Dr.)            | Amount of Contribution (\$)                               |
|   | Contributor address; City; State; Zip Code<br><br>Sugar Land, TX 77478-3924  |   |
| Principal occupation / Job title (See Instructions)<br>Physician          |  | Employer (See Instructions)                               |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |  |   |
|---|--|---|
| <b>The Instruction Guide explains how to complete this form.</b>          |  | <b>1</b> Total pages Schedule A1:<br>Sch: 9/39 Rpt: 12/42                     |
| <b>2</b> FILER NAME<br>Texas Academy of Family Physicians PAC             |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00016860                      |
| <b>4</b> Date<br>03/10/2023   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Chan M.D., Chinglin (Dr.) | <b>7</b> Amount of Contribution (\$) <span style="float:right">\$25.00</span> |
|   | <b>6</b> Contributor address; City; State; Zip Code<br><br>Sugar Land, TX 77478-3924                                   |   |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Physician |  | <b>9</b> Employer (See Instructions)  |
| Date<br>04/10/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Chan M.D., Chinglin (Dr.)          | Amount of Contribution (\$) <span style="float:right">\$25.00</span>          |
|   | Contributor address; City; State; Zip Code<br><br>Sugar Land, TX 77478-3924  |   |
| Principal occupation / Job title (See Instructions)<br>Physician          |  | Employer (See Instructions)   |
| Date<br>05/10/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Chan M.D., Chinglin (Dr.)          | Amount of Contribution (\$) <span style="float:right">\$25.00</span>          |
|   | Contributor address; City; State; Zip Code<br><br>Sugar Land, TX 77478-3924  |   |
| Principal occupation / Job title (See Instructions)<br>Physician          |  | Employer (See Instructions)   |
| Date<br>06/10/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Chan M.D., Chinglin (Dr.)          | Amount of Contribution (\$) <span style="float:right">\$25.00</span>          |
|   | Contributor address; City; State; Zip Code<br><br>Sugar Land, TX 77478-3924  |   |
| Principal occupation / Job title (See Instructions)<br>Physician          |  | Employer (See Instructions)   |
| Date<br>01/27/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Chassay M.D., C (Dr.)              | Amount of Contribution (\$) <span style="float:right">\$15.00</span>          |
|   | Contributor address; City; State; Zip Code<br><br>Fort Worth, TX 76107-2644  |   |
| Principal occupation / Job title (See Instructions)<br>Physician          |  | Employer (See Instructions)   |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |  |  |
|---|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>          |  | <b>1</b> Total pages Schedule A1:<br>Sch: 10/39 Rpt: 13/42 |
| <b>2</b> FILER NAME<br>Texas Academy of Family Physicians PAC             |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00016860   |
| <b>4</b> Date<br>02/27/2023   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Chassay M.D., C (Dr.) | <b>7</b> Amount of Contribution (\$)                       |
|   | <b>6</b> Contributor address; City; State; Zip Code<br><br>Fort Worth, TX 76107-2644                               |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Physician |  | <b>9</b> Employer (See Instructions)                       |
| Date<br>03/27/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Chassay M.D., C (Dr.)          | Amount of Contribution (\$)                                |
|   | Contributor address; City; State; Zip Code<br><br>Fort Worth, TX 76107-2644  |  |
| Principal occupation / Job title (See Instructions)<br>Physician          |  | Employer (See Instructions)                                |
| Date<br>04/27/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Chassay M.D., C (Dr.)          | Amount of Contribution (\$)                                |
|   | Contributor address; City; State; Zip Code<br><br>Fort Worth, TX 76107-2644  |  |
| Principal occupation / Job title (See Instructions)<br>Physician          |  | Employer (See Instructions)                                |
| Date<br>05/27/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Chassay M.D., C (Dr.)          | Amount of Contribution (\$)                                |
|   | Contributor address; City; State; Zip Code<br><br>Fort Worth, TX 76107-2644  |  |
| Principal occupation / Job title (See Instructions)<br>Physician          |  | Employer (See Instructions)                                |
| Date<br>06/27/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Chassay M.D., C (Dr.)          | Amount of Contribution (\$)                                |
|   | Contributor address; City; State; Zip Code<br><br>Fort Worth, TX 76107-2644  |  |
| Principal occupation / Job title (See Instructions)<br>Physician          |  | Employer (See Instructions)                                |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |  |  |
|---|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>          |  | <b>1</b> Total pages Schedule A1:<br>Sch: 11/39 Rpt: 14/42 |
| <b>2</b> FILER NAME<br>Texas Academy of Family Physicians PAC             |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00016860   |
| <b>4</b> Date<br>01/25/2023   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Duchicela M.D., Jorge (Dr.) | <b>7</b> Amount of Contribution (\$)<br>\$100.00           |
|   | <b>6</b> Contributor address; City; State; Zip Code<br><br>Weimar, TX 78962-3680   |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Physician |  | <b>9</b> Employer (See Instructions)                       |
| Date<br>02/25/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Duchicela M.D., Jorge (Dr.)          | Amount of Contribution (\$)<br>\$100.00                    |
|   | Contributor address; City; State; Zip Code<br><br>Weimar, TX 78962-3680  |  |
| Principal occupation / Job title (See Instructions)<br>Physician          |  | Employer (See Instructions)                                |
| Date<br>03/25/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Duchicela M.D., Jorge (Dr.)          | Amount of Contribution (\$)<br>\$100.00                    |
|   | Contributor address; City; State; Zip Code<br><br>Weimar, TX 78962-3680  |  |
| Principal occupation / Job title (See Instructions)<br>Physician          |  | Employer (See Instructions)                                |
| Date<br>04/25/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Duchicela M.D., Jorge (Dr.)          | Amount of Contribution (\$)<br>\$100.00                    |
|   | Contributor address; City; State; Zip Code<br><br>Weimar, TX 78962-3680  |  |
| Principal occupation / Job title (See Instructions)<br>Physician          |  | Employer (See Instructions)                                |
| Date<br>05/25/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Duchicela M.D., Jorge (Dr.)          | Amount of Contribution (\$)<br>\$100.00                    |
|   | Contributor address; City; State; Zip Code<br><br>Weimar, TX 78962-3680  |  |
| Principal occupation / Job title (See Instructions)<br>Physician          |  | Employer (See Instructions)                                |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |   |  |
|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>                 |   | <b>1</b> Total pages Schedule A1:<br>Sch: 12/39 Rpt: 15/42 |
| <b>2</b> FILER NAME<br>Texas Academy of Family Physicians PAC                    |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00016860   |
| <b>4</b> Date<br>06/25/2023  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Duchicela M.D., Jorge (Dr.) | <b>7</b> Amount of Contribution (\$) \$100.00              |
| <b>6</b> Contributor address; City; State; Zip Code<br><br>Weimar, TX 78962-3680 |   |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Physician        |   | <b>9</b> Employer (See Instructions)                       |
| Date<br>01/13/2023   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Falcon M.D., Antonio (Dr.)           | Amount of Contribution (\$) \$100.00                       |
| Contributor address; City; State; Zip Code<br><br>Rio Grande City, TX 78582-6201 |   |  |
| Principal occupation / Job title (See Instructions)<br>Physician                 |   | Employer (See Instructions)                                |
| Date<br>02/13/2023   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Falcon M.D., Antonio (Dr.)           | Amount of Contribution (\$) \$100.00                       |
| Contributor address; City; State; Zip Code<br><br>Rio Grande City, TX 78582-6201 |   |  |
| Principal occupation / Job title (See Instructions)<br>Physician                 |   | Employer (See Instructions)                                |
| Date<br>03/13/2023   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Falcon M.D., Antonio (Dr.)           | Amount of Contribution (\$) \$100.00                       |
| Contributor address; City; State; Zip Code<br><br>Rio Grande City, TX 78582-6201 |   |  |
| Principal occupation / Job title (See Instructions)<br>Physician                 |   | Employer (See Instructions)                                |
| Date<br>04/13/2023   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Falcon M.D., Antonio (Dr.)           | Amount of Contribution (\$) \$100.00                       |
| Contributor address; City; State; Zip Code<br><br>Rio Grande City, TX 78582-6201 |   |  |
| Principal occupation / Job title (See Instructions)<br>Physician                 |   | Employer (See Instructions)                                |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |   |  |
|---|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>                          |   | <b>1</b> Total pages Schedule A1:<br>Sch: 13/39 Rpt: 16/42 |
| <b>2</b> FILER NAME<br>Texas Academy of Family Physicians PAC                             |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00016860   |
| <b>4</b> Date<br>05/13/2023   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Falcon M.D., Antonio (Dr.) | <b>7</b> Amount of Contribution (\$)<br><br>\$100.00       |
| <b>6</b> Contributor address; City; State; Zip Code<br><br>Rio Grande City, TX 78582-6201 |   |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Physician                 |   | <b>9</b> Employer (See Instructions)                       |
| Date<br>06/13/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Falcon M.D., Antonio (Dr.)          | Amount of Contribution (\$)<br><br>\$100.00                |
| Contributor address; City; State; Zip Code<br><br>Rio Grande City, TX 78582-6201          |   |  |
| Principal occupation / Job title (See Instructions)<br>Physician                          |   | Employer (See Instructions)                                |
| Date<br>01/21/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Fiesinger M.D., Troy (Dr.)          | Amount of Contribution (\$)<br><br>\$25.00                 |
| Contributor address; City; State; Zip Code<br><br>Houston, TX 77096-3910                  |   |  |
| Principal occupation / Job title (See Instructions)<br>Physician                          |   | Employer (See Instructions)                                |
| Date<br>02/21/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Fiesinger M.D., Troy (Dr.)          | Amount of Contribution (\$)<br><br>\$25.00                 |
| Contributor address; City; State; Zip Code<br><br>Houston, TX 77096-3910                  |   |  |
| Principal occupation / Job title (See Instructions)<br>Physician                          |   | Employer (See Instructions)                                |
| Date<br>03/21/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Fiesinger M.D., Troy (Dr.)          | Amount of Contribution (\$)<br><br>\$25.00                 |
| Contributor address; City; State; Zip Code<br><br>Houston, TX 77096-3910                  |   |  |
| Principal occupation / Job title (See Instructions)<br>Physician                          |   | Employer (See Instructions)                                |



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |   |  |
|---|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>          |   | <b>1</b> Total pages Schedule A1:<br>Sch: 14/39 Rpt: 17/42 |
| <b>2</b> FILER NAME<br>Texas Academy of Family Physicians PAC             |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00016860   |
| <b>4</b> Date<br>04/21/2023   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Fiesinger M.D., Troy (Dr.) | <b>7</b> Amount of Contribution (\$)                       |
|   | <b>6</b> Contributor address; City; State; Zip Code<br><br>Houston, TX 77096-3910                                       |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Physician |   | <b>9</b> Employer (See Instructions)                       |
| Date<br>05/21/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Fiesinger M.D., Troy (Dr.)          | Amount of Contribution (\$)                                |
|   | Contributor address; City; State; Zip Code<br><br>Houston, TX 77096-3910  |  |
| Principal occupation / Job title (See Instructions)<br>Physician          |   | Employer (See Instructions)                                |
| Date<br>06/21/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Fiesinger M.D., Troy (Dr.)          | Amount of Contribution (\$)                                |
|   | Contributor address; City; State; Zip Code<br><br>Houston, TX 77096-3910  |  |
| Principal occupation / Job title (See Instructions)<br>Physician          |   | Employer (See Instructions)                                |
| Date<br>01/22/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Glenn M.D., Lisa (Dr.)              | Amount of Contribution (\$)                                |
|   | Contributor address; City; State; Zip Code<br><br>Austin, TX 78748-2608   |  |
| Principal occupation / Job title (See Instructions)<br>Physician          |   | Employer (See Instructions)                                |
| Date<br>02/22/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Glenn M.D., Lisa (Dr.)              | Amount of Contribution (\$)                                |
|   | Contributor address; City; State; Zip Code<br><br>Austin, TX 78748-2608   |  |
| Principal occupation / Job title (See Instructions)<br>Physician          |   | Employer (See Instructions)                                |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |   |  |
|---|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>          |   | <b>1</b> Total pages Schedule A1:<br>Sch: 15/39 Rpt: 18/42 |
| <b>2</b> FILER NAME<br>Texas Academy of Family Physicians PAC             |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00016860   |
| <b>4</b> Date<br>03/22/2023   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Glenn M.D., Lisa (Dr.) | <b>7</b> Amount of Contribution (\$)                       |
|   | <b>6</b> Contributor address; City; State; Zip Code<br><br>Austin, TX 78748-2608                                    |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Physician |   | <b>9</b> Employer (See Instructions)                       |
| Date<br>04/25/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Glenn M.D., Lisa (Dr.)          | Amount of Contribution (\$)                                |
|   | Contributor address; City; State; Zip Code<br><br>Austin, TX 78748-2608   |  |
| Principal occupation / Job title (See Instructions)<br>Physician          |   | Employer (See Instructions)                                |
| Date<br>05/25/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Glenn M.D., Lisa (Dr.)          | Amount of Contribution (\$)                                |
|   | Contributor address; City; State; Zip Code<br><br>Austin, TX 78748-2608   |  |
| Principal occupation / Job title (See Instructions)<br>Physician          |   | Employer (See Instructions)                                |
| Date<br>06/25/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Glenn M.D., Lisa (Dr.)          | Amount of Contribution (\$)                                |
|   | Contributor address; City; State; Zip Code<br><br>Austin, TX 78748-2608   |  |
| Principal occupation / Job title (See Instructions)<br>Physician          |   | Employer (See Instructions)                                |
| Date<br>01/11/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Goertz M.D., Roland (Dr.)       | Amount of Contribution (\$)                                |
|   | Contributor address; City; State; Zip Code<br><br>Waco, TX 76712-3407   |  |
| Principal occupation / Job title (See Instructions)<br>Physician          |   | Employer (See Instructions)                                |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |  |  |
|---|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>          |  | <b>1</b> Total pages Schedule A1:<br>Sch: 16/39 Rpt: 19/42 |
| <b>2</b> FILER NAME<br>Texas Academy of Family Physicians PAC             |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00016860   |
| <b>4</b> Date<br>02/11/2023   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Goertz M.D., Roland (Dr.) | <b>7</b> Amount of Contribution (\$)                       |
|   | <b>6</b> Contributor address; City; State; Zip Code<br><br>Waco, TX 76712-3407   |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Physician |  | <b>9</b> Employer (See Instructions)                       |
| Date<br>03/11/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Goertz M.D., Roland (Dr.)          | Amount of Contribution (\$)                                |
|   | Contributor address; City; State; Zip Code<br><br>Waco, TX 76712-3407  |  |
| Principal occupation / Job title (See Instructions)<br>Physician          |  | Employer (See Instructions)                                |
| Date<br>04/11/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Goertz M.D., Roland (Dr.)          | Amount of Contribution (\$)                                |
|   | Contributor address; City; State; Zip Code<br><br>Waco, TX 76712-3407  |  |
| Principal occupation / Job title (See Instructions)<br>Physician          |  | Employer (See Instructions)                                |
| Date<br>05/11/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Goertz M.D., Roland (Dr.)          | Amount of Contribution (\$)                                |
|   | Contributor address; City; State; Zip Code<br><br>Waco, TX 76712-3407  |  |
| Principal occupation / Job title (See Instructions)<br>Physician          |  | Employer (See Instructions)                                |
| Date<br>06/11/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Goertz M.D., Roland (Dr.)          | Amount of Contribution (\$)                                |
|   | Contributor address; City; State; Zip Code<br><br>Waco, TX 76712-3407  |  |
| Principal occupation / Job title (See Instructions)<br>Physician          |  | Employer (See Instructions)                                |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |   |  |
|---|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>          |   | <b>1</b> Total pages Schedule A1:<br>Sch: 17/39 Rpt: 20/42 |
| <b>2</b> FILER NAME<br>Texas Academy of Family Physicians PAC             |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00016860   |
| <b>4</b> Date<br>01/10/2023   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Greer M.D., Thomas (Dr.) | <b>7</b> Amount of Contribution (\$)                       |
|   | <b>6</b> Contributor address; City; State; Zip Code<br><br>Henrietta, TX 76365-0360                                   |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Physician |   | <b>9</b> Employer (See Instructions)                       |
| Date<br>02/10/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Greer M.D., Thomas (Dr.)          | Amount of Contribution (\$)                                |
|   | Contributor address; City; State; Zip Code<br><br>Henrietta, TX 76365-0360  |  |
| Principal occupation / Job title (See Instructions)<br>Physician          |   | Employer (See Instructions)                                |
| Date<br>03/10/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Greer M.D., Thomas (Dr.)          | Amount of Contribution (\$)                                |
|   | Contributor address; City; State; Zip Code<br><br>Henrietta, TX 76365-0360  |  |
| Principal occupation / Job title (See Instructions)<br>Physician          |   | Employer (See Instructions)                                |
| Date<br>04/10/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Greer M.D., Thomas (Dr.)          | Amount of Contribution (\$)                                |
|   | Contributor address; City; State; Zip Code<br><br>Henrietta, TX 76365-0360  |  |
| Principal occupation / Job title (See Instructions)<br>Physician          |   | Employer (See Instructions)                                |
| Date<br>05/10/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Greer M.D., Thomas (Dr.)          | Amount of Contribution (\$)                                |
|   | Contributor address; City; State; Zip Code<br><br>Henrietta, TX 76365-0360  |  |
| Principal occupation / Job title (See Instructions)<br>Physician          |   | Employer (See Instructions)                                |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |   |  |
|---|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>                    |   | <b>1</b> Total pages Schedule A1:<br>Sch: 18/39 Rpt: 21/42 |
| <b>2</b> FILER NAME<br>Texas Academy of Family Physicians PAC                       |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00016860   |
| <b>4</b> Date<br>06/10/2023   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Greer M.D., Thomas (Dr.) | <b>7</b> Amount of Contribution (\$) \$100.00              |
| <b>6</b> Contributor address; City; State; Zip Code<br><br>Henrietta, TX 76365-0360 |   |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Physician           |   | <b>9</b> Employer (See Instructions)                       |
| Date<br>03/07/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Gruen M.D., Sheryl (Dr.)          | Amount of Contribution (\$) \$50.00                        |
| Contributor address; City; State; Zip Code<br><br>Lampasas, TX 76550-4071           |   |  |
| Principal occupation / Job title (See Instructions)<br>Physician                    |   | Employer (See Instructions)                                |
| Date<br>01/02/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Gupta M.D., Ajay (Dr.)            | Amount of Contribution (\$) \$25.00                        |
| Contributor address; City; State; Zip Code<br><br>Austin, TX 78730-3465             |   |  |
| Principal occupation / Job title (See Instructions)<br>Physician                    |   | Employer (See Instructions)                                |
| Date<br>02/02/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Gupta M.D., Ajay (Dr.)            | Amount of Contribution (\$) \$25.00                        |
| Contributor address; City; State; Zip Code<br><br>Austin, TX 78730-3465             |   |  |
| Principal occupation / Job title (See Instructions)<br>Physician                    |   | Employer (See Instructions)                                |
| Date<br>03/02/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Gupta M.D., Ajay (Dr.)            | Amount of Contribution (\$) \$25.00                        |
| Contributor address; City; State; Zip Code<br><br>Austin, TX 78730-3465             |   |  |
| Principal occupation / Job title (See Instructions)<br>Physician                    |   | Employer (See Instructions)                                |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |   |  |
|---|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>          |   | <b>1</b> Total pages Schedule A1:<br>Sch: 19/39 Rpt: 22/42 |
| <b>2</b> FILER NAME<br>Texas Academy of Family Physicians PAC             |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00016860   |
| <b>4</b> Date<br>04/02/2023   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Gupta M.D., Ajay (Dr.) | <b>7</b> Amount of Contribution (\$)                       |
|   | <b>6</b> Contributor address; City; State; Zip Code<br><br>Austin, TX 78730-3465                                    |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Physician |   | <b>9</b> Employer (See Instructions)                       |
| Date<br>05/02/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Gupta M.D., Ajay (Dr.)          | Amount of Contribution (\$)                                |
|   | Contributor address; City; State; Zip Code<br><br>Austin, TX 78730-3465   |  |
| Principal occupation / Job title (See Instructions)<br>Physician          |   | Employer (See Instructions)                                |
| Date<br>06/02/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Gupta M.D., Ajay (Dr.)          | Amount of Contribution (\$)                                |
|   | Contributor address; City; State; Zip Code<br><br>Austin, TX 78730-3465   |  |
| Principal occupation / Job title (See Instructions)<br>Physician          |   | Employer (See Instructions)                                |
| Date<br>03/03/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Gutierrez M.D., Natalia (Dr.)   | Amount of Contribution (\$)                                |
|   | Contributor address; City; State; Zip Code<br><br>Plano, TX 75093-6173  |  |
| Principal occupation / Job title (See Instructions)<br>Physician          |   | Employer (See Instructions)                                |
| Date<br>04/03/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Gutierrez M.D., Natalia (Dr.)   | Amount of Contribution (\$)                                |
|   | Contributor address; City; State; Zip Code<br><br>Plano, TX 75093-6173  |  |
| Principal occupation / Job title (See Instructions)<br>Physician          |   | Employer (See Instructions)                                |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |  |  |
|---|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>          |  | <b>1</b> Total pages Schedule A1:<br>Sch: 20/39 Rpt: 23/42 |
| <b>2</b> FILER NAME<br>Texas Academy of Family Physicians PAC             |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00016860   |
| <b>4</b> Date<br>05/03/2023   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Gutierrez M.D., Natalia (Dr.) | <b>7</b> Amount of Contribution (\$)                       |
|   | <b>6</b> Contributor address; City; State; Zip Code<br><br>Plano, TX 75093-6173  |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Physician |  | <b>9</b> Employer (See Instructions)                       |
| <b>Date</b><br>06/03/2023   | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Gutierrez M.D., Natalia (Dr.)   | <b>Amount of Contribution (\$)</b><br>\$15.00              |
|   | <b>Contributor address; City; State; Zip Code</b><br><br>Plano, TX 75093-6173  |  |
| <b>Principal occupation / Job title (See Instructions)</b><br>Physician   |  | <b>Employer (See Instructions)</b>                         |
| <b>Date</b><br>01/01/2023   | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Hadley M.D., Lesca (Dr.)        | <b>Amount of Contribution (\$)</b><br>\$10.00              |
|   | <b>Contributor address; City; State; Zip Code</b><br><br>Cleburne, TX 76033-8318   |  |
| <b>Principal occupation / Job title (See Instructions)</b><br>Physician   |  | <b>Employer (See Instructions)</b>                         |
| <b>Date</b><br>02/01/2023   | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Hadley M.D., Lesca (Dr.)        | <b>Amount of Contribution (\$)</b><br>\$10.00              |
|   | <b>Contributor address; City; State; Zip Code</b><br><br>Cleburne, TX 76033-8318   |  |
| <b>Principal occupation / Job title (See Instructions)</b><br>Physician   |  | <b>Employer (See Instructions)</b>                         |
| <b>Date</b><br>03/01/2023   | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Hadley M.D., Lesca (Dr.)        | <b>Amount of Contribution (\$)</b><br>\$10.00              |
|   | <b>Contributor address; City; State; Zip Code</b><br><br>Cleburne, TX 76033-8318   |  |
| <b>Principal occupation / Job title (See Instructions)</b><br>Physician   |  | <b>Employer (See Instructions)</b>                         |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |   |  |
|---|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>          |   | <b>1</b> Total pages Schedule A1:<br>Sch: 21/39 Rpt: 24/42 |
| <b>2</b> FILER NAME<br>Texas Academy of Family Physicians PAC             |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00016860   |
| <b>4</b> Date<br>04/01/2023   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Hadley M.D., Lesca (Dr.) | <b>7</b> Amount of Contribution (\$)<br><br>\$10.00        |
|   | <b>6</b> Contributor address; City; State; Zip Code<br><br>Cleburne, TX 76033-8318                                    |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Physician |   | <b>9</b> Employer (See Instructions)                       |
| Date<br>05/01/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Hadley M.D., Lesca (Dr.)          | Amount of Contribution (\$)<br><br>\$10.00                 |
|   | Contributor address; City; State; Zip Code<br><br>Cleburne, TX 76033-8318   |  |
| Principal occupation / Job title (See Instructions)<br>Physician          |   | Employer (See Instructions)                                |
| Date<br>06/01/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Hadley M.D., Lesca (Dr.)          | Amount of Contribution (\$)<br><br>\$10.00                 |
|   | Contributor address; City; State; Zip Code<br><br>Cleburne, TX 76033-8318   |  |
| Principal occupation / Job title (See Instructions)<br>Physician          |   | Employer (See Instructions)                                |
| Date<br>01/09/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Hart M.D., Rebecca (Dr.)          | Amount of Contribution (\$)<br><br>\$30.00                 |
|   | Contributor address; City; State; Zip Code<br><br>League City, TX 77573-0833  |  |
| Principal occupation / Job title (See Instructions)<br>Physician          |   | Employer (See Instructions)                                |
| Date<br>02/09/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Hart M.D., Rebecca (Dr.)          | Amount of Contribution (\$)<br><br>\$30.00                 |
|   | Contributor address; City; State; Zip Code<br><br>League City, TX 77573-0833  |  |
| Principal occupation / Job title (See Instructions)<br>Physician          |   | Employer (See Instructions)                                |



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |  |  |
|---|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>          |  | <b>1</b> Total pages Schedule A1:<br>Sch: 22/39 Rpt: 25/42 |
| <b>2</b> FILER NAME<br>Texas Academy of Family Physicians PAC             |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00016860   |
| <b>4</b> Date<br>02/08/2023   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Hawkins M.D., Clare (Dr.) | <b>7</b> Amount of Contribution (\$)                       |
|   | <b>6</b> Contributor address; City; State; Zip Code<br><br>Houston, TX 77005-3113                                      |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Physician |  | <b>9</b> Employer (See Instructions)                       |
| Date<br>01/16/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Hunt M.D., Farron (Dr.)            | Amount of Contribution (\$)                                |
|   | Contributor address; City; State; Zip Code<br><br>Manor, TX 78653  |  |
| Principal occupation / Job title (See Instructions)<br>Physician          |  | Employer (See Instructions)                                |
| Date<br>02/16/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Hunt M.D., Farron (Dr.)            | Amount of Contribution (\$)                                |
|   | Contributor address; City; State; Zip Code<br><br>Manor, TX 78653  |  |
| Principal occupation / Job title (See Instructions)<br>Physician          |  | Employer (See Instructions)                                |
| Date<br>03/16/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Hunt M.D., Farron (Dr.)            | Amount of Contribution (\$)                                |
|   | Contributor address; City; State; Zip Code<br><br>Manor, TX 78653  |  |
| Principal occupation / Job title (See Instructions)<br>Physician          |  | Employer (See Instructions)                                |
| Date<br>04/16/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Hunt M.D., Farron (Dr.)            | Amount of Contribution (\$)                                |
|   | Contributor address; City; State; Zip Code<br><br>Manor, TX 78653  |  |
| Principal occupation / Job title (See Instructions)<br>Physician          |  | Employer (See Instructions)                                |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |  |  |
|---|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>          |  | <b>1</b> Total pages Schedule A1:<br>Sch: 23/39 Rpt: 26/42 |
| <b>2</b> FILER NAME<br>Texas Academy of Family Physicians PAC             |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00016860   |
| <b>4</b> Date<br>05/16/2023   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Hunt M.D., Farron (Dr.) | <b>7</b> Amount of Contribution (\$)                       |
|   | <b>6</b> Contributor address; City; State; Zip Code<br><br>Manor, TX 78653   |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Physician |  | <b>9</b> Employer (See Instructions)                       |
| <b>Date</b><br>06/16/2023   | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Hunt M.D., Farron (Dr.)   | <b>Amount of Contribution (\$)</b><br>\$40.00              |
|   | <b>Contributor address; City; State; Zip Code</b><br><br>Manor, TX 78653   |  |
| <b>Principal occupation / Job title (See Instructions)</b><br>Physician   |  | <b>Employer (See Instructions)</b>                         |
| <b>Date</b><br>01/05/2023   | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Hurley M.D., Janet (Dr.)  | <b>Amount of Contribution (\$)</b><br>\$50.00              |
|   | <b>Contributor address; City; State; Zip Code</b><br><br>Whitehouse, TX 75791-5934                                   |  |
| <b>Principal occupation / Job title (See Instructions)</b><br>Physician   |  | <b>Employer (See Instructions)</b>                         |
| <b>Date</b><br>02/05/2023   | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Hurley M.D., Janet (Dr.)  | <b>Amount of Contribution (\$)</b><br>\$50.00              |
|   | <b>Contributor address; City; State; Zip Code</b><br><br>Whitehouse, TX 75791-5934                                   |  |
| <b>Principal occupation / Job title (See Instructions)</b><br>Physician   |  | <b>Employer (See Instructions)</b>                         |
| <b>Date</b><br>03/05/2023   | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Hurley M.D., Janet (Dr.)  | <b>Amount of Contribution (\$)</b><br>\$50.00              |
|   | <b>Contributor address; City; State; Zip Code</b><br><br>Whitehouse, TX 75791-5934                                   |  |
| <b>Principal occupation / Job title (See Instructions)</b><br>Physician   |  | <b>Employer (See Instructions)</b>                         |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |  |   |
|--|--|---|
| <b>The Instruction Guide explains how to complete this form.</b>   |  | 1 Total pages Schedule A1:<br>Sch: 24/39 Rpt: 27/42 |
| 2 FILER NAME<br>Texas Academy of Family Physicians PAC             |  | 3 Filer ID (Ethics Commission Filers)<br>00016860   |
| 4 Date<br>04/05/2023   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Hurley M.D., Janet (Dr.) | 7 Amount of Contribution (\$) \$50.00               |
|  | 6 Contributor address; City; State; Zip Code<br><br>Whitehouse, TX 75791-5934                                  |   |
| 8 Principal occupation / Job title (See Instructions)<br>Physician |  | 9 Employer (See Instructions)                       |
| Date<br>05/05/2023   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Hurley M.D., Janet (Dr.)   | Amount of Contribution (\$) \$50.00                 |
|  | Contributor address; City; State; Zip Code<br><br>Whitehouse, TX 75791-5934                                    |   |
| Principal occupation / Job title (See Instructions)<br>Physician   |  | Employer (See Instructions)                         |
| Date<br>06/05/2023   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Hurley M.D., Janet (Dr.)   | Amount of Contribution (\$) \$50.00                 |
|  | Contributor address; City; State; Zip Code<br><br>Whitehouse, TX 75791-5934                                    |   |
| Principal occupation / Job title (See Instructions)<br>Physician   |  | Employer (See Instructions)                         |
| Date<br>01/23/2023   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Jones M.D., Brian (Dr.)    | Amount of Contribution (\$) \$50.00                 |
|  | Contributor address; City; State; Zip Code<br><br>Cedar Hill, TX 75104-2423                                    |   |
| Principal occupation / Job title (See Instructions)<br>Physician   |  | Employer (See Instructions)                         |
| Date<br>02/23/2023   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Jones M.D., Brian (Dr.)    | Amount of Contribution (\$) \$50.00                 |
|  | Contributor address; City; State; Zip Code<br><br>Cedar Hill, TX 75104-2423                                    |   |
| Principal occupation / Job title (See Instructions)<br>Physician   |  | Employer (See Instructions)                         |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |  |  |
|---|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>          |  | <b>1</b> Total pages Schedule A1:<br>Sch: 25/39 Rpt: 28/42 |
| <b>2</b> FILER NAME<br>Texas Academy of Family Physicians PAC             |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00016860   |
| <b>4</b> Date<br>03/23/2023   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Jones M.D., Brian (Dr.) | <b>7</b> Amount of Contribution (\$)                       |
|   | <b>6</b> Contributor address; City; State; Zip Code<br><br>Cedar Hill, TX 75104-2423                                 |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Physician |  | <b>9</b> Employer (See Instructions)                       |
| Date<br>04/23/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Jones M.D., Brian (Dr.)          | Amount of Contribution (\$)                                |
|   | Contributor address; City; State; Zip Code<br><br>Cedar Hill, TX 75104-2423  |  |
| Principal occupation / Job title (See Instructions)<br>Physician          |  | Employer (See Instructions)                                |
| Date<br>05/23/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Jones M.D., Brian (Dr.)          | Amount of Contribution (\$)                                |
|   | Contributor address; City; State; Zip Code<br><br>Cedar Hill, TX 75104-2423  |  |
| Principal occupation / Job title (See Instructions)<br>Physician          |  | Employer (See Instructions)                                |
| Date<br>06/23/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Jones M.D., Brian (Dr.)          | Amount of Contribution (\$)                                |
|   | Contributor address; City; State; Zip Code<br><br>Cedar Hill, TX 75104-2423  |  |
| Principal occupation / Job title (See Instructions)<br>Physician          |  | Employer (See Instructions)                                |
| Date<br>01/14/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Margo M.D., Javier (Dr.)         | Amount of Contribution (\$)                                |
|   | Contributor address; City; State; Zip Code<br><br>Rio Grande City, TX 75852  |  |
| Principal occupation / Job title (See Instructions)<br>Physician          |  | Employer (See Instructions)                                |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |   |  |
|---|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>          |   | <b>1</b> Total pages Schedule A1:<br>Sch: 26/39 Rpt: 29/42 |
| <b>2</b> FILER NAME<br>Texas Academy of Family Physicians PAC             |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00016860   |
| <b>4</b> Date<br>02/14/2023   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Margo M.D., Javier (Dr.) | <b>7</b> Amount of Contribution (\$)                       |
|   | <b>6</b> Contributor address; City; State; Zip Code<br><br>Rio Grande City, TX 75852                                  |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Physician |   | <b>9</b> Employer (See Instructions)                       |
| Date<br>03/14/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Margo M.D., Javier (Dr.)          | Amount of Contribution (\$)                                |
|   | Contributor address; City; State; Zip Code<br><br>Rio Grande City, TX 75852   |  |
| Principal occupation / Job title (See Instructions)<br>Physician          |   | Employer (See Instructions)                                |
| Date<br>04/14/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Margo M.D., Javier (Dr.)          | Amount of Contribution (\$)                                |
|   | Contributor address; City; State; Zip Code<br><br>Rio Grande City, TX 75852   |  |
| Principal occupation / Job title (See Instructions)<br>Physician          |   | Employer (See Instructions)                                |
| Date<br>05/14/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Margo M.D., Javier (Dr.)          | Amount of Contribution (\$)                                |
|   | Contributor address; City; State; Zip Code<br><br>Rio Grande City, TX 75852   |  |
| Principal occupation / Job title (See Instructions)<br>Physician          |   | Employer (See Instructions)                                |
| Date<br>06/14/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Margo M.D., Javier (Dr.)          | Amount of Contribution (\$)                                |
|   | Contributor address; City; State; Zip Code<br><br>Rio Grande City, TX 75852   |  |
| Principal occupation / Job title (See Instructions)<br>Physician          |   | Employer (See Instructions)                                |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |  |  |
|---|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>          |  | <b>1</b> Total pages Schedule A1:<br>Sch: 27/39 Rpt: 30/42 |
| <b>2</b> FILER NAME<br>Texas Academy of Family Physicians PAC             |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00016860   |
| <b>4</b> Date<br>04/21/2023   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Mathis M.D., Samuel (Dr.)<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Galveston, TX 77555-1123 | <b>7</b> Amount of Contribution (\$)<br><br>\$100.00       |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Physician |  | <b>9</b> Employer (See Instructions)                       |
| Date<br>01/03/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>McIntire M.D., Louis (Dr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Pecos, TX 79772-7338                      | Amount of Contribution (\$)<br><br>\$75.00                 |
| Principal occupation / Job title (See Instructions)<br>Physician          |  | Employer (See Instructions)                                |
| Date<br>02/03/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>McIntire M.D., Louis (Dr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Pecos, TX 79772-7338                      | Amount of Contribution (\$)<br><br>\$75.00                 |
| Principal occupation / Job title (See Instructions)<br>Physician          |  | Employer (See Instructions)                                |
| Date<br>03/03/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>McIntire M.D., Louis (Dr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Pecos, TX 79772-7338                      | Amount of Contribution (\$)<br><br>\$75.00                 |
| Principal occupation / Job title (See Instructions)<br>Physician          |  | Employer (See Instructions)                                |
| Date<br>04/03/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>McIntire M.D., Louis (Dr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Pecos, TX 79772-7338                      | Amount of Contribution (\$)<br><br>\$75.00                 |
| Principal occupation / Job title (See Instructions)<br>Physician          |  | Employer (See Instructions)                                |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |  |  |
|---|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>          |  | <b>1</b> Total pages Schedule A1:<br>Sch: 28/39 Rpt: 31/42 |
| <b>2</b> FILER NAME<br>Texas Academy of Family Physicians PAC             |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00016860   |
| <b>4</b> Date<br>05/03/2023   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>McIntire M.D., Louis (Dr.) | <b>7</b> Amount of Contribution (\$)                       |
|   | <b>6</b> Contributor address; City; State; Zip Code<br><br>Pecos, TX 79772-7338  |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Physician |  | <b>9</b> Employer (See Instructions)                       |
| <b>Date</b><br>06/03/2023   | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>McIntire M.D., Louis (Dr.)   | <b>Amount of Contribution (\$)</b><br>\$75.00              |
|   | <b>Contributor address; City; State; Zip Code</b><br><br>Pecos, TX 79772-7338  |  |
| <b>Principal occupation / Job title (See Instructions)</b><br>Physician   |  | <b>Employer (See Instructions)</b>                         |
| <b>Date</b><br>01/24/2023   | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Mitchell M.D., Li-Yu (Dr.)   | <b>Amount of Contribution (\$)</b><br>\$250.00             |
|   | <b>Contributor address; City; State; Zip Code</b><br><br>Tyler, TX 75703-5516  |  |
| <b>Principal occupation / Job title (See Instructions)</b><br>Physician   |  | <b>Employer (See Instructions)</b>                         |
| <b>Date</b><br>04/24/2023   | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Mitchell M.D., Li-Yu (Dr.)   | <b>Amount of Contribution (\$)</b><br>\$250.00             |
|   | <b>Contributor address; City; State; Zip Code</b><br><br>Tyler, TX 75703-5516  |  |
| <b>Principal occupation / Job title (See Instructions)</b><br>Physician   |  | <b>Employer (See Instructions)</b>                         |
| <b>Date</b><br>01/21/2023   | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Molina M.D., Alyssa (Dr.)    | <b>Amount of Contribution (\$)</b><br>\$25.00              |
|   | <b>Contributor address; City; State; Zip Code</b><br><br>Eagle Lake, TX 77434-3202                                     |  |
| <b>Principal occupation / Job title (See Instructions)</b><br>Physician   |  | <b>Employer (See Instructions)</b>                         |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |  |  |
|---|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>          |  | <b>1</b> Total pages Schedule A1:<br>Sch: 29/39 Rpt: 32/42 |
| <b>2</b> FILER NAME<br>Texas Academy of Family Physicians PAC             |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00016860   |
| <b>4</b> Date<br>02/21/2023   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Molina M.D., Alyssa (Dr.) | <b>7</b> Amount of Contribution (\$)                       |
|   | <b>6</b> Contributor address; City; State; Zip Code<br><br>Eagle Lake, TX 77434-3202                                   |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Physician |  | <b>9</b> Employer (See Instructions)                       |
| Date<br>03/21/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Molina M.D., Alyssa (Dr.)          | Amount of Contribution (\$)                                |
|   | Contributor address; City; State; Zip Code<br><br>Eagle Lake, TX 77434-3202  |  |
| Principal occupation / Job title (See Instructions)<br>Physician          |  | Employer (See Instructions)                                |
| Date<br>04/21/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Molina M.D., Alyssa (Dr.)          | Amount of Contribution (\$)                                |
|   | Contributor address; City; State; Zip Code<br><br>Eagle Lake, TX 77434-3202  |  |
| Principal occupation / Job title (See Instructions)<br>Physician          |  | Employer (See Instructions)                                |
| Date<br>05/04/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Moquist M.D., Dale (Dr.)           | Amount of Contribution (\$)                                |
|   | Contributor address; City; State; Zip Code<br><br>Horseshoe Bay, TX 78657  |  |
| Principal occupation / Job title (See Instructions)<br>Physician          |  | Employer (See Instructions)                                |
| Date<br>01/18/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Nguyen M.D., Mary (Dr.)            | Amount of Contribution (\$)                                |
|   | Contributor address; City; State; Zip Code<br><br>Castroville, TX 78009-4527   |  |
| Principal occupation / Job title (See Instructions)<br>Physician          |  | Employer (See Instructions)                                |



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |  |  |
|---|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>          |  | <b>1</b> Total pages Schedule A1:<br>Sch: 30/39 Rpt: 33/42 |
| <b>2</b> FILER NAME<br>Texas Academy of Family Physicians PAC             |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00016860   |
| <b>4</b> Date<br>02/18/2023   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Nguyen M.D., Mary (Dr.) | <b>7</b> Amount of Contribution (\$)<br>\$100.00           |
|   | <b>6</b> Contributor address; City; State; Zip Code<br><br>Castroville, TX 78009-4527                                |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Physician |  | <b>9</b> Employer (See Instructions)                       |
| Date<br>03/18/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Nguyen M.D., Mary (Dr.)          | Amount of Contribution (\$)<br>\$100.00                    |
|   | Contributor address; City; State; Zip Code<br><br>Castroville, TX 78009-4527   |  |
| Principal occupation / Job title (See Instructions)<br>Physician          |  | Employer (See Instructions)                                |
| Date<br>04/18/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Nguyen M.D., Mary (Dr.)          | Amount of Contribution (\$)<br>\$100.00                    |
|   | Contributor address; City; State; Zip Code<br><br>Castroville, TX 78009-4527   |  |
| Principal occupation / Job title (See Instructions)<br>Physician          |  | Employer (See Instructions)                                |
| Date<br>05/18/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Nguyen M.D., Mary (Dr.)          | Amount of Contribution (\$)<br>\$100.00                    |
|   | Contributor address; City; State; Zip Code<br><br>Castroville, TX 78009-4527   |  |
| Principal occupation / Job title (See Instructions)<br>Physician          |  | Employer (See Instructions)                                |
| Date<br>06/18/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Nguyen M.D., Mary (Dr.)          | Amount of Contribution (\$)<br>\$100.00                    |
|   | Contributor address; City; State; Zip Code<br><br>Castroville, TX 78009-4527   |  |
| Principal occupation / Job title (See Instructions)<br>Physician          |  | Employer (See Instructions)                                |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |   |  |
|---|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>          |   | <b>1</b> Total pages Schedule A1:<br>Sch: 31/39 Rpt: 34/42 |
| <b>2</b> FILER NAME<br>Texas Academy of Family Physicians PAC             |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00016860   |
| <b>4</b> Date<br>01/09/2023   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Okwuwa M.D., Ikemefuna (Dr.) | <b>7</b> Amount of Contribution (\$)                       |
|   | <b>6</b> Contributor address; City; State; Zip Code<br><br>Odessa, TX 79763-4206  |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Physician |   | <b>9</b> Employer (See Instructions)                       |
| Date<br>02/09/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Okwuwa M.D., Ikemefuna (Dr.)          | Amount of Contribution (\$)                                |
|   | Contributor address; City; State; Zip Code<br><br>Odessa, TX 79763-4206   |  |
| Principal occupation / Job title (See Instructions)<br>Physician          |   | Employer (See Instructions)                                |
| Date<br>03/09/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Okwuwa M.D., Ikemefuna (Dr.)          | Amount of Contribution (\$)                                |
|   | Contributor address; City; State; Zip Code<br><br>Odessa, TX 79763-4206   |  |
| Principal occupation / Job title (See Instructions)<br>Physician          |   | Employer (See Instructions)                                |
| Date<br>04/09/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Okwuwa M.D., Ikemefuna (Dr.)          | Amount of Contribution (\$)                                |
|   | Contributor address; City; State; Zip Code<br><br>Odessa, TX 79763-4206   |  |
| Principal occupation / Job title (See Instructions)<br>Physician          |   | Employer (See Instructions)                                |
| Date<br>01/28/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Oliver M.D., Paul (Dr.)               | Amount of Contribution (\$)                                |
|   | Contributor address; City; State; Zip Code<br><br>Georgetown, TX 78626-4536   |  |
| Principal occupation / Job title (See Instructions)<br>Physician          |   | Employer (See Instructions)                                |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |   |  |
|---|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>          |   | <b>1</b> Total pages Schedule A1:<br>Sch: 32/39 Rpt: 35/42 |
| <b>2</b> FILER NAME<br>Texas Academy of Family Physicians PAC             |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00016860   |
| <b>4</b> Date<br>02/28/2023   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Oliver M.D., Paul (Dr.) | <b>7</b> Amount of Contribution (\$)                       |
|   | <b>6</b> Contributor address; City; State; Zip Code<br><br>Georgetown, TX 78626-4536                                |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Physician |   | <b>9</b> Employer (See Instructions)                       |
| Date<br>03/28/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Oliver M.D., Paul (Dr.)          | Amount of Contribution (\$)                                |
|   | Contributor address; City; State; Zip Code<br><br>Georgetown, TX 78626-4536   |  |
| Principal occupation / Job title (See Instructions)<br>Physician          |   | Employer (See Instructions)                                |
| Date<br>04/28/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Oliver M.D., Paul (Dr.)          | Amount of Contribution (\$)                                |
|   | Contributor address; City; State; Zip Code<br><br>Georgetown, TX 78626-4536   |  |
| Principal occupation / Job title (See Instructions)<br>Physician          |   | Employer (See Instructions)                                |
| Date<br>05/28/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Oliver M.D., Paul (Dr.)          | Amount of Contribution (\$)                                |
|   | Contributor address; City; State; Zip Code<br><br>Georgetown, TX 78626-4536   |  |
| Principal occupation / Job title (See Instructions)<br>Physician          |   | Employer (See Instructions)                                |
| Date<br>06/28/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Oliver M.D., Paul (Dr.)          | Amount of Contribution (\$)                                |
|   | Contributor address; City; State; Zip Code<br><br>Georgetown, TX 78626-4536   |  |
| Principal occupation / Job title (See Instructions)<br>Physician          |   | Employer (See Instructions)                                |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |   |  |
|---|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>          |   | <b>1</b> Total pages Schedule A1:<br>Sch: 33/39 Rpt: 36/42 |
| <b>2</b> FILER NAME<br>Texas Academy of Family Physicians PAC             |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00016860   |
| <b>4</b> Date<br>04/21/2023   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Rode M.D., Rashmi (Dr.) | <b>7</b> Amount of Contribution (\$) \$20.00               |
|   | <b>6</b> Contributor address; City; State; Zip Code<br><br>Houston, TX 77025-1304                                   |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Physician |   | <b>9</b> Employer (See Instructions)                       |
| Date<br>05/21/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Rode M.D., Rashmi (Dr.)          | Amount of Contribution (\$) \$20.00                        |
|   | Contributor address; City; State; Zip Code<br><br>Houston, TX 77025-1304  |  |
| Principal occupation / Job title (See Instructions)<br>Physician          |   | Employer (See Instructions)                                |
| Date<br>06/21/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Rode M.D., Rashmi (Dr.)          | Amount of Contribution (\$) \$20.00                        |
|   | Contributor address; City; State; Zip Code<br><br>Houston, TX 77025-1304  |  |
| Principal occupation / Job title (See Instructions)<br>Physician          |   | Employer (See Instructions)                                |
| Date<br>01/11/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Siy M.D., Linda (Dr.)            | Amount of Contribution (\$) \$50.00                        |
|   | Contributor address; City; State; Zip Code<br><br>Fort Worth, TX 76109-5436   |  |
| Principal occupation / Job title (See Instructions)<br>Physician          |   | Employer (See Instructions)                                |
| Date<br>02/11/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Siy M.D., Linda (Dr.)            | Amount of Contribution (\$) \$50.00                        |
|   | Contributor address; City; State; Zip Code<br><br>Fort Worth, TX 76109-5436   |  |
| Principal occupation / Job title (See Instructions)<br>Physician          |   | Employer (See Instructions)                                |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |  |  |
|---|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>          |  | <b>1</b> Total pages Schedule A1:<br>Sch: 34/39 Rpt: 37/42 |
| <b>2</b> FILER NAME<br>Texas Academy of Family Physicians PAC             |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00016860   |
| <b>4</b> Date<br>03/11/2023   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Siy M.D., Linda (Dr.) | <b>7</b> Amount of Contribution (\$)                       |
|   | <b>6</b> Contributor address; City; State; Zip Code<br><br>Fort Worth, TX 76109-5436                               |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Physician |  | <b>9</b> Employer (See Instructions)                       |
| Date<br>04/11/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Siy M.D., Linda (Dr.)          | Amount of Contribution (\$)                                |
|   | Contributor address; City; State; Zip Code<br><br>Fort Worth, TX 76109-5436  |  |
| Principal occupation / Job title (See Instructions)<br>Physician          |  | Employer (See Instructions)                                |
| Date<br>05/11/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Siy M.D., Linda (Dr.)          | Amount of Contribution (\$)                                |
|   | Contributor address; City; State; Zip Code<br><br>Fort Worth, TX 76109-5436  |  |
| Principal occupation / Job title (See Instructions)<br>Physician          |  | Employer (See Instructions)                                |
| Date<br>06/11/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Siy M.D., Linda (Dr.)          | Amount of Contribution (\$)                                |
|   | Contributor address; City; State; Zip Code<br><br>Fort Worth, TX 76109-5436  |  |
| Principal occupation / Job title (See Instructions)<br>Physician          |  | Employer (See Instructions)                                |
| Date<br>01/28/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Spalding M.D., Mary (Dr.)      | Amount of Contribution (\$)                                |
|   | Contributor address; City; State; Zip Code<br><br>El Paso, TX 79902-3234   |  |
| Principal occupation / Job title (See Instructions)<br>Physician          |  | Employer (See Instructions)                                |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |  |  |
|---|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>          |  | <b>1</b> Total pages Schedule A1:<br>Sch: 35/39 Rpt: 38/42 |
| <b>2</b> FILER NAME<br>Texas Academy of Family Physicians PAC             |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00016860   |
| <b>4</b> Date<br>02/28/2023   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Spalding M.D., Mary (Dr.) | <b>7</b> Amount of Contribution (\$)                       |
|   | <b>6</b> Contributor address; City; State; Zip Code<br><br>El Paso, TX 79902-3234                                      |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Physician |  | <b>9</b> Employer (See Instructions)                       |
| Date<br>03/28/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Spalding M.D., Mary (Dr.)          | Amount of Contribution (\$)                                |
|   | Contributor address; City; State; Zip Code<br><br>El Paso, TX 79902-3234   |  |
| Principal occupation / Job title (See Instructions)<br>Physician          |  | Employer (See Instructions)                                |
| Date<br>04/28/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Spalding M.D., Mary (Dr.)          | Amount of Contribution (\$)                                |
|   | Contributor address; City; State; Zip Code<br><br>El Paso, TX 79902-3234   |  |
| Principal occupation / Job title (See Instructions)<br>Physician          |  | Employer (See Instructions)                                |
| Date<br>05/28/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Spalding M.D., Mary (Dr.)          | Amount of Contribution (\$)                                |
|   | Contributor address; City; State; Zip Code<br><br>El Paso, TX 79902-3234   |  |
| Principal occupation / Job title (See Instructions)<br>Physician          |  | Employer (See Instructions)                                |
| Date<br>06/28/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Spalding M.D., Mary (Dr.)          | Amount of Contribution (\$)                                |
|   | Contributor address; City; State; Zip Code<br><br>El Paso, TX 79902-3234   |  |
| Principal occupation / Job title (See Instructions)<br>Physician          |  | Employer (See Instructions)                                |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |  |  |
|---|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>          |  | <b>1</b> Total pages Schedule A1:<br>Sch: 36/39 Rpt: 39/42 |
| <b>2</b> FILER NAME<br>Texas Academy of Family Physicians PAC             |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00016860   |
| <b>4</b> Date<br>01/14/2023   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Splinter M.D., Joshua (Dr.)<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Athens, TX 75751-9003 | <b>7</b> Amount of Contribution (\$)<br><br>\$20.00        |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Physician |  | <b>9</b> Employer (See Instructions)                       |
| Date<br>02/14/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Splinter M.D., Joshua (Dr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Athens, TX 75751-9003                   | Amount of Contribution (\$)<br><br>\$20.00                 |
| Principal occupation / Job title (See Instructions)<br>Physician          |  | Employer (See Instructions)                                |
| Date<br>03/14/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Splinter M.D., Joshua (Dr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Athens, TX 75751-9003                   | Amount of Contribution (\$)<br><br>\$20.00                 |
| Principal occupation / Job title (See Instructions)<br>Physician          |  | Employer (See Instructions)                                |
| Date<br>04/14/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Splinter M.D., Joshua (Dr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Athens, TX 75751-9003                   | Amount of Contribution (\$)<br><br>\$20.00                 |
| Principal occupation / Job title (See Instructions)<br>Physician          |  | Employer (See Instructions)                                |
| Date<br>05/14/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Splinter M.D., Joshua (Dr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Athens, TX 75751-9003                   | Amount of Contribution (\$)<br><br>\$20.00                 |
| Principal occupation / Job title (See Instructions)<br>Physician          |  | Employer (See Instructions)                                |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |  |  |
|---|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>          |  | <b>1</b> Total pages Schedule A1:<br>Sch: 37/39 Rpt: 40/42 |
| <b>2</b> FILER NAME<br>Texas Academy of Family Physicians PAC             |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00016860   |
| <b>4</b> Date<br>06/14/2023   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Splinter M.D., Joshua (Dr.) | <b>7</b> Amount of Contribution (\$) \$20.00               |
|   | <b>6</b> Contributor address; City; State; Zip Code<br><br>Athens, TX 75751-9003   |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Physician |  | <b>9</b> Employer (See Instructions)                       |
| <b>Date</b><br>01/28/2023   | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Youens M.D., Robert (Dr.)     | <b>Amount of Contribution (\$)</b><br>\$50.00              |
|   | <b>Contributor address; City; State; Zip Code</b><br><br>Carmine, TX 78932-5245  |  |
| <b>Principal occupation / Job title (See Instructions)</b><br>Physician   |  | <b>Employer (See Instructions)</b>                         |
| <b>Date</b><br>02/28/2023   | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Youens M.D., Robert (Dr.)     | <b>Amount of Contribution (\$)</b><br>\$50.00              |
|   | <b>Contributor address; City; State; Zip Code</b><br><br>Carmine, TX 78932-5245  |  |
| <b>Principal occupation / Job title (See Instructions)</b><br>Physician   |  | <b>Employer (See Instructions)</b>                         |
| <b>Date</b><br>03/28/2023   | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Youens M.D., Robert (Dr.)     | <b>Amount of Contribution (\$)</b><br>\$50.00              |
|   | <b>Contributor address; City; State; Zip Code</b><br><br>Carmine, TX 78932-5245  |  |
| <b>Principal occupation / Job title (See Instructions)</b><br>Physician   |  | <b>Employer (See Instructions)</b>                         |
| <b>Date</b><br>04/28/2023   | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Youens M.D., Robert (Dr.)     | <b>Amount of Contribution (\$)</b><br>\$50.00              |
|   | <b>Contributor address; City; State; Zip Code</b><br><br>Carmine, TX 78932-5245  |  |
| <b>Principal occupation / Job title (See Instructions)</b><br>Physician   |  | <b>Employer (See Instructions)</b>                         |



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |  |  |
|---|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>                  |  | <b>1</b> Total pages Schedule A1:<br>Sch: 38/39 Rpt: 41/42 |
| <b>2</b> FILER NAME<br>Texas Academy of Family Physicians PAC                     |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00016860   |
| <b>4</b> Date<br>05/28/2023   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Youens M.D., Robert (Dr.) | <b>7</b> Amount of Contribution (\$)<br><br>\$50.00        |
| <b>6</b> Contributor address; City; State; Zip Code<br><br>Carmine, TX 78932-5245 |  |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Physician         |  | <b>9</b> Employer (See Instructions)                       |
| Date<br>06/28/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Youens M.D., Robert (Dr.)          | Amount of Contribution (\$)<br><br>\$50.00                 |
| Contributor address; City; State; Zip Code<br><br>Carmine, TX 78932-5245          |  |  |
| Principal occupation / Job title (See Instructions)<br>Physician                  |  | Employer (See Instructions)                                |
| Date<br>01/14/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Young M.D., Richard (Dr.)          | Amount of Contribution (\$)<br><br>\$40.00                 |
| Contributor address; City; State; Zip Code<br><br>Fort Worth, TX 76109-4707       |  |  |
| Principal occupation / Job title (See Instructions)<br>Physician                  |  | Employer (See Instructions)                                |
| Date<br>02/14/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Young M.D., Richard (Dr.)          | Amount of Contribution (\$)<br><br>\$40.00                 |
| Contributor address; City; State; Zip Code<br><br>Fort Worth, TX 76109-4707       |  |  |
| Principal occupation / Job title (See Instructions)<br>Physician                  |  | Employer (See Instructions)                                |
| Date<br>03/14/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Young M.D., Richard (Dr.)          | Amount of Contribution (\$)<br><br>\$40.00                 |
| Contributor address; City; State; Zip Code<br><br>Fort Worth, TX 76109-4707       |  |  |
| Principal occupation / Job title (See Instructions)<br>Physician                  |  | Employer (See Instructions)                                |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |  |  |
|---|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>          |  | <b>1</b> Total pages Schedule A1:<br>Sch: 39/39 Rpt: 42/42 |
| <b>2</b> FILER NAME<br>Texas Academy of Family Physicians PAC             |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00016860   |
| <b>4</b> Date<br>04/14/2023   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Young M.D., Richard (Dr.)<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Fort Worth, TX 76109-4707 | <b>7</b> Amount of Contribution (\$) \$40.00               |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Physician |  | <b>9</b> Employer (See Instructions)                       |
| Date<br>05/14/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Young M.D., Richard (Dr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Fort Worth, TX 76109-4707                   | Amount of Contribution (\$) \$40.00                        |
| Principal occupation / Job title (See Instructions)<br>Physician          |  | Employer (See Instructions)                                |
| Date<br>06/14/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Young M.D., Richard (Dr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Fort Worth, TX 76109-4707                   | Amount of Contribution (\$) \$40.00                        |
| Principal occupation / Job title (See Instructions)<br>Physician          |  | Employer (See Instructions)                                |