

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC
COVER SHEET PG 2

12 COMMITTEE NAME Texas Pharmacy Association PAC	13 Filer ID (Ethics Commission Filers) 00016271
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,170.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,250.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 142,960.55
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

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

Mrs. Debbie B Garza

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

SUBTOTALS - MPAC

17 COMMITTEE NAME Texas Pharmacy Association PAC		18 Filer ID (Ethics Commission Filers) 00016271
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,265.00
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 checked="" type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$ 305.00
7.	<input checked="" type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$ 1,600.00
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 1,250.00
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/21 Rpt: 4/27
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 12/09/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abu-Baker, Asim <hr/> 6 Contributor address; City; State; Zip Code Kingsville, TX 78363	7 Amount of Contribution (\$) <div style="text-align: right;">\$60.00</div>
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 12/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alvarado, Christopher <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78253-6283	Amount of Contribution (\$) <div style="text-align: right;">\$100.00</div>
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Antis, Brian <hr/> Contributor address; City; State; Zip Code Robinson, TX 76706-6526	Amount of Contribution (\$) <div style="text-align: right;">\$50.00</div>
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Armstrong, Krishna <hr/> Contributor address; City; State; Zip Code Pearland, TX 77584-2819	Amount of Contribution (\$) <div style="text-align: right;">\$5.00</div>
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bates, Brian <hr/> Contributor address; City; State; Zip Code Marshall, TX 75672-5866	Amount of Contribution (\$) <div style="text-align: right;">\$50.00</div>
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/21 Rpt: 5/27
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 12/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bayer, Adam <hr/> 6 Contributor address; City; State; Zip Code Vernon, TX 76384-3165	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beall, Michelle <hr/> Contributor address; City; State; Zip Code Tatum, TX 75691-3769	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beall, Michelle <hr/> Contributor address; City; State; Zip Code Tatum, TX 75691-3769	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boboye, Law <hr/> Contributor address; City; State; Zip Code Arlington, TX 76017-1739	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bueche, Jay <hr/> Contributor address; City; State; Zip Code New Braunfels, TX 78132-2927	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/21 Rpt: 6/27
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 12/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buras, Lynde <hr/> 6 Contributor address; City; State; Zip Code College Station, TX 77845-5560	7 Amount of Contribution (\$) \$60.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 12/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burney, Cheryl <hr/> Contributor address; City; State; Zip Code Houston, TX 77231-1219	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cannon, LaVonia <hr/> Contributor address; City; State; Zip Code Richmond, TX 77407-4036	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carruthers, Robert <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79118-1140	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cervantes, Adrian <hr/> Contributor address; City; State; Zip Code Harlingen, TX 78552-6232	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/21 Rpt: 7/27
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 12/01/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cheatheam, Jamie <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76108-6988	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Lauren <hr/> Contributor address; City; State; Zip Code Austin, TX 78757-8213	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Comfort, Mark <hr/> Contributor address; City; State; Zip Code Austin, TX 78729-6479	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Compean, Deborah <hr/> Contributor address; City; State; Zip Code El Paso, TX 79938-4850	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooper-Lewis, Brandi <hr/> Contributor address; City; State; Zip Code Humble, TX 77396-2997	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/21 Rpt: 8/27
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 12/01/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Rachel <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77056-4017	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 12/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Thomas <hr/> Contributor address; City; State; Zip Code Waxahachie, TX 75165-1590	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dawson, Susan <hr/> Contributor address; City; State; Zip Code Flower Mound, TX 75028-4812	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dozier, Dawn <hr/> Contributor address; City; State; Zip Code Pearland, TX 77584-7210	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Driver, Patricia <hr/> Contributor address; City; State; Zip Code Channelview, TX 77530-4559	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/21 Rpt: 9/27
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 12/01/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duhon, Kate <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78739-1614	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Famili, Parsa <hr/> Contributor address; City; State; Zip Code Keller, TX 76248-3642	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 11/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Farmer-Driscoll, Michelle <hr/> Contributor address; City; State; Zip Code Conroe, TX 77302-4721	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fry, Wilson <hr/> Contributor address; City; State; Zip Code San Benito, TX 78586-5006	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ghazy, Adelita <hr/> Contributor address; City; State; Zip Code Laredo, TX 78045-8160	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/21 Rpt: 10/27
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 11/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ghazy, Adelita <hr/> 6 Contributor address; City; State; Zip Code Laredo, TX 78045-8160	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 12/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibson, Aaron <hr/> Contributor address; City; State; Zip Code Andrews, TX 79714-3618	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzales, Karen <hr/> Contributor address; City; State; Zip Code Temple, TX 76502-4119	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Santos <hr/> Contributor address; City; State; Zip Code McAllen, TX 78504-4764	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greenwood, Matthew <hr/> Contributor address; City; State; Zip Code Woodville, TX 75979-6217	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/21 Rpt: 11/27
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 12/22/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greutman, Morgan <hr/> 6 Contributor address; City; State; Zip Code Paris, TX 75462	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guckian, Sandra <hr/> Contributor address; City; State; Zip Code Alexandria, VA 22308-2012	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guidry, Greg <hr/> Contributor address; City; State; Zip Code Leander, TX 78641-4267	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hakam, Amer <hr/> Contributor address; City; State; Zip Code Peoria, AZ 85383-6668	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hampton, Lee Ann <hr/> Contributor address; City; State; Zip Code Detroit, TX 75436-4500	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/21 Rpt: 12/27
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 12/05/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hayden, Lauren <hr/> 6 Contributor address; City; State; Zip Code Boerne, TX 78015-6580	7 Amount of Contribution (\$) \$60.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 12/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) High, W. Carter <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76244-6648	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hobart, Christopher <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79423-6165	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hughes, Michael <hr/> Contributor address; City; State; Zip Code Seabrook, TX 77586-2822	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Icard, David <hr/> Contributor address; City; State; Zip Code Tomball, TX 77375-4867	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/21 Rpt: 13/27
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 12/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Irula, Carlos <hr/> 6 Contributor address; City; State; Zip Code Wylie, TX 75098-6025	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 12/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Buddy <hr/> Contributor address; City; State; Zip Code Kingsville, TX 78363-6930	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Jeri <hr/> Contributor address; City; State; Zip Code Katy, TX 77450-5128	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joseph, Jaimol <hr/> Contributor address; City; State; Zip Code Missouri City, TX 77459-7325	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joseph, Stephanie <hr/> Contributor address; City; State; Zip Code Pearland, TX 77581-8835	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/21 Rpt: 14/27
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 12/01/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kadivi, Kyle	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code Frisco, TX 75034-2646		
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 12/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kandi, Sirisha	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Coppell, TX 75019-5985		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Killam-Worrall, Lisa	Amount of Contribution (\$) \$60.00
Contributor address; City; State; Zip Code Saginaw, TX 76131-2911		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kim, Grace	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Lantana, TX 76226-8904		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klein, Mary	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Abilene, TX 79602-8181		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/21 Rpt: 15/27
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 12/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krasner, Larry <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75248-1451	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 12/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kubosh, Kristi <hr/> Contributor address; City; State; Zip Code Dallas, TX 75214-5422	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawani Naylor, Hanifath <hr/> Contributor address; City; State; Zip Code Los Fresnos, TX 78566-7921	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Grace <hr/> Contributor address; City; State; Zip Code Richardson, TX 75081-4990	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lingam, Sravanthi <hr/> Contributor address; City; State; Zip Code Flower Mound, TX 75028-1466	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/21 Rpt: 16/27
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 11/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maldonado, Gail <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78735-6378	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 12/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McElroy, Lee <hr/> Contributor address; City; State; Zip Code Andrews, TX 79714-2602	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKeefer, Haley <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76179-1579	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Student		Employer (See Instructions)
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McMahon, Linda <hr/> Contributor address; City; State; Zip Code Plano, TX 75093-4529	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mcanally, Bruce <hr/> Contributor address; City; State; Zip Code Austin, TX 78703-3211	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/21 Rpt: 17/27
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 12/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mcnabb, Benjamin <hr/> 6 Contributor address; City; State; Zip Code Eastland, TX 76448-2245	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 12/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montalbano, Christopher <hr/> Contributor address; City; State; Zip Code Bay St Louis, MS 39521-3736	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morgan, Jerry(Jay) <hr/> Contributor address; City; State; Zip Code Texarkana, AR 71854-8169	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morrow, Lesli <hr/> Contributor address; City; State; Zip Code Mansfield, TX 76063-5443	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moussallie, George <hr/> Contributor address; City; State; Zip Code Edgewood, WA 98371-1408	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/21 Rpt: 18/27
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 12/21/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Muniz, Michael	7 Amount of Contribution (\$) \$60.00
	6 Contributor address; City; State; Zip Code Harlingen, TX 78550-6262	
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 12/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murhammer, Payal	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Flower Mound, TX 75028-3793	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Notturmo-Strong, Debra	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Tuscola, TX 79562-3435	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nwosu, Tochi	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Richmond, TX 77469-5725	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ouellette, Craig	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Wellington, TX 79095-5031	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/21 Rpt: 19/27
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 12/01/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Palmer, Stephanie <hr/> 6 Contributor address; City; State; Zip Code Borger, TX 79008-3282	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 12/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Park, Min <hr/> Contributor address; City; State; Zip Code McKinney, TX 75071-0117	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker, Chantelle <hr/> Contributor address; City; State; Zip Code Fresno, TX 77545-2318	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Prescott, Kimberli <hr/> Contributor address; City; State; Zip Code Harlingen, TX 78550-3547	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Read, Scott <hr/> Contributor address; City; State; Zip Code Houston, TX 77019-2002	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/21 Rpt: 20/27
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 12/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reagan, Carol	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Fort Worth, TX 76109-2611	
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 12/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richardson, LaToria	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Dallas, TX 75201-8458	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rider, Kay	Amount of Contribution (\$) \$60.00
	Contributor address; City; State; Zip Code Prague, OK 74864-1501	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Romero, Miguel	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code El Paso, TX 79911-2237	
Principal occupation / Job title (See Instructions) Pharmacy Technician		Employer (See Instructions)
Date 12/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarraj, Nada	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Houston, TX 77095-2856	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/21 Rpt: 21/27
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 12/01/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schaffer, Kimberly	7 Amount of Contribution (\$) \$5.00
	6 Contributor address; City; State; Zip Code Cedar Park, TX 78613-5300	
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 12/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwartz, David	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Rockwall, TX 75087-2404	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seals, Debra	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Pearland, TX 77584-2383	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Selby, Kelly	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Denton, TX 76205-8408	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simmons, Sandra	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Bridgeport, TX 76426-2266	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/21 Rpt: 22/27
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 12/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sonnenburg, Gary	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Brenham, TX 77833-7718	
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 12/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tapia, Daniel	Amount of Contribution (\$) \$60.00
	Contributor address; City; State; Zip Code San Antonio, TX 78204-2178	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Justin	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Dallas, TX 75204-2358	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tong, James	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Haslet, TX 76052-3635	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tran, Hang	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Austin, TX 78726-1936	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/21 Rpt: 23/27
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 12/01/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallace-Gay, Takova	7 Amount of Contribution (\$) \$5.00
	6 Contributor address; City; State; Zip Code Bullard, TX 75757-1252	
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 12/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ward, Amanda	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Spring, TX 77386-2034	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weller, Charlotte	Amount of Contribution (\$) \$60.00
	Contributor address; City; State; Zip Code Tyler, TX 75710-1411	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilkerson, Loynecia	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Manvel, TX 77578-3285	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willis, Courtney	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Bullard, TX 75757-8239	
Principal occupation / Job title (See Instructions) Pharmacy Technician		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/21 Rpt: 24/27
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 12/01/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willis, Lindsey	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code Rowlett, TX 75089-4576		
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions)
Date 12/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wong, Annie	Amount of Contribution (\$) \$60.00
Contributor address; City; State; Zip Code Houston, TX 77039-4120		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 12/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zhou, Xuan	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Austin, TX 78726-2410		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)

MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C3: Sch: 1/1 Rpt: 25/27
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 12/15/2023	5 Corporation / Labor Organization name Bowers Prescription LLC	6 Amount (\$) 50.00
Date 11/27/2023	Corporation / Labor Organization name Downtown Pharmacy	Amount (\$) 50.00
Date 12/01/2023	Corporation / Labor Organization name Highland Drug, Inc	Amount (\$) 5.00
Date 12/06/2023	Corporation / Labor Organization name Leonard Pharmacy	Amount (\$) 50.00
Date 11/30/2023	Corporation / Labor Organization name Mission Plaza Pharmacy	Amount (\$) 50.00
Date 12/08/2023	Corporation / Labor Organization name Nelson Pharmacy	Amount (\$) 50.00
Date 11/27/2023	Corporation / Labor Organization name Vida Y Salud Health Systems	Amount (\$) 50.00

**NON-MONETARY SUPPORT FROM CORPORATION
OR LABOR ORGANIZATION**

SCHEDULE C4

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C4: Sch: 1/1 Rpt: 26/27
2 FILER NAME Texas Pharmacy Association PAC		3 Filer ID (Ethics Commission Filers) 00016271
4 Date 11/30/2023	5 Corporation / Labor Organization name Texas Pharmacy Association	6 Amount (\$) 1,600.00

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/1 Rpt: 27/27	2 FILER NAME Texas Pharmacy Association PAC	3 Filer ID (Ethics Commission Filers) 00016271
4 Date 11/30/2023	5 Payee name Reynolds and Franke, PC	
6 Amount (\$) \$1,250.00	7 Payee address; City; State; Zip Code 6836 Austin Center Blvd Austin, TX 78731	
<input checked="" type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Form 990 Preparation and Filing
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
		Office held