

MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC
COVER SHEET PG 1

The MPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00015658	2 Total pages filed: 67				
3 COMMITTEE NAME Texas Medical Association Political Action Committee			OFFICE USE ONLY				
			Date Received ELECTRONICALLY FILED 01/05/2024				
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP 401 W. 15th St. Austin, TX 78701		Date Hand-delivered or Date Postmarked				
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI				
	Ms.	Christine N.					
	NICKNAME	LAST	SUFFIX				
		Mojezati					
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 401 W. 15th St. Austin, TX 78701						
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 401 W. 15th St. Austin, TX 78701						
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(512)	370-1361					
9 REPORT TYPE	<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Dissolution (Attach PAC-DR)						
10 MONTHLY REPORT FILING DEADLINE	<input checked="" type="checkbox"/> January 5 <input type="checkbox"/> April 5 <input type="checkbox"/> July 5 <input type="checkbox"/> October 5 <input type="checkbox"/> February 5 <input type="checkbox"/> May 5 <input type="checkbox"/> August 5 <input type="checkbox"/> November 5 <input type="checkbox"/> March 5 <input type="checkbox"/> June 5 <input type="checkbox"/> September 5 <input type="checkbox"/> December 5						
11 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
	11/26/2023				12/25/2023		

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MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC
COVER SHEET PG 2

12 COMMITTEE NAME Texas Medical Association Political Action Committee	13 Filer ID (Ethics Commission Filers) 00015658
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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 Dr. Greg Bonnen State Representative
		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	\$ 39.25
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 74,917.32
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 32,872.44
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 558,522.23
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.

Ms. Christine N. Mojezati

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

MONTHLY FILING GPAC REPORT: PURPOSE

FORM **MPAC**
ADDENDUM

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12 COMMITTEE NAME Texas Medical Association Political Action Committee	13 Filer ID (Ethics Commission Filers) 00015658
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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 Gina Hinojosa State Representative
		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.)	

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 Jared Patterson State Representative
		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.)	

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 Dr. Suleman Lalani State Representative
		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.)	

SUBTOTALS - MPAC

17 COMMITTEE NAME Texas Medical Association Political Action Committee		18 Filer ID (Ethics Commission Filers) 00015658
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 34,404.49
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	\$ 1,983.00
7.	<input checked="" type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$ 38,529.83
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	\$ 32,837.53
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 34.91
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: 1/56 Rpt: 5/67
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aggarwal, Ajay K. 6 Contributor address; City; State; Zip Code Houston, TX 77005-1048	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 12/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Agostini, Anthony Joseph Contributor address; City; State; Zip Code Amarillo, TX 79109-3519	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Cardiology Center of Amarillo, LLP
Date 12/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ahmed, Imtiaz Contributor address; City; State; Zip Code Missouri City, TX 77459-5319	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) EZ Healthcare
Date 12/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Albert, Antoine Robert Contributor address; City; State; Zip Code Dallas, TX 75287-7548	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ali, Farhan Contributor address; City; State; Zip Code Fort Worth, TX 76108-4212	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Heart Center of North Texas, P.A.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/56 Rpt: 6/67
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ancona-Schultz, Deborah M. 6 Contributor address; City; State; Zip Code Morrison, CO 80465-1516	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Applebaum, Bruce Jeffrey Contributor address; City; State; Zip Code Tyler, TX 75707-7307	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) CHRISTUS Trinity Mother Frances Trauma Servcies
Date 12/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arbona, Jaime Contributor address; City; State; Zip Code El Paso, TX 79912-4142	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Archer, Julia Jefferes Contributor address; City; State; Zip Code Longview, TX 75601-2934	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aronoff, Stephen L. Contributor address; City; State; Zip Code Fairview, TX 75069-8500	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) SL Aronoff, MD., PLLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/56 Rpt: 7/67
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/05/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Assadourian, Assadour K. <hr/> 6 Contributor address; City; State; Zip Code Amarillo, TX 79124-1328	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Cardiology Center of Amarillo, LLP
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atluru, Suseela D. <hr/> Contributor address; City; State; Zip Code Kingwood, TX 77345-1289	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Atluru OB/GYN & Associates
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Awar, Omar G. <hr/> Contributor address; City; State; Zip Code Bellaire, TX 77401-2814	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Memorial Cardiology Associates, PA
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beauchamp, Nancy L. <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78404-1847	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 12/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beaumont Bone and Joint Institute <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77707-2216	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/56 Rpt: 8/67
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/01/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benke Ear, Nose & Throat Clinic, P.A. <hr/> 6 Contributor address; City; State; Zip Code Cleburne, TX 76033-4554	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Michelle Berger Office
Date 12/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berger, Michelle A. <hr/> Contributor address; City; State; Zip Code Austin, TX 78731-1802	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Michelle Berger Office
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berkman, Norman L. <hr/> Contributor address; City; State; Zip Code Houston, TX 77005-3828	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) L. Ehrlich and Associates Medical Clinic
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berman, Philip L. <hr/> Contributor address; City; State; Zip Code Houston, TX 77024-2755	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Memorial Cardiology Associates, PA
Date 12/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berry, Christopher Edward <hr/> Contributor address; City; State; Zip Code Dallas, TX 75214-3334	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Oak Street Health

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/56 Rpt: 9/67
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blanco, Xiomara Porta <hr/> 6 Contributor address; City; State; Zip Code Weslaco, TX 78596-5610	7 Amount of Contribution (\$) \$55.00
8 Principal occupation / Job title (See Instructions) Administrative		9 Employer (See Instructions) Weslaco Women's Center
Date 12/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blandon, Pedro A. <hr/> Contributor address; City; State; Zip Code El Paso, TX 79912-7690	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blumenfeld, Scott Alan <hr/> Contributor address; City; State; Zip Code El Paso, TX 79912-1944	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bohnn, Byron J. <hr/> Contributor address; City; State; Zip Code Houston, TX 77004-5688	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Innovative Radiology, PA
Date 12/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boyer, Clark A. <hr/> Contributor address; City; State; Zip Code Weslaco, TX 78596-3407	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) South Texas Physician Alliance

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/56 Rpt: 10/67
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bradford, Ako D.	7 Amount of Contribution (\$) \$99.00
6 Contributor address; City; State; Zip Code Amarillo, TX 79109-7141		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Amarillo Medical Specialists LLP
Date 12/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brannen, Jodi Michelle	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Seguin, TX 78155-5261		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Guadalupe Regional Medical Center
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Braye, Edward Tildon	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Port Neches, TX 77651-5429		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Breech, Lisa	Amount of Contribution (\$) \$55.00
Contributor address; City; State; Zip Code Victoria, TX 77904-1102		
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 12/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bremah Medical Services, P.A.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Sugar Land, TX 77498-1804		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/56 Rpt: 11/67
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/19/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Briese, Beau A. 6 Contributor address; City; State; Zip Code Bellaire, TX 77401-5507	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Methodist Main
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brooks P. Trotter, M.D., P.A. Contributor address; City; State; Zip Code Grapevine, TX 76051	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Patrick Michael Contributor address; City; State; Zip Code Plano, TX 75093-8036	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UT Southwestern Medical Center
Date 12/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Stephen L. Contributor address; City; State; Zip Code Round Rock, TX 78681-2162	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Central Texas Cancer Centers
Date 12/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brusil, Olga O. Contributor address; City; State; Zip Code Baytown, TX 77521-3156	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Houston Methodist Neurology Associates - Baytown

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/56 Rpt: 12/67
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 11/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bui, Marie T. 6 Contributor address; City; State; Zip Code Austin, TX 78717-4205	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Truvision Eye Center
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Byrd, Charles Ron Contributor address; City; State; Zip Code Austin, TX 78733-1542	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) C. Ron Byrd, MD
Date 12/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CRB Medical Associates Contributor address; City; State; Zip Code Brownwood, TX 76804	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CRB Medical Associates Contributor address; City; State; Zip Code Brownwood, TX 76804	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caesar, Rajani Ruth Contributor address; City; State; Zip Code Longview, TX 75602-7705	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/56 Rpt: 13/67
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Calmes, James Michael <hr/> 6 Contributor address; City; State; Zip Code Wilson, TX 79381-2340	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Arthritis & Osteoporosis Assoc., LLP
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cantu, David A. <hr/> Contributor address; City; State; Zip Code Fredericksburg, TX 78624-5855	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Mid Texas Health Care Assn, PA
Date 12/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cardenas, Carlos Javier <hr/> Contributor address; City; State; Zip Code McAllen, TX 78501-3735	Amount of Contribution (\$) \$208.34
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) South Texas Gastroenterology
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caskey, James M. <hr/> Contributor address; City; State; Zip Code Lufkin, TX 75901-7771	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caudill, William Hampton <hr/> Contributor address; City; State; Zip Code Dallas, TX 75287-6843	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Emergency Medicine Consultants, Ltd.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/56 Rpt: 14/67
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 11/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Central Texas Neurological Association	7 Amount of Contribution (\$) \$99.00
6 Contributor address; City; State; Zip Code Woodway, TX 76712		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chakilam, Srujana	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Keller, TX 76248-0260		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Heart Center of North Texas, P.A.
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chang, Ching-Yen J.	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code Houston, TX 77025-3663		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Texas ENT Specialists, PA
Date 12/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chow, Danny C.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Sugar Land, TX 77478-5289		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Golden Triangle Radiation Oncology - Port Arthur
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chu, Laurence	Amount of Contribution (\$) \$33.00
Contributor address; City; State; Zip Code Austin, TX 78717-3821		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Laurence Chu, MD PA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/56 Rpt: 15/67
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chukwu, Abraham <hr/> 6 Contributor address; City; State; Zip Code Grand Prairie, TX 75054-6842	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 12/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chun, Christopher Sung Jin <hr/> Contributor address; City; State; Zip Code Dallas, TX 75244-7446	Amount of Contribution (\$) \$177.09
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Epic Pain and Orthopedics
Date 12/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clinical Neuroscience <hr/> Contributor address; City; State; Zip Code Dallas, TX 75203	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clinical Neuroscience <hr/> Contributor address; City; State; Zip Code Dallas, TX 75203	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cochrum, Brett L. <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76109-4951	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/56 Rpt: 16/67
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/19/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cochrum, Caryl L. <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76109-4951	7 Amount of Contribution (\$) \$55.00
8 Principal occupation / Job title (See Instructions) Treasurer		9 Employer (See Instructions) Tarrant County Medical Society Alliance Foundation
Date 12/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, H. David <hr/> Contributor address; City; State; Zip Code Dallas, TX 75209-6024	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UT Southwestern Medical Center
Date 12/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, Robert D. <hr/> Contributor address; City; State; Zip Code Austin, TX 78731-3757	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Allergy Partners of Central Texas
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cowart, Michael W. <hr/> Contributor address; City; State; Zip Code Plano, TX 75093-8508	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Lakeview Womens Healthcare Associates
Date 12/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) D'Aunno, Dominick S. <hr/> Contributor address; City; State; Zip Code Houston, TX 77019-6731	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Rodom Medical Consulting, PA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/56 Rpt: 17/67
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/12/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dallas Pediatrics & Invetctoius Disease Associates, PA <hr/> 6 Contributor address; City; State; Zip Code Grapevine, TX 76051-5543	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniel W. Caldwell MD, PA <hr/> Contributor address; City; State; Zip Code Denton, TX 76210-6817	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) De La Vega, Humberto Henrique <hr/> Contributor address; City; State; Zip Code Brownsville, TX 78520-9275	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) De Shan, David Michael <hr/> Contributor address; City; State; Zip Code Midland, TX 79705-6531	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dharma, Shashi K. <hr/> Contributor address; City; State; Zip Code Dallas, TX 75229-4245	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Shashi K. Dharma, MD PA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/56 Rpt: 18/67
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/12/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dr Ronelle Burley, MD, PA	7 Amount of Contribution (\$) \$99.00
	6 Contributor address; City; State; Zip Code Lubbock, TX 79410-1320	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dragun, Gire	Amount of Contribution (\$) \$55.00
	Contributor address; City; State; Zip Code Midland, TX 79707-4714	
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 12/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duncan, Charles A.	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code San Antonio, TX 78255-2239	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Pulmonary Consultants of San Antonio
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ehrlich, Lisa L.	Amount of Contribution (\$) \$300.00
	Contributor address; City; State; Zip Code Houston, TX 77005-3815	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) L. Ehrlich and Associates Medical Clinic
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ekadi, Kofoworola F.	Amount of Contribution (\$) \$300.00
	Contributor address; City; State; Zip Code Burleson, TX 76028-7214	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Delta Medical, PA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/56 Rpt: 19/67
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elenz, Amber <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78703-2918	7 Amount of Contribution (\$) \$55.00
8 Principal occupation / Job title (See Instructions) Business Owner		9 Employer (See Instructions) Business Owner
Date 12/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellis, Chandra V. <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78256-4407	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Burn and Reconstructive Centers of America
Date 12/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellis, Paul Roscoe <hr/> Contributor address; City; State; Zip Code Dallas, TX 75225-5425	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Lankford Hand Surgery Association
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Emmanuel Edmund Sackey MD, PA <hr/> Contributor address; City; State; Zip Code Ennis, TX 75119-5771	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Esparza, Ramon <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76109-2755	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/56 Rpt: 20/67
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Farley, Phuong-Khanh Jessica	7 Amount of Contribution (\$) \$99.00
	6 Contributor address; City; State; Zip Code Rockwall, TX 75087-0178	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 12/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fisher-Wikoff, Triwana L.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Arlington, TX 76017-3748	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Texas Health Care, P.L.L.C
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fitz, Amy Lynn	Amount of Contribution (\$) \$55.00
	Contributor address; City; State; Zip Code Wolfforth, TX 79382-3201	
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 12/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flanders, Douglas R.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Tyler, TX 75701-3549	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UT Health Science Center At Tyler
Date 12/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fountain, Dyanna Marie	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Killeen, TX 76542-5432	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Baylor Scott White Clinic-Killeen Branch

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/56 Rpt: 21/67
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 11/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Alba Lucia <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76109-3246	7 Amount of Contribution (\$) \$55.00
8 Principal occupation / Job title (See Instructions) Business Owner		9 Employer (See Instructions) Business Owner
Date 12/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gardell, Randy Carl <hr/> Contributor address; City; State; Zip Code Woodway, TX 76712-7709	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gayle, L Justin <hr/> Contributor address; City; State; Zip Code College Station, TX 77845-9644	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) L Justin Gayle MD PLLC
Date 12/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gehlbach, Daniel A. <hr/> Contributor address; City; State; Zip Code Dallas, TX 75204-5537	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Surgical Pathologists of Dallas
Date 12/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gerla, Laura R. <hr/> Contributor address; City; State; Zip Code Tomball, TX 77375-5337	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Magnolia Family Medicine

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/56 Rpt: 22/67
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glass, Dessa <hr/> 6 Contributor address; City; State; Zip Code Lufkin, TX 75904-7453	7 Amount of Contribution (\$) \$55.00
8 Principal occupation / Job title (See Instructions) Administrative		9 Employer (See Instructions) Children's Clinic of Lufkin, PA
Date 12/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goff, Camille B. <hr/> Contributor address; City; State; Zip Code Seabrook, TX 77586-1637	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Camille Goff, MD
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Vanessa C. <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78414-3013	Amount of Contribution (\$) \$33.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Driscoll Children's Urgent Care
Date 12/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gordon, Rachel A. <hr/> Contributor address; City; State; Zip Code Spring, TX 77389-4340	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Dermisurgery Associates
Date 11/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Green, Kevin D. <hr/> Contributor address; City; State; Zip Code Whitehouse, TX 75791-5241	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) CHRISTUS Trinity Clinic - Gastroenterology

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/56 Rpt: 23/67
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greenberg, Robert Daniel <hr/> 6 Contributor address; City; State; Zip Code Belton, TX 76513-1044	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Baylor Scott & White Health-Central Texas
Date 12/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gregory C Trolley MD PA <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78411-1434	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grey, Curtis Eric <hr/> Contributor address; City; State; Zip Code New Braunfels, TX 78132-4333	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Physician		Self Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gross, Elaina <hr/> Contributor address; City; State; Zip Code Dallas, TX 75225-4851	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Business Owner		Business Owner
Date 12/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gupta, Karan <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76104-3915	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Physician		Heart Center of North Texas, P.A.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/56 Rpt: 24/67
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haliburton, James R.	7 Amount of Contribution (\$) \$99.00
	6 Contributor address; City; State; Zip Code Colleyville, TX 76034-6623	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Acclaim Physician Group
Date 12/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hartwell, Elizabeth A.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Houston, TX 77006-5219	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Gulf Coast Regional Blood Center
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haynes, Carol Ann	Amount of Contribution (\$) \$55.00
	Contributor address; City; State; Zip Code Abilene, TX 79605-4913	
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 12/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heimbecker, Daniel A.	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code San Angelo, TX 76904-2711	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) West Texas Medical Associates, PA
Date 12/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Fransisco	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Austin, TX 78737-8902	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Inpatient Medicine Physicians

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/56 Rpt: 25/67
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 11/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herrera, Carlos A.	7 Amount of Contribution (\$) \$99.00
	6 Contributor address; City; State; Zip Code Edinburg, TX 78539-1409	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 12/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herrera, Eduardo R.	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Colleyville, TX 76034-5409	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herrington, Darrell T.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code San Angelo, TX 76904-8725	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) West Texas Medical Associates, PA
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hobbs, Helen Haskell	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Dallas, TX 75229-6407	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UT Southwestern Medical Center
Date 12/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holland, Bradford W.	Amount of Contribution (\$) \$208.34
	Contributor address; City; State; Zip Code Waco, TX 76712-7565	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/56 Rpt: 26/67
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hometown Pediatrics, PA <hr/> 6 Contributor address; City; State; Zip Code Spring, TX 77380-3604	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hometown Pediatrics, PA <hr/> Contributor address; City; State; Zip Code Spring, TX 77380-3604	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hometown Pediatrics, PA <hr/> Contributor address; City; State; Zip Code Spring, TX 77380-3604	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hometown Pediatrics, PA <hr/> Contributor address; City; State; Zip Code Spring, TX 77380-3604	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hometown Pediatrics, PA <hr/> Contributor address; City; State; Zip Code Spring, TX 77380-3604	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/56 Rpt: 27/67
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hometown Pediatrics, PA	7 Amount of Contribution (\$) \$99.00
6 Contributor address; City; State; Zip Code Spring, TX 77380-3604		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hometown Pediatrics, PA	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Spring, TX 77380-3604		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hopkins, Donald Wayne	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Kempner, TX 76539		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hubbell, Carl E.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Crowley, TX 76036-4346		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Humphreys, James Loyd	Amount of Contribution (\$) \$208.34
Contributor address; City; State; Zip Code Helotes, TX 78023-4492		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Precision Pathology

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/56 Rpt: 28/67
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/21/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hutton, Jill C.	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Houston, TX 77025-2409	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Hormonal Well-Being PLLC
Date 12/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Idemudia, Smart O.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Flower Mound, TX 75022-8464	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Grace Medical Association P A
Date 11/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ingle, Donald C.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Arlington, TX 76016-3616	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Family HealthCare Associates
Date 12/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Isaacson, Terah C.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Houston, TX 77009-7753	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Bayou City Surgical Specialists, PLLC
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Islam, Norma B.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Cypress, TX 77433-6718	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Houston Methodist Primary Care Group - Towne Lake

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/56 Rpt: 29/67
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, George Walker	7 Amount of Contribution (\$) \$99.00
6 Contributor address; City; State; Zip Code El Paso, TX 79912-2626		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 12/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jagadish, Lalitha	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Fort Worth, TX 76132-4594		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Sound Physicians
Date 12/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Jack Mauldin Thomas MD PA	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Greenville, TX 75404		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnston, Robin L.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Dallas, TX 75214-3456		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Billy Don	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Belton, TX 76513-9303		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Baylor Scott & White Health-Central Texas

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/56 Rpt: 30/67
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Rebecca O.	7 Amount of Contribution (\$) \$99.00
	6 Contributor address; City; State; Zip Code Tyler, TX 75703-0749	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) CHRISTUS Trinity Clinic - Dehaven Eye Clinic, PA
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Shalita M.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Dallas, TX 75218-4503	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Baylor Scott & White Hospital Medicine - Dallas
Date 12/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jumper, Cynthia Ann	Amount of Contribution (\$) \$208.34
	Contributor address; City; State; Zip Code Lubbock, TX 79416-4801	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kabel, David Ira	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Plano, TX 75093-7927	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kane, Justin	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Dallas, TX 75214-2729	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/56 Rpt: 31/67
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Khalafi, Seyed Mohammad Mehdi <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76126-1941	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Heart Center of North Texas, P.A.
Date 12/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Khammar, George S. <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76107-4716	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Heart Center of North Texas, P.A.
Date 12/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klump, Shannon F. <hr/> Contributor address; City; State; Zip Code Fredericksburg, TX 78624-2553	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 11/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knowles, Forrestine Dickson <hr/> Contributor address; City; State; Zip Code Houston, TX 77098-1557	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kooner, Karanjit Singh <hr/> Contributor address; City; State; Zip Code Plano, TX 75093-7635	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UT Southwestern Medical Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/56 Rpt: 32/67
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 11/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kratzer, Wendy	7 Amount of Contribution (\$) \$55.00
	6 Contributor address; City; State; Zip Code Austin, TX 78746-2321	
8 Principal occupation / Job title (See Instructions) Business Owner		9 Employer (See Instructions) Business Owner
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krishnan, Vijay Kumar	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Beaumont, TX 77706-7152	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Southeast Texas Anesthesia
Date 12/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kumar, Iresh	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Plano, TX 75093-1906	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Lone Star Physicians Group, PA
Date 12/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LaRue, Patricia Ann	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Dallas, TX 75208-2340	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lai, Eugene C.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Houston, TX 77005-1816	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Houston Methodist Neurological Institute

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 29/56 Rpt: 33/67
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lasics, Brooke E.	7 Amount of Contribution (\$) \$99.00
6 Contributor address; City; State; Zip Code Houston, TX 77025-2302		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) TCP - Houston Pediatric Associates
Date 12/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Launikitis, Robert Anthony	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Montgomery, TX 77356-4610		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Freestone Medical Center
Date 12/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laxminarayan, Amarnath	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Carrollton, TX 75010-2314		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leke-Tambo, Awungjia C.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Katy, TX 77494-7388		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Sound Critical Care - Houston
Date 12/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lessner, Elizabeth C.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code McKinney, TX 75070-9038		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 30/56 Rpt: 34/67
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levine, Charlotte A. <hr/> 6 Contributor address; City; State; Zip Code Beaumont, TX 77701-4828	7 Amount of Contribution (\$) \$55.00
8 Principal occupation / Job title (See Instructions) Business Owner		9 Employer (See Instructions) Business Owner
Date 12/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, C. Turner <hr/> Contributor address; City; State; Zip Code Dallas, TX 75230-2360	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Lone Star Pediatrics
Date 12/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lieu, Philip <hr/> Contributor address; City; State; Zip Code Dallas, TX 75230-5320	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Retina Specialists
Date 12/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lindsay, Mark Boughton <hr/> Contributor address; City; State; Zip Code Bryan, TX 77808-9718	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Red River Valley Radiology Associates PA
Date 12/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Liu, Zhenhao <hr/> Contributor address; City; State; Zip Code Keller, TX 76248-9747	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Arthritis & Osteoporosis Associates LLP

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 31/56 Rpt: 35/67
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lucas, Glynda Williams	7 Amount of Contribution (\$) \$99.00
	6 Contributor address; City; State; Zip Code Kempner, TX 76539-5031	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Darnall Army Hospital
Date 11/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mack, Felicity L.	Amount of Contribution (\$) \$300.00
	Contributor address; City; State; Zip Code Richmond, TX 77407-1998	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Balance Family Medicine
Date 12/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mahendra Mahatma, MD PA	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Irving, TX 75039	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malik, Amir Z.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76107-3514	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Heart Center of North Texas, P.A.
Date 12/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Manatt, Christopher S.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Victoria, TX 77904-1651	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 32/56 Rpt: 36/67
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/22/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Manrique De Lara, Carlos <hr/> 6 Contributor address; City; State; Zip Code McAllen, TX 78504-2732	7 Amount of Contribution (\$) \$300.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 12/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark B. Weinstein, MD PA <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78229	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 12/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marvelli, Thomas L. <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76110-1008	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Marvel Eye Center
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Masel, Brent Ellis <hr/> Contributor address; City; State; Zip Code Galveston, TX 77551-1571	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UTMB John Sealy School of Medicine
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Masullo, Lawrence N. <hr/> Contributor address; City; State; Zip Code Lampasas, TX 76550-7600	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 33/56 Rpt: 37/67
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/19/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mathew, Cherry <hr/> 6 Contributor address; City; State; Zip Code Lufkin, TX 75901-7479	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 12/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mathur, Sandip V. <hr/> Contributor address; City; State; Zip Code Abilene, TX 79606-5023	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Hendrick Provider Network - Gastroenterology
Date 12/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maurer, Sue <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78412-3824	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 12/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCain, Stefanie Bertie <hr/> Contributor address; City; State; Zip Code Abilene, TX 79606-7041	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCarthy, Daniel A. <hr/> Contributor address; City; State; Zip Code Tyler, TX 75703-5364	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 34/56 Rpt: 38/67
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McMurry, Ronnie A.	7 Amount of Contribution (\$) \$99.00
	6 Contributor address; City; State; Zip Code Jasper, TX 75951-9570	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 12/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Menard, Ralph G.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Fredericksburg, TX 78624-5795	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Hill Country Primary Care Physicians
Date 12/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Menchaca, John A.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code San Antonio, TX 78213-1638	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mercado-Marmarosh, Diana M.	Amount of Contribution (\$) \$300.00
	Contributor address; City; State; Zip Code Victoria, TX 77904-1109	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Jackson County Hospital District
Date 12/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Michael J.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code College Station, TX 77845-7607	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Baylor Scott & White Clinic-College Station

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 35/56 Rpt: 39/67
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Milner, Michael S. <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75225-4602	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Berry, Milner and Uhr LLP
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitschke, Michael C. <hr/> Contributor address; City; State; Zip Code Houston, TX 77024-5144	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Memorial Cardiology Associates, PA
Date 12/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mohammed, Akif Azmi <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76104-3915	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Heart Center of North Texas, P.A.
Date 12/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monday, Kimberly E. <hr/> Contributor address; City; State; Zip Code Houston, TX 77005-3318	Amount of Contribution (\$) \$208.34
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UTMSH - Dept of Neurology
Date 12/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moninger, George Allen <hr/> Contributor address; City; State; Zip Code Coppell, TX 75019-4171	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 36/56 Rpt: 40/67
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 11/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morris, Randall E.	7 Amount of Contribution (\$) \$99.00
	6 Contributor address; City; State; Zip Code Houston, TX 77079-3428	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Memorial Cardiology Associates, PA
Date 12/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mott, Lorren C.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Aledo, TX 76008-4847	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Heart Center of North Texas, P.A.
Date 12/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mughal, Aleem Iqbal	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Southlake, TX 76092-8628	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Heart Center of North Texas, P.A.
Date 12/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Najera, Raul Abel	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code El Paso, TX 79936-3916	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neurological Services of Texas, PA	Amount of Contribution (\$) \$300.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76104-3021	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 37/56 Rpt: 41/67
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newman, Stephen D. 6 Contributor address; City; State; Zip Code Hudson Oaks, TX 76087-3623	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Heart Center of North Texas, P.A.
Date 12/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nichols, Mark L. Contributor address; City; State; Zip Code Bellaire, TX 77401-3408	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Houston Ear, Nose, Throat & Allergy Clinic
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nicolas Rich Jr., M.D., F.A.A., P.A. Contributor address; City; State; Zip Code El Paso, TX 79902	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Norrell, Stacy L. Contributor address; City; State; Zip Code Magnolia, TX 77355-1836	Amount of Contribution (\$) \$83.34
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UTMSH - Dept of Anesthesiology
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) North Texas GI Associates, P.A. Contributor address; City; State; Zip Code Denton, TX 76201-2314	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 38/56 Rpt: 42/67
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/19/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) North Texas Lung & Sleep Clinic	7 Amount of Contribution (\$) \$99.00
	6 Contributor address; City; State; Zip Code Fort Worth, TX 76109-1530	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Novosad, Bryan J.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Humble, TX 77345-1928	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Nova Medical Centers
Date 12/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nugent, Kathy	Amount of Contribution (\$) \$55.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76109-2416	
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 12/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Okai, Annette F.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Dallas, TX 75219-4136	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) North Texas Institute of Neurology & Headache
Date 12/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Orms, James Michael	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Fairfield, TX 75840-0005	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 39/56 Rpt: 43/67
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/01/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oueini, Houssam	7 Amount of Contribution (\$) \$99.00
	6 Contributor address; City; State; Zip Code Baytown, TX 77521-3167	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Houston Methodist Academic Medicine Associates - P
Date 12/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paek, So Yeon	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Dallas, TX 75230-2571	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Dermatology Physicians of Dallas PA
Date 12/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parikh, Samir Mukund	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Dallas, TX 75225-2613	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UT Southwestern Medical Center
Date 12/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker, J. Timothy	Amount of Contribution (\$) \$300.00
	Contributor address; City; State; Zip Code Denison, TX 75020-7245	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) TexomaCare
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker, Linda I.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Allen, TX 75002-5342	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Linda I Parker, MD PA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 40/56 Rpt: 44/67
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patel, Jayshree P. <hr/> 6 Contributor address; City; State; Zip Code Sugar Land, TX 77479-1468	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 12/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pearse, Lee Ann <hr/> Contributor address; City; State; Zip Code Dallas, TX 75244-7703	Amount of Contribution (\$) \$208.34
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Pediatrix Medical Group
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peck, Devin Bennett <hr/> Contributor address; City; State; Zip Code Austin, TX 78756-3524	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Austin Invterventional Pain
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peden, Eric K. <hr/> Contributor address; City; State; Zip Code Houston, TX 77025-1923	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Houston Methodist Cardiovascular Surgery Associate
Date 12/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perkins, Suzanne <hr/> Contributor address; City; State; Zip Code Tyler, TX 75703-5722	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 41/56 Rpt: 45/67
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perret, Kenneth A.	7 Amount of Contribution (\$) \$99.00
6 Contributor address; City; State; Zip Code San Angelo, TX 76904-7912		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Shannon Clinic
Date 11/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pettit, Larry Allan	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Dallas, TX 75230-3146		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Emergency Medicine Consultants, Ltd.
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pickett, Stephen	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Houston, TX 77007-6465		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Memorial Cardiology Associates, PA
Date 12/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pieri, Richard Emeka	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code El Paso, TX 79938-4693		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pierre, Mariette	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Houston, TX 77006-2318		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Pierre Physician Group, PA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 42/56 Rpt: 46/67
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 11/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pinnamaneni, Lenin <hr/> 6 Contributor address; City; State; Zip Code Lufkin, TX 75904-5360	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pinnamaneni, Pavan <hr/> Contributor address; City; State; Zip Code Lufkin, TX 75904-5360	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Poindexter, David P. <hr/> Contributor address; City; State; Zip Code Humble, TX 77347-0876	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) David P. Poindexter, MD
Date 12/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pomonis, Nick Spero <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77706-6353	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 11/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Porteus, Andrew Michael <hr/> Contributor address; City; State; Zip Code Dallas, TX 75205-1034	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 43/56 Rpt: 47/67
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Potti, Aruna K. <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75244-7516	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Prieto, Roberto <hr/> Contributor address; City; State; Zip Code McAllen, TX 78504-4466	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pugh, Theresa J. <hr/> Contributor address; City; State; Zip Code Austin, TX 78758-3758	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Central Family Practice
Date 12/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) R R Jauernek MD PA <hr/> Contributor address; City; State; Zip Code El Paso, TX 79912	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ratcliff, Daima F. <hr/> Contributor address; City; State; Zip Code Humble, TX 77396-5204	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) TeamHealth - Houston

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 44/56 Rpt: 48/67
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 11/29/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rios, Luisa Noemi <hr/> 6 Contributor address; City; State; Zip Code Rockwall, TX 75032-5805	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Pinnacle Oral Surgery
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Robin A. <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76116-7324	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Eldon Stevens <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79493-6685	Amount of Contribution (\$) \$208.34
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Juan F. <hr/> Contributor address; City; State; Zip Code Brownsville, TX 78521-3642	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Limael E. <hr/> Contributor address; City; State; Zip Code Houston, TX 77024-4747	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Texas Vascular and Imaging

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 45/56 Rpt: 49/67
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/22/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Sarah Josefina <hr/> 6 Contributor address; City; State; Zip Code Orlando, FL 32839-2069	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Valora Medical Group LLC
Date 12/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Audrey L. <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76109-3310	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Cook Children's Physicians Network
Date 12/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosen, Robin Susan <hr/> Contributor address; City; State; Zip Code Colleyville, TX 76034-4622	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UT Southwestern Medical Center
Date 12/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rurangirwa, Hellen <hr/> Contributor address; City; State; Zip Code Brownsville, TX 78526-4066	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salmon, Douglas R. <hr/> Contributor address; City; State; Zip Code Austin, TX 78748	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Live Oak Cardiology, PA

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 46/56 Rpt: 50/67
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schmidt, Troy Don <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76244-6399	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Texas Digestive Disease Consultants - Denton
Date 11/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seale, Jonathan D. <hr/> Contributor address; City; State; Zip Code Hillsboro, TX 76645-2385	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) AMG Providence - Hillsboro
Date 12/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sears, Larry Clay <hr/> Contributor address; City; State; Zip Code Gainesville, TX 76240-4630	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sears, V. Glenn <hr/> Contributor address; City; State; Zip Code Denton, TX 76205-5509	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Segu, Venkatesh B. <hr/> Contributor address; City; State; Zip Code Austin, TX 78759-7446	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Capital Endocrine and Diabetes

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 47/56 Rpt: 51/67
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/05/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Selod, Roshan Z. <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76132-3057	7 Amount of Contribution (\$) \$55.00
8 Principal occupation / Job title (See Instructions) Business Owner		9 Employer (See Instructions) Business Owner
Date 12/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shawn S. Hayden, MD PA <hr/> Contributor address; City; State; Zip Code Plano, TX 75093	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Short, Kimber <hr/> Contributor address; City; State; Zip Code Tyler, TX 75703-3892	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 12/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Singh, Raghujit <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78411-1409	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Abdominal Specialists of South Texas, LLP
Date 12/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sinha, Julie Anne <hr/> Contributor address; City; State; Zip Code Tyler, TX 75709-6970	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 48/56 Rpt: 52/67
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/05/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Slatton, Monte Lynn <hr/> 6 Contributor address; City; State; Zip Code Amarillo, TX 79106-2512	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Cardiology Center of Amarillo, LLP
Date 12/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Snyder, Michael J. <hr/> Contributor address; City; State; Zip Code Houston, TX 77057-1803	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UT Physicians - Colon and Rectal Clinic
Date 12/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Soderstrom, Charles E. <hr/> Contributor address; City; State; Zip Code Houston, TX 77024-6812	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Synergy Radiology Associates, PA
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Solcher, Patrick V. <hr/> Contributor address; City; State; Zip Code Houston, TX 77055-3733	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) L. Ehrlich and Associates Medical Clinic
Date 12/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spohn, Micheal Joseph <hr/> Contributor address; City; State; Zip Code College Station, TX 77845-7107	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 49/56 Rpt: 53/67
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stringfellow, Grace Lea <hr/> 6 Contributor address; City; State; Zip Code Amarillo, TX 79159-0180	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 12/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Suneja, Randeep <hr/> Contributor address; City; State; Zip Code Katy, TX 77450-5374	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Cardiology Center of Houston, PA
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Suss, Richard Alan <hr/> Contributor address; City; State; Zip Code Dallas, TX 75225-1603	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UT Southwestern Medical Center
Date 12/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sutor, Laurie Jayne <hr/> Contributor address; City; State; Zip Code Dallas, TX 75229-5313	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UT Southwestern Medical Center
Date 12/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Szczerba, Arthur Jack <hr/> Contributor address; City; State; Zip Code Wichita Falls, TX 76310-1407	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Arthur J. Szczerba, MD PA

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 50/56 Rpt: 54/67
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tavel, Linda L.	7 Amount of Contribution (\$) \$99.00
	6 Contributor address; City; State; Zip Code Houston, TX 77096-1114	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Texas Home Health Hospice
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tello, Wael	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Lubbock, TX 79407-1815	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terk, Jason V.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Keller, TX 76248-1517	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Cook Children's Physicians Network
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Orthopedic Consultants, PA	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Keller, TX 76248-7045	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texoma Women's Clinic, PA	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Wichita Falls, TX 76301-4304	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 51/56 Rpt: 55/67
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas C. Cole, Jr. MD PA	7 Amount of Contribution (\$) \$99.00
6 Contributor address; City; State; Zip Code Huntsville, TX 77340		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Christopher P.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Austin, TX 78746-1143		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Texan Allergy & Sinus Center
Date 12/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tillman, Ryan Y.	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Southlake, TX 76092-1423		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trick, Lorence W.	Amount of Contribution (\$) \$300.00
Contributor address; City; State; Zip Code Elmendorf, TX 78112-0509		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Urologic Specialists Associates PA	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Harlingen, TX 78550		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 52/56 Rpt: 56/67
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/19/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Urologic Specialists Associates PA <hr/> 6 Contributor address; City; State; Zip Code Harlingen, TX 78550	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valdes, Todd <hr/> Contributor address; City; State; Zip Code Victoria, TX 77901-6302	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 12/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vance, Awais Zafar <hr/> Contributor address; City; State; Zip Code Temple, TX 76502-5452	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Baylor Scott & White Health-Central Texas
Date 12/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Varughese, Cyril Abie <hr/> Contributor address; City; State; Zip Code Arlington, TX 76005-1291	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Heart Center of North Texas
Date 12/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villarreal, E. Linda <hr/> Contributor address; City; State; Zip Code Edinburg, TX 78541-4651	Amount of Contribution (\$) \$208.34
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 53/56 Rpt: 57/67
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/19/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vugrin, Davor	7 Amount of Contribution (\$) \$99.00
	6 Contributor address; City; State; Zip Code Lubbock, TX 79407-2228	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, Zoie P.	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Abilene, TX 79605-4949	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Hendrick Provider Network - Family Medicine
Date 12/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walkes, Desmar	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Bastrop, TX 78602-1979	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Austin Public Health
Date 12/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallace, John David	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Dallas, TX 75225-7655	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Dallas Oral Surgery Associates
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watts, Jenelle Simon	Amount of Contribution (\$) \$33.00
	Contributor address; City; State; Zip Code Plano, TX 75093-3343	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 54/56 Rpt: 58/67
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weiss, Joshua Lawrence <hr/> 6 Contributor address; City; State; Zip Code Irving, TX 75063-8457	7 Amount of Contribution (\$) \$99.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Joshua L. Weiss, MD Associated
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wellford, Armistead L. <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78230-2897	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Heart & Vascular Institute of Texas, P.A.
Date 12/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wheeler, Patricia <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79424-4133	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 12/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wichner, Monica Heidi <hr/> Contributor address; City; State; Zip Code Abilene, TX 79606-5881	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Dwayne O. <hr/> Contributor address; City; State; Zip Code Richmond, TX 77469-5243	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Dwayne O. Williams, MD PA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 55/56 Rpt: 59/67
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Lori	7 Amount of Contribution (\$) \$55.00
6 Contributor address; City; State; Zip Code Crawford, TX 76638-3444		
8 Principal occupation / Job title (See Instructions) Business Owner		9 Employer (See Instructions) Business Owner
Date 12/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Paul Brian	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Longview, TX 75605-7706		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Texas Urology Specialists - Longview
Date 12/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willms, Wilda Jane	Amount of Contribution (\$) \$55.00
Contributor address; City; State; Zip Code Tyler, TX 75703-9551		
Principal occupation / Job title (See Instructions) Administrative		Employer (See Instructions) R K Willms, MD
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Beth Fromberg	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Dallas, TX 75208-2731		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Laboratory Physicians Assoc
Date 12/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yepes, Armando	Amount of Contribution (\$) \$99.00
Contributor address; City; State; Zip Code Dallas, TX 75243-3787		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Dallas Cardiovascular Specialists

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 56/56 Rpt: 60/67
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zavaleta, Beverly A.	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Brownsville, TX 78523-5170	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) HNI Healthcare
Date 12/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zehr, David Juan	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Dallas, TX 75204-7803	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Lankford Hand Surgery Association
Date 12/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zivaljevic, Nikola	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Dallas, TX 75231-4433	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Lankford Hand Surgery Association
Date 12/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zsohar, Julius	Amount of Contribution (\$) \$99.00
	Contributor address; City; State; Zip Code Dallas, TX 75238-4235	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed

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: 61/67
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 11/28/2023	5 Corporation / Labor Organization name Advanced Skin Treatment Center	6 Amount (\$) 99.00
Date 12/07/2023	Corporation / Labor Organization name Bottenfield Pediatric Associates	Amount (\$) 99.00
Date 12/07/2023	Corporation / Labor Organization name Bottenfield Pediatric Associates	Amount (\$) 99.00
Date 12/19/2023	Corporation / Labor Organization name Carpathia Wellness Group, LLC	Amount (\$) 99.00
Date 12/14/2023	Corporation / Labor Organization name Central Texas Heart Center, PLLC	Amount (\$) 99.00
Date 12/14/2023	Corporation / Labor Organization name Central Texas Heart Center, PLLC	Amount (\$) 99.00
Date 12/14/2023	Corporation / Labor Organization name Central Texas Heart Center, PLLC	Amount (\$) 99.00
Date 12/14/2023	Corporation / Labor Organization name Central Texas Heart Center, PLLC	Amount (\$) 99.00
Date 12/14/2023	Corporation / Labor Organization name Central Texas Heart Center, PLLC	Amount (\$) 99.00
Date 12/14/2023	Corporation / Labor Organization name Central Texas Heart Center, PLLC	Amount (\$) 99.00
Date 12/14/2023	Corporation / Labor Organization name Central Texas Heart Center, PLLC	Amount (\$) 99.00
Date 12/18/2023	Corporation / Labor Organization name DFW Healthcare MSO, LLC	Amount (\$) 99.00
Date 12/18/2023	Corporation / Labor Organization name DFW Healthcare MSO, LLC	Amount (\$) 99.00
Date 12/05/2023	Corporation / Labor Organization name Evelyn E. Spencer, MD	Amount (\$) 99.00
Date 11/28/2023	Corporation / Labor Organization name Eye Associates of Corpus Christi	Amount (\$) 99.00
Date 11/29/2023	Corporation / Labor Organization name Fort Worth Medical Specialists	Amount (\$) 300.00
Date 12/04/2023	Corporation / Labor Organization name Histopath Inc	Amount (\$) 99.00
Date 12/13/2023	Corporation / Labor Organization name Kidney & Hypertension Associates of Dallas	Amount (\$) 99.00
Date 12/05/2023	Corporation / Labor Organization name Sabine Family Medicine, LLC	Amount (\$) 99.00

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: 62/67
2 FILER NAME Texas Medical Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015658
4 Date 12/22/2023	5 Corporation / Labor Organization name Texas Medical Association	6 Amount (\$) 38,529.83

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/4 Rpt: 63/67	2 FILER NAME Texas Medical Association Political Action Committee	3 Filer ID (Ethics Commission Filers) 00015658
4 Date 11/27/2023	5 Payee name Best, Lydia Reasonover	
6 Amount (\$) \$99.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 5501 Mount Joy Dr McKinney, TX 75071-1442	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Refunds of Contributions from Individuals	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Refunds of contributions to individuals
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/29/2023	Payee name Dr. Lalani for Texas	
Amount (\$) \$10,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 6514 Houston, TX 77265	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Suleman Lalani, STATE HOUSE 76th TX
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/19/2023	Payee name Dreiling, Christopher Kenneth	
Amount (\$) \$99.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 8262 Nunley Ln Dallas, TX 75231-4628	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Refunds of Contributions from Individuals	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Refunds of contributions to individuals
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/4 Rpt: 64/67	2 FILER NAME Texas Medical Association Political Action Committee	3 Filer ID (Ethics Commission Filers) 00015658
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4 Date 12/07/2023	5 Payee name Freitag, Joel Gary
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6 Amount (\$) \$99.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 3602 Baylor Camp Rd Crawford, TX 76638-2888
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Refunds of Contributions from Individuals	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Refunds of contributions to individuals
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/29/2023	Payee name Gina Hinojosa Campaign
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Amount (\$) \$2,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2120 S. Lamar Austin, TX 78704
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gina Hinojosa, STATE HOUSE 49th TX
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/07/2023	Payee name Glenn Rogers Campaign
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Amount (\$) \$2,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 11 Graford, TX 76449
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Glenn Rogers, STATE HOUSE 60th TX
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/4 Rpt: 65/67	2 FILER NAME Texas Medical Association Political Action Committee	3 Filer ID (Ethics Commission Filers) 00015658
4 Date 11/29/2023	5 Payee name Greg Bonnen Campaign	
6 Amount (\$) \$15,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P.O. Box 1183 Friendswood, TX 77549	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Greg Bonnen, STATE HOUSE 24th TX
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/19/2023	Payee name Jackson, Robert E.	
Amount (\$) \$440.53 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 7505 Morningside Dr Houston, TX 77030-3619	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Inkind reimbursement for fundraising reception
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/29/2023	Payee name Jared Patterson Campaign for State Representative District 106	
Amount (\$) \$2,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 5419 Frisco, TX 75035	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Jared Patterson, STATE HOUSE 106th TX
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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 -	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/4 Rpt: 66/67	2 FILER NAME Texas Medical Association Political Action Committee	3 Filer ID (Ethics Commission Filers) 00015658
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4 Date 12/25/2023	5 Payee name Wallace, Grant Charles
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6 Amount (\$) \$1.00	7 Payee address; City; State; Zip Code 13745 Cayo Gorda Ct Corpus Christi, TX 78418-6301
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Expenditure from corporate funds

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Refunds of Contributions from Individuals	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Refunds of contributions to individuals
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/12/2023	Payee name Wang, Xiao Yun
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Amount (\$) \$99.00	Payee address; City; State; Zip Code 3307 Lafayette Ave Austin, TX 78722-2238
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Expenditure from corporate funds

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Refunds of Contributions from Individuals	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Refunds of contributions to individuals
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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 |
| | 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 F4: Sch: 1/1 Rpt: 67/67	2 FILER NAME Texas Medical Association Political Action Committee	3 Filer ID (Ethics Commission Filers) 00015658
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 11/30/2023	6 Payee name FedEx Office Print & Ship Center
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7 Amount (\$) \$34.91	8 Payee address; City; State; Zip Code 5062 Main Street Frisco, TX 75033
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Expenditure from corporate funds

9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Poster for fundraising reception
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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